

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

October 20, 2025

[REDACTED]
CARE HSL HARLEYSVILLE OPCO LP

[REDACTED]
HERITAGE SENIOR LIVING
[REDACTED]

RE: THE BIRCHES AT HARLEYSVILLE
691 MAIN STREET
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 14266

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE BIRCHES AT HARLEYSVILLE **License #:** 14266 **License Expiration:** 03/27/2026

Address: 691 MAIN STREET, HARLEYSVILLE, PA 19438

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CARE HSL HARLEYSVILLE OPCO LP

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 11/12/2023 **Issued By:** Lower Salford Township

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 126 **Waking Staff:** 95

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 07/29/2025

Inspection Dates and Department Representative

07/29/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 **Residents Served:** 85

Secured Dementia Care Unit

In Home: Yes **Area:** Garden house **Capacity:** 34 **Residents Served:** 31

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 74

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 41 **Have Physical Disability:** 4

Inspections / Reviews

07/29/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/18/2025

Inspections / Reviews *(continued)*

09/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/20/2025

10/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The resident documented in writing on [redacted] that they objected to the admission.

Plan of Correction

Accept ([redacted] - 09/24/2025)

7-29-25

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation:

"Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The resident documented in writing on 6/17/2025 that they objected to the admission.

Immediate Corrective Actions: Upon learning of this violation, the homes Memory Care Director met with Resident 1 on 9/9/2025 and the resident was agreeable to sign the Consent to Placement in Secured Unit page of the residency agreement that [redacted] initially refused to at the time of [redacted] admission. Although multiple attempts were made to obtain the residents signature on this page of the agreement upon admission, the resident refused and had documented "I can not sign this, I do not agree with". The resident's designated person did sign the consent on the date of admission and the homes Executive Director made note on the page of the contract at time of admission that "Resident refused to sign, does not agree with doctors that [redacted] has a memory issue". Resident 1 was seen the day prior to [redacted] admission to the home by [redacted] Primary Doctor and they also confirmed on the department's DME form that the need for placement in the home's secured dementia unit was necessary. While residing [redacted] here, [redacted] willingly engages with staff and other residents, accepts assistance with ADLs and IADLs as needed, and participates in activities. [redacted] initial refusal to sign is an example of [redacted] cognitive challenges and impaired understanding.

Additional Corrective Actions: The homes Executive Director reviewed all resident contracts for every resident residing in the homes secured dementia unit on 9/9/2025 and confirmed that all other residents currently residing in the homes secured neighborhoods have signed and reviewed consents in their contracts.

Ongoing Quality Assurance Actions: The homes Executive Director, or Business Office Director, when the homes Executive Director is not available in the home, will ensure that all residents admitted to the homes Secured Dementia Unit review and sign this consent as part of the contract for each new admission, as of 9/9/2025. Any resident that initially refuses, continued attempts will be made to obtain residents' signature. This will be reviewed during each of the homes' ongoing quarterly quality assurance meetings, beginning again at the end of October 2025.

Licensee's Proposed Overall Completion Date: 10/18/2025

Implemented [redacted] 10/20/2025)