

Department of Human Services
Bureau of Human Service Licensing

January 20, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: BRIARWOOD SENIOR LIVING
878 MAIN STREET
NEWFOUNDLAND, PA, 18445
LICENSE/COC#: 22971

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BRIARWOOD SENIOR LIVING* License #: *22971* License Expiration: *12/28/2021*
Address: *878 MAIN STREET, NEWFOUNDLAND, PA 18445*
County: *WAYNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/23/1990* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/21/2021*

Inspection Dates and Department Representative

10/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *20*

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: *0* Have Physical Disability: *0*

Inspections / Reviews

10/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/10/2021*

Inspection Dates and Department Representative (*continued*)

12/11/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2021*

12/21/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/27/2021*

01/20/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all CO2 detectors operating with a battery be changed annually and dated with battery installation date. The CO2 detector in the kitchen and outside of the boiler room had a battery which was not dated with the installation date.

Plan of Correction

Do Not Accept

Both CO detectors batteries had been changed and dated during inspection.

CO2 detectors to be tested monthly and batteries changed annually with date.

Update: 12/11/2021

Please indicate specifically, in your plan of correction, who will be responsible for monitoring and maintaining ongoing compliance with this regulation.

12-11-2021 - MM

Plan of Correction

Accept

Maintenance will test CO2 detectors monthly. Maintenance will monitor and maintain compliance according to regulations.

Document Submission

Implemented

CO2 detectors were functioning . Batteries were changed on inspection. Maintenance to maintain

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has no documentation of a Quality Management meeting having been completed.

Plan of Correction

Accept

* A Quality Management Meeting was implemented shortly after the inspection.

* Administrator to ensure quality meetings are implemented.

Update: 12/11/2021

Please send/Attach proof of Quality Mgt. plan. 12-11-2021 MM

Document Submission

Implemented

see attached

56 - Admin 20 Hours/Week

1. Requirements

2600.

56 - Admin 20 Hours/Week (continued)

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff members stated that the administrator works in the home on Tuesday and Wednesdays from 10am-4pm which is less than the required 20 hours per week. The administrator has no written schedule to verify that 20 hours are being completed in the home.

Plan of Correction

Accept

Administrator has been added to the schedule with appropriate hours worked.

Update: 12/11/2021

Please send/Attach proof of the administrators weekly and monthly work schedule.

12-11-2021 MM

Document Submission

Implemented

see attached

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/16/2021 from 11pm to 7am there was no CPR certified staff in the building.

Plan of Correction

Accept

*Overnight staff was CPR trained.

*Administrator to ensure that staff member is CPR trained and up to date.

Update: 12/11/2021

Please send/Attach proof of staff CPR training and staff schedule for month of November and December for review. 12-11-2021 MM

Document Submission

Implemented

see attached

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not complete a notification to the fire department after the Sale of Legal Entity was completed. The most current notification letter was from 2016 under the previous legal entity.

Plan of Correction

Do Not Accept

*The fire department was notified soon after inspection of the change in ownership and floor plans.

124 - Notice to Fire Department (continued)

Update: 12/11/2021

Please send/Attach proof of the homes notifications to the local fire department.

Also, please indicate specifically, who will be responsible for monitoring this regulation for ongoing compliance.

12-11-2021 MM

Plan of Correction

Accept

The administrator will monitor any changes and advise the fire department. The administrator will keep documentation on file.

Document Submission

Implemented

see attached

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had any fire inspection completed since taking over as legal entity and were unable to provide any previous inspection letters.

Plan of Correction

Accept

*Previous owner did not leave any paperwork on past fire safety inspections. Due to COVID restrictions, fire safety inspection had not been done.

*A fire safety inspection has been set up for January 4th,2022

*Administrator to ensure documentation of annual fire inspections shall be kept.

Update: 12/11/2021

Please send/Attach proof of fire safety inspection. 12-11-2021 - MM

Document Submission

Implemented

attached

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Menu's posted in the dining room were only posted until 10/24/2021 on 10/21/2021.

Plan of Correction

Accept

* Menus were posted the day of inspection one week in advance

* Administrator to ensure menus are posted weekly, one week in advance in a conspicuous place.

Update: 12/11/2021

Pease send/Attach proof of 3 weeks of the home's menus. 12-11-2021 MM

162c - Menus Posted (*continued*)

Document Submission

Implemented

see attached