



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **GOLDENCARE AT NEWFOUNDLAND LLC**

LEGAL ENTITY

To operate **BRIARWOOD SENIOR LIVING**

NAME OF FACILITY OR AGENCY

Located at **878 MAIN STREET, NEWFOUNDLAND, PA 18445**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **26**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 28, 2020** until **December 28, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **229710**

Robert E. Robinson

ISSUING OFFICER

Jamie J. Buchenauer

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 6/20



Emailing Date: December 24, 2020

Mr. Gary Rohinsky
Chief Executive Officer
Goldencare at Newfoundland LLC
1120 53rd Street
Brooklyn, New York 11219

RE: Briarwood Senior Living
878 Main Street
Newfoundland, Pennsylvania 18445
License #: 229710

Dear Mr. Rohinsky:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on October 21, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

Facility Information

Name: *Briarwood Senior Living* License #: *22971* License Expiration Date:
 Address: *878 Main Street, Newfoundland, PA 18445*
 County: *WAYNE* Region: *NORTHEAST*

Administrator

Name: *Brian Delrio* Phone: *570-955-7768* Email:
bdelrio@briarwoodmanorpa.com;
garyr@twincedar.net; lindscott@pa.gov;
agraziano@pa.gov

Legal Entity

Name: *Goldencare Newfoundland LLC*
 Address: *1120 53rd Street, Brooklyn, NY, 11219*
 Phone: *347-722-3629* Email: *garyr@twincedar.net*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/23/1990* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Change Legal Entity* Exit Conference Date: *10/21/2020*

Inspection Dates and Department Representative

10/21/2020 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *10*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

10/21/2020 - Partial

Lead Inspector: *Gerald Dumas*

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/13/2020*

11/4/2020 - POC Submission

Lead Reviewer: *Anne Graziano*

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/18/2020*

11/13/2020 - Document Submission

Lead Reviewer: *Anne Graziano*

Follow-Up Type:

Follow-Up Date:

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

In the home's newly remodeled section, known as the 1st floor rear, bathroom grab bars were not available at the commode or in or near the shower. Grab bars assist at preventing resident falls when entering and exiting the shower in addition to transferring on and off the commode.

Plan of Correction

Accept

Immediately after inspection the administrator installed commode chair with grab bars attached for the toilet area as well as grab bars for the shower area attached to the wall. Administrator shall ensure grab bars are present in bath areas going forward.

Completion Date: 10/21/2020

Document Submission

Implemented

Completed

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home's newly remodeled section, known as the 1st floor rear, did not include an evacuation diagram. The area is connected by an enclosed hallway and is a separate area from the main part of the home. A diagram indicating the route to the emergency exit doors was not posted.

Plan of Correction

Accept

Administrator posted emergency evacuation diagram shortly after inspection was completed and hung the diagram in the common area of the newly renovated section of the home.

Completion Date: 10/21/2020

Document Submission

Implemented

Completed

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Fire extinguisher tags throughout the home and the home's tagged suppression system in the kitchen, indicated that the fire extinguishers and the suppression system inspection had expired in August 2020 . An annual inspection of the extinguishers and the suppression system was not conducted annually.

131f - Fire Extinguisher Inspection (continued)

Plan of Correction

Directed

*Due to COVID-19 restrictions the fire extinguisher inspection vendor was not able to access the fire extinguishers in August to reinspect them, however
The administrator did check them all at that time to confirm they were all fully charged. Administrator scheduled inspection for 10/23/20. Administrator
Shall ensure all extinguishers are inspected timely going forward.*

Directed POC:

Adm is suggested to add as annual date to the home's calendar for a reminder in the future to have fire tags updated annually.

AG, 11-4-2020

Completion Date: 11/18/2020

Document Submission

Implemented

Administrator has added this event to the home's calendar as recommended.

133.1 - Exit Signs

1. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The two exits from the 1st floor rear - one leading to the outside and the other leading to the main part of the home did not have a posted sign indicating "EXIT" at these two exits.

Plan of Correction

Accept

New exit signs were placed at both doors immediately after inspection and in accordance with fire safety ordinances. Administrator shall ensure these signs are present at all times.

Completion Date: 10/21/2020

Document Submission

Implemented

Completed