

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

September 19, 2023

[REDACTED]  
PENNSWOOD VILLAGE  
1382 NEWTOWN-LANGHORNE ROAD  
NEWTOWN, PA, 18940

RE: PENNSWOOD VILLAGE PERSONAL  
CARE HOME  
1382 NEWTOWN-LANGHORNE  
ROAD  
NEWTOWN, PA, 18940  
LICENSE/COC#: 12675

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2023 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: *PENNSWOOD VILLAGE PERSONAL CARE HOME* License #: *12675* License Expiration: *01/20/2024*  
 Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *PENNSWOOD VILLAGE*  
 Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/27/2010* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/10/2023*

**Inspection Dates and Department Representative**

*08/10/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *41* Residents Served: *36*

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

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**08/10/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2023*

**08/25/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/14/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2023*

Inspections / Reviews *(continued)*

09/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/17/2023

09/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1, admitted [redacted]/2023, did not have a resident-home contract completed until [redacted]/2023.

Plan of Correction

Accept [redacted] - 09/01/2023)

PCHA updated the Admission Checklist. The Admission Checklist updated to include an audit by the charge nurses from each shift, along with a final 24-hour audit to confirm all admission criteria have been met. Final 24-hour audit to be completed by the Health Information Coordinator. All nursing staff and Health Information Coordinator made aware of updates to checklist and admission procedures, including ensuring that the contract is signed ON ADMISSION and/or WITHIN 24 Hours of Admission via email on 8/25/23. All admission packets have been updated with new checklist by nursing secretary on 8/25/23. Staff educator held in-service and reviewed plan of correction with staff on 8/28/23, 8/29/23, and 8/30/23.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented [redacted] - 09/19/2023)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/10/2023, there was an uncovered, unattended trash can in the ladies room.

Plan of Correction

Accept [redacted] - 08/25/2023)

Housekeeping provided covered trash can for ladies' room. Housekeeping to check public bathrooms daily to ensure trash cans have appropriate covers.

Licensee's Proposed Overall Completion Date: 08/24/2023

Implemented [redacted] - 09/19/2023)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/10/2023, resident 1's enabler bar was not covered for safety.

Plan of Correction

Accept [redacted] - 09/01/2023)

PCHA applied an elasticated tubular support bandage to the enabler bar for safety on 8/25/23, which covers the enabler bar openings. All nursing staff made aware via email on 8/25/23 that they are to check that the enabler

**95 - Furniture and Equipment (continued)**

bar cover is in place and in good repair during rounds on each shift. Nursing to sign off that enabler bar has been inspected and in good repair and will replace if compromised every shift starting on 8/25/23. Staff educator held in-service and reviewed plan of correction with staff on 8/28/23, 8/29/23 and 8/30/23.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented [REDACTED] - 09/19/2023)

**103i - Outdated Food****4. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 8/10/2023, there were 4 dented cans of chicken noodle soup in the food storage area.

**Plan of Correction**

Accept [REDACTED] - 08/25/2023)

The 4 dented cans of chicken noodle soup were immediately removed at time of inspection. Director of Dining Services re-educated responsible staff on the Dented Can Policy and Procedure, including daily audit of store room and refrigerators. Dining services will continue to monitor store room and refrigerators for dented cans.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 09/19/2023)