

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

April 11, 2024

[REDACTED], EXECUTIVE DIRECTOR  
NEW VISIONS OF SOUTH CENTRAL PA INC  
[REDACTED]

RE: NEW VISIONS INC  
103 DEERVIEW DRIVE  
NEWVILLE, PA, 17241  
LICENSE/COC#: 32870

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEW VISIONS INC* License #: *32870* License Expiration: *06/13/2024*  
 Address: *103 DEERVIEW DRIVE, NEWVILLE, PA 17241*  
 County: *CUMBERLAND* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *NEW VISIONS OF SOUTH CENTRAL PA INC*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *10/04/2017* Issued By: *Upper Frankford Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *02/27/2024*

**Inspection Dates and Department Representative**

*02/27/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *7* 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: *7* Are 60 Years of Age or Older: *7*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

*02/27/2024 Full*  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2024*

*03/21/2024 - POC Submission*  
 Submitted By: [REDACTED] Date Submitted: *04/10/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2024*

Inspections / Reviews *(continued)*

04/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2024

04/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82b - Poisonous Material Storage

1. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 02/27/2024, from 9:00AM till 2:45PM there was a bottle of Great Value disinfecting wipes and a 32 oz bottle of TrueLiving cleaner with bleach located on the kitchen counter where food is prepared. Both items stated contact poison control for treatment advice.

Plan of Correction

Accept ( ) - 04/04/2024

At the time that the cleaner was left on the counter, no staff or residents were present in the home and Residential Director was in the basement with the inspector. When Residential Director was made aware that cleaning supplies were left on the counter, they were immediately put back into the staff office closet where the supplies are stored.

All staff were made aware via memo sent by Residential Director on 2/27/2024 that cleaning supplies are to be put in the staff office closet immediately after each use.

Staff will put cleaning supplies back in the staff office closet immediately after each use.

Residential Director or Assistant Administrator will conduct random audits weekly for two months to ensure that all chemicals/poisonous materials are not stored on any food preparation or dining surfaces.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented ( ) - 04/11/2024

89c - Testing Non-Public Water

2. Requirements

2600.

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 June of 2023. The home is not connected to a public water source.

Plan of Correction

Accept ( ) - 04/04/2024

Between June 2023 and February 2024, new maintenance staff had been hired and were not aware of the need to test the water. Maintenance was instructed by Executive Director and Residential Director to take a water sample and it was dropped off at Franklin Analytical on 2/28/2024. Results were received on 3/8/2024. No issues noted in the test.

Residential Director and Property Manager put reminders in calendar to prompt maintenance to do water tests every 3 months. Property Manager will ensure that maintenance is completing tests as required. Residential Director will keep record of these tests as well.

Residential Director educated the new maintenance staff member on need to test water every three months on 2/28/2024 at the time that the water sample was taken. New maintenance staff will be educated on regulation 89c

89c - Testing Non-Public Water (continued)

upon hire by the Property Manager.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented (█) - 04/11/2024

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 01/10/2023 at 8:30PM, one resident did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept (█) - 04/04/2024

The resident in question is no longer residing in the home.

Staff were made aware of the violation via a memo sent by Residential Director on 2/27/2024. Education on the implementation of procedures for this plan of correction will be provided to staff by Residential Director at a meeting on 3/25/2024.

Residents are educated regarding fire drills/fire safety upon admission and encouraged to evacuate safely and quickly during every fire drill. Additionally, proper evacuation procedures will be discussed with all residents by the Assistant Administrator at a house meeting on 3/23/2024.

In the case of future behavioral concerns during fire drills, Staff will document the concerns in the resident's chart and report any issues to Residential Director. Residential Director or Assistant Administrator will educate the resident on proper evacuation procedures and will document this conversation in the resident's chart. A repeat fire drill will be held within 7 days of the initial drill and will continue until all residents evacuate properly.

Continued concerns about resident safety will be addressed with the resident's providers and designated person(s).

A fire drill was held on 3/22/2024 with Residential Director and a loss prevention representative from the insurance company in attendance. All 6 residents present in the home evacuated quickly and safely in 1 min. 43 sec.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented (█) - 04/11/2024

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

141b1 Annual Medical Evaluation (continued)

Description of Violation

Resident 1 had a medical evaluation was completed on [REDACTED] However, the resident's prior medical evaluation was completed on 08/19/2021.

Plan of Correction

Accept [REDACTED] - 03/18/2024)

Resident 1 had been seen by their PCP on [REDACTED] however the medical evaluation form was not completed until the resident's next in person examination, and that was the date used on the medical evaluation form.

On 3/5/2024, Residential Director and Assistant Administrator confirmed that all annual documentation dates were entered into the shared calendar.

Residential Director and/or Assistant Administrator will keep track of all annual documentation dates for residents in the shared calendar.

Residential Director and/or Assistant Administrator will ensure that medical evaluation forms are completed for in person evaluations that occur before the date that the annual medical evaluation is due.

Licensee's Proposed Overall Completion Date: 03/07/2024

Implemented [REDACTED] - 04/11/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed [REDACTED]. The orders are as follows [REDACTED] (call Dr.) before meals.

On [REDACTED], resident's blood sugar reading was [REDACTED] and [REDACTED] were given.

On [REDACTED], at [REDACTED], residents blood sugar reading was [REDACTED] and [REDACTED] were given.

Resident 3 has an order for [REDACTED], take one tablet by mouth at bedtime. However, on [REDACTED], this medication was not given to the resident.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

It could not be determined whether the insulin errors were an administration error or a documentation error. Both staff and Resident 2 are aware of the parameters for the sliding scale and it is documented on the MAR. Resident 3's olanzapine is in a bottle, so it could not be determined whether the medication was given or if staff forgot to initial the MAR.

Staff were educated via a memo sent by Residential Director on 2/27/2024 of the violation and instructed to double check documentation after administration for accuracy.

**187d - Follow Prescriber's Orders (continued)**

*Routine medications are generally blister packed by the pharmacy. Staff date the blister pack when a medication is administered to verify that the medication was given. Resident 3's medications will be blister packed in the future once bottles are used up.*

*Medication administration and documentation will be reviewed at the scheduled staff meeting on 3/25/2024. Residential Director and Assistant Administrator will lead this discussion.*

*Starting on 3/25/2024, Residential Director and/or Assistant Administrator will randomly audit and monitor resident MARs twice a week for three months. If during that 3-month auditing period, discrepancies in medication administration are discovered, Residential Director and/or Assistant Administrator will investigate the reasonings behind the discrepancy and further education will be given to the staff person on medication administration and/or documentation.*

**Licensee's Proposed Overall Completion Date: 06/25/2024**

**Implemented [REDACTED] - 04/11/2024)**