

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

May 22, 2024

[REDACTED]
THE BIRCHES OF LEHIGH OPCO LLC
[REDACTED]
[REDACTED]

RE: THE BIRCHES OF LEHIGH VALLEY
5030 FREEMANSBURG AVE
EASTON, PA, 18045
LICENSE/COC#: 232310

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2024 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 OF LEHIGH VALLEY License #: 232310 License Expiration:
Address: 5030 FREEMANSBURG AVE, EASTON, PA 18045
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: THE BIRCHES OF LEHIGH OPCO LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 02/08/2024 Issued By: Township of Bethlehem

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 3 Waking Staff: 2

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
Reason: New Exit Conference Date: 05/08/2024

Inspection Dates and Department Representative

05/08/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:		Residents Served:	3
Secured Dementia Care Unit			
In Home: Yes	Area: Daybreak	Capacity: 57	Residents Served: 0
Hospice			
Current Residents:	0		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	3
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	0	Have Physical Disability:	0

Inspections / Reviews

05/08/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/31/2024

Inspections / Reviews (*continued*)

05/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/22/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The community restroom, outside the Director of Wellness' office does not have a covered garbage can.

Plan of Correction

Accept ([redacted] - 05/22/2024)

Immediate corrective actions: Wall trash Receptacles were removed by the Maintenance Director and replaced with free standing trash cans with lids on 5/08/2024.

Additional corrective actions: The Maintenance Director performed an audit of all community restrooms on 05/09/2024 and removed all other trash receptacles without lids, replacing them with freestanding units with lids. (See attached audit sheet)

Ongoing actions: Maintenance Director will audit community bathrooms weekly to ensure compliance with 85d. Audits will be discussed during quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [redacted] - 05/22/2024)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone located in the entrance of the home does not have the emergency numbers posted on or near the phone.

Plan of Correction

Accept [redacted] - 05/22/2024)

Immediate corrective actions: Executive Director immediately replaced the emergency phone number listing on 05/08/2024.

Additional corrective actions: On 05/08/2024 Executive Director audited all remaining phones with outside lines to ensure compliance with 91. (See Attached Audit Sheet.)

Ongoing actions: Maintenance Director will audit phones monthly to ensure all phones have emergency telephone numbers on or near each phone. Audits will be reviewed on a quarterly basis at QA meetings.

Completion Date: 05/08/2024

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [redacted] - 05/22/2024)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit doors to the porch off the first-floor dining room exit to an enclosed porch/patio area. The doors do not note this is not an exit.

Exit #3 – there was cardboard on the ground outside the exit, the exit door was catching on, slowing immediate egress from the building. The cardboard on the ground also posed a tripping hazard.

Plan of Correction**Accept** [REDACTED] - 05/22/2024)

Immediate corrective actions: On 05/08/2024 Executive Director immediately removed cardboard from the ground and disposed of it.

Additional corrective actions: Maintenance Director removed "area of refuge" sign on [REDACTED] and replaced with sign stating "not an exit" on 5/10/2024. (See attached photo.)

Ongoing corrective actions: The Maintenance Director or Designee will do weekly checks of all exit doors to ensure they remain unobstructed. Results of the audits will be discussed at Quarterly QA meetings. The "Not an exit" sign is a permanent fixture not requiring ongoing corrective action. Completion date 05/10/2024

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 05/22/2024)**125a - Combustible Storage****4. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

PVC Primer container, a combustible material, was located next to the natural gas hot water heater, posing a fire hazard.

Plan of Correction**Accept** [REDACTED] - 05/22/2024)

Immediate corrective actions: On 05/08/20024 Executive Director Immediately removed and properly disposed of the PVC Primer.

Additional corrective actions: Maintenance Director audited the Water Heater room on 5/8/2024 to ensure that no further flammable materials were improperly stored.

Ongoing corrective actions: The Maintenance Director or designee will audit the areas containing heat sources weekly to ensure compliance with 125a. All flammable liquids will be stored in fire safe storage cabinets. Results of the audits will be discussed at quarterly QA meetings.

Completion Date: 05/08/2024

Licensee's Proposed Overall Completion Date: 05/22/2024

125a - Combustible Storage (*continued*)

Implemented ([REDACTED] 05/22/2024)