

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

April 12, 2023

[REDACTED]
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 03/16/2023 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]

Legal Entity

Name: *GOLDENCARE AT NEWFOUNDLAND LLC*
 Address: *1120 53RD, BROOKLYN, NY, 11219*
 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: *10* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *03/16/2023*

Inspection Dates and Department Representative

03/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *26* Residents Served: *9*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

03/16/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2023*

03/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/12/2023*
 Reviewed: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2023*

Inspections / Reviews (*continued*)

03/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/06/2023

04/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/14/2023

04/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] staff person A witnessed staff person B force resident #1 to sit on the floor and then later when resident #1 was seated on a chair in the living area staff person B hit resident #1 on the head as staff person B was walking past the resident. Staff person A did not immediately report the abuse to the home's administrator. Staff person A reported the abuse at approximately 5pm on [redacted].

Plan of Correction

Accept (JH - 03/31/2023)

All staff were retrained on resident abuse reporting on [redacted] Staff was re educated on reporting abuse immediately. Administrator to ensure staff are trained yearly and upon hire. The home has procedures on abuse reporting (see attached) All staff are instructed to call administrator on any reports of abuse .Administrator is on call 7 days a week per on call policy. Administrator to ensure compliance by continuing education.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/10/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] staff person A heard resident #1 scream from a 2nd floor bedroom. Resident #1 reported staff person B grabbed their neck. Staff person A started to walk resident #1 down the stairs when staff person B forcibly pushed resident #1 to a seated position on the floor at the stair landing. When staff person A had resident #1 seated on a chair in the living area staff person B came by and hit resident #1 in the head.

Plan of Correction

Accept (JH - 03/31/2023)

Administrator immediately suspended staff person B when it was reported.. Staff person B was fired on [redacted]. Residents were interviewed on [redacted] (see attached)to ensure they are receiving appropriate care and treatment. All staff were retrained on abuse by assistant administrator and administrator on [redacted]. Administrator to ensure ongoing training and interviewing residents quarterly on any complaints or concerns.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/10/2023)

83a - Indoor Temperature

3. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

83a - Indoor Temperature (continued)**Description of Violation**

During an interview with resident #1 it was noticed that resident #1's room was cold and resident #1 stated that they sleep with their coat on. The temperature in the room measured 63.5 F degrees according to a digital thermometer.

Plan of Correction**Accept (JH - 03/31/2023)**

On 3/16/23 maintenance check resident #1 room for drafts and covered windows. Baseboard electric heater was installed in resident room on 3/17/23 . Residents were interviewed to ensure the temperature of the home is adequate. Maintenance checked all rooms to make sure temperature was within normal limits. Administrator to make sure maintenance continues weekly temperature checks in facility. See attached for weekly schedule.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/12/2023)