

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

October 23, 2025

THE BIRCHES OF LEHIGH OPCO LLC

RE: THE BIRCHES OF LEHIGH VALLEY
5030 FREEMSBURG AVE
EASTON, PA, 18045
LICENSE/COC#: 23231

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025 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 OF LEHIGH VALLEY License #: 23231 License Expiration: 02/13/2026
Address: 5030 FREEMSBURG 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: Twp. of Bethlehem

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 97 Waking Staff: 73

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Incident, Settlement Exit Conference Date: 09/11/2025

Inspection Dates and Department Representative

09/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 88

Secured Dementia Care Unit

In Home: Yes Area: NA Capacity: 57 Residents Served: 36

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88

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

Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

09/11/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/17/2025

10/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/21/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/21/2025

Inspections / Reviews (*continued*)

10/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

On [REDACTED] resident [REDACTED] exited the building through the main entrance and wandered to a nearby pharmacy and informed a bystander that they were lost. The police were notified and escorted the resident back to the facility. The resident was missing for approximately 1 hour. The preadmission screening for resident [REDACTED], dated [REDACTED], under level of supervision, indicates that the resident needs attendance in unfamiliar places. Resident [REDACTED] moved from New Jersey to Pennsylvania to be closer to family and was admitted to the home on [REDACTED]. The facility failed to provide required supervision for resident [REDACTED] while outside of the home, which could have resulted in resident harm.

Plan of Correction

Accept [REDACTED] - 10/16/2025

Violation: 2600.224a- A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Immediate Corrective Actions:

On 8/29/25 upon return to the community, the resident was fully assessed by the Resident Care Director and the resident's Primary Care Physician (PCP). At that time the PCP diagnosed the resident with Dementia. The cognitive section of the prescreen was completed, a new DME was completed, and the resident and [REDACTED] family agreed to a move to secured memory care immediately following the PCP assessment on 8/29/2025. The RASP was also completed on 8/29/2025 by Funmi Ogunsemore, RCD.

Additional Corrective Actions:

On 8/29/25, the Executive Director identified the resident had a virtual pre-admission assessment completed by the RCD because [REDACTED] did not live in the immediate geographical area. [REDACTED] and [REDACTED] in law who are [REDACTED] POA were unfamiliar with [REDACTED] daily care needs due to the physical distance and therefore unable to provide in-depth information. The Executive Director will educate the RCD on the screening process, and the need to ask appropriate questions to determine needs, including whether a resident is appropriate for Memory Care versus Personal Care. This education will take place by 10/17/2025.

Beginning October 14, 2025, new residents will attend new resident orientation, to familiarize new residents to the community. This will be the responsibility of the Resident Life Director in personal care and compliance will be monitored by the Executive Director. The Memory Care Director will be responsible for new resident orientation in the secured memory care neighborhood upon admission, with monitoring by the Executive Director.

Ongoing Quality Assurance Actions:

The Executive Director will review all assessments for those prospects diagnosed with any cognitive concerns prior to admission to ensure appropriate placement has been arranged. This direct oversight by the ED will begin 10/14/2025 and continue through December 31, 2025, to provide education and support so the Resident Care Director can learn to do the same as of January 1, 2026.

Ongoing compliance and findings will be reviewed at the quarterly QA team Meetings, beginning with the January 2026 meeting to review Q4

(October, November, and December 2025). The ED will oversee the plan and ensure compliance.

224a Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [REDACTED] - 10/23/2025