

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

January 20, 2023

[REDACTED], OWNER
GOLDENCARE AT NEWFOUNDLAND LLC
[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 12/13/2022 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: *BRIARWOOD SENIOR LIVING* License #: *22971* License Expiration: *12/28/2023*
 Address: *878 MAIN STREET, NEWFOUNDLAND, PA 18445*
 County: *WAYNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *GOLDENCARE AT NEWFOUNDLAND LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/23/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/13/2022*

Inspection Dates and Department Representative

12/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *26* Residents Served: *6*

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: *6*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

12/13/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/01/2023*

01/06/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2023*

Inspections / Reviews *(continued)*

01/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2023

01/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #2's contract, dated [REDACTED] does not include refund information regarding the death of residents over 60 years old that are made in accordance with the Elder Care Payment Restitution Act.

The contract also states that if a 30-day notice of discharge is issued by the home, and the resident moves out before the 30 days are over, no refunds will be paid for any previously paid charges for the remainder of the 30-day period. However, in this instance, per regulation 2600.28a, "the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period."

Plan of Correction

Accept [REDACTED] - 01/17/2023)

Addendum was sent to families notifying of change in contract by Administrator on [REDACTED] Addendum with changes attached. Administrator to ensure contracts are within compliance and will monitor ongoing compliance and any updates or changes to contract.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] - 01/20/2023)

63a - First Aid/CPR Training

2. 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

The home has 6 residents, which requires one staff person working at all times who is trained in First Aid and CPR. On [REDACTED] and [REDACTED] from [REDACTED] to [REDACTED] there was no one working and present in the facility who was trained in First Aid and CPR.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

Administrator to monitor scheduling and ensure all CPR certifications for employees are current. Administrator to verify prior to scheduling. Employee scheduled on 12/3-12/4 2022 has CPR training 12/29/2022. Certificate will be sent when received. Employee has been under other staff member with CPR certification.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented [REDACTED] - 01/20/2023)

89c - Testing Non-Public Water

3. Requirements

2600.

89c - Testing Non-Public Water (continued)

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home has not had a coliform water test since December 2021. The home is not connected to a public water source.

Plan of Correction

Accept [redacted] - 01/06/2023)

Administrator and Maintenance to oversee water is tested every 3 months. Water test on coliform was done 12/27/2022. Results will be sent when receive.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented [redacted] - 01/20/2023)

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At time of inspection, there was an approximate 1-2 inches accumulation of snow on the home's porch area outside of the door leading out of the kitchen.

Plan of Correction

Accept [redacted] - 01/17/2023)

Snow was removed from porch exit on 12/13/22. Maintenance Director to ensure exit outside kitchen is clear from snow. Maintenance director to monitor exits and make sure exits are clear when weather is calling for snow. Maintenance director to monitor compliance and Administrator to oversee. At the time of inspection, inspector stated sign "not an exit" could be hung above door, which was done on 12/13/2022. The exit sign was placed back above door, due to fire letter and plan showing that as an emergency exit. Yearly fire safety to be held this month and Maintenance will review with inspector.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] - 01/20/2023)

121a - Unobstructed Egress

5. 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 door in the home's living room area was difficult to open at time of inspection, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept [redacted] - 01/17/2023)

Maintenance fixed door to living room making it easier to open on 12/30/2022. Strike plate was drilled out and adjusted. Door is fully functional and can open and close easily. Maintenance director to ensure all exit doors are operational and easily opened. Maintenance director to do monthly audits on all doors and monitor ongoing

121a - Unobstructed Egress (continued)

compliance. Administrator to oversee audits are being done monthly.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (█) - 01/20/2023)

132g - Fire Drills Days/Times

6. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Between the months March 2022 through October 2022, 7 out of 8 fire drills conducted by the home were conducted between the hours of 2pm to 4:00pm.

Plan of Correction

Accept (█) - 01/06/2023)

Administrator and Maintenance to ensure fire drills will be rotated from day and night shifts.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented (█) - 01/20/2023)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on (█). The previous medical evaluation was completed 3/30/21. This exceeds the annual timeframe required by this regulation.

Plan of Correction

Accept (█) - 01/06/2023)

Administrator to ensure medical evaluations are done annually. Administrator to review DME dates monthly to ensure not to exceed annual timeframe.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented (█) - 01/20/2023)