

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

January 29, 2024

[REDACTED], ADMINISTRATOR
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 01/09/2024 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRIARWOOD SENIOR LIVING* License #: *22971* License Expiration: *12/28/2024*

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: *01/09/2024*

Inspection Dates and Department Representative

01/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *7*

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: *7*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/09/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/08/2024*

01/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/26/2024*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/01/2024*

Inspections / Reviews *(continued)*

01/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar on Resident 1's bed was not securely attached to the bed frame.

Plan of Correction

Accept () - 01/25/2024

Maintenance will ensure that when enabler bars are required for a resident, that they are attached securely to bed frames. Maintenance will also do monthly checks and sign off on audit sheet of all enabler bars in the facility to ensure they are attached properly. Maintenance secured residents bed to the bed frame properly.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 01/29/2024

96a First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not include gauze.

Plan of Correction

Accept () - 01/25/2024

Administrator to have weekly checks on first aid kit to ensure all supplies are present in first aid kit. The gauze was replaced to the first aid kit.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 01/29/2024

100b Removal Snow/Obstructions

3. 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

The exterior stairs leading from the right side of the second floor were covered with ice. The outside deck coming out from the first floor exit #10 was icy and slippery.

Plan of Correction

Accept () - 01/25/2024

The steps and deck in question were iced over due to snow on the roof melting and dripping onto steps. Maintenance is going to purchase a heated cord for the roof in that area. The cord will help keep both the roof and the gutter in that area thawed out so the melted snow can travel through the gutter instead of dripping over the edge onto the steps and deck creating a slip hazard. Maintenance will continue to make sure the snow and ice are removed from all exits, walkways, steps and ramps. The ice was removed by maintenance and salt was applied.

Licensee's Proposed Overall Completion Date: 01/24/2024

100b Removal Snow/Obstructions (continued)

Implemented () - 01/29/2024)

121a Unobstructed Egress

4. 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 egress route exiting from the Wood Room was obstructed by a rock salt dispenser.

Plan of Correction

Accept () - 01/25/2024)

Maintenance will mark out a designated location on the front porch for all snow removal items. Maintenance will also post signs on all exits that read " Emergency Exit Do Not Block". .Maintenance will also create a monthly audit to check and ensure signage is present as well as making sure all egress paths are clear and not obstructed. The rock salt was removed from the exit door to the front deck by maintenance.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 01/29/2024)

124 Notice to Fire Department

5. 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 notification to the local Fire Department stated there are 8 residents in the home, however there are only 7 residents currently residing in the home.

Plan of Correction

Accept () - 01/25/2024)

Administrator to ensure the letter to the local fire department will include residents may have mobility needs and the total capacity of the facility. The current census will be removed from letter. A updated letter was sent to the local fire dept.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 01/29/2024)

227d Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1's RASP did not include information indicating the resident utilizes enabler bars.

227d - Support Plan Medical/Dental (*continued*)

Plan of Correction

Accept (█ - 01/25/2024)

Administrator to check RASP monthly to ensure that they are updated with any resident changes. The RASP was updated with enabler bar noted.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 01/29/2024)