

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

June 24, 2025

[REDACTED] ADMINISTRATOR
NEW CONCEPTS INC
[REDACTED]

RE: THE SUSQUEHANNA HOUSE
2400 SUSQUEHANNA TRAIL
MCEWENSVILLE, PA, 17749
LICENSE/COC#: 21312

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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: *THE SUSQUEHANNA HOUSE* License #: *21312* License Expiration: *05/26/2025*
 Address: *2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *NEW CONCEPTS INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/2024* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/13/2025*

Inspection Dates and Department Representative

05/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *22* Residents Served: *21*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *5*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/13/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2025*

06/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2025*

Inspections / Reviews *(continued)*

06/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 03/25/2025 and the previous year it was 03/12/2024.

Plan of Correction

Accept (████) - 06/09/2025

The home had made several attempts to arrange the annual fire safety inspection. We scheduled the earliest date available. The Administrator thought that there was a 15 day grace period and that this date would be acceptable since it was in that time frame. So the fire safety inspection was completed and documentation maintained. It is important for a fire safety expert to conduct annual inspections in order to make assessments to determine if anything indicates a fire safety issue and make any necessary recommendations to correct possible issues. Correcting unsafe conditions helps to prevent fires from occurring. The Administrator added a notification to the computer program for an alert 90 days in advance of the date the fire safety inspection is due in order to have reasonable time to request the inspection. The Administrator is responsible to schedule the inspection and ensure compliance.

Licensee's Proposed Overall Completion Date: 06/03/2025

Implemented (████) - 06/24/2025

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

At 9:22 a.m., 5 cigarette butts were found on the ground in the smoking area

Plan of Correction

Accept (████) - 06/09/2025

On the day of inspections the cigarette butts were removed and placed in the fireproof container. On 5/14/25 a resident meeting was held and reminders given on how to properly dispose of cigarette butts and that following safe smoking practices is a part of the Home Rules. On 5/14/25 a memo reviewing the proper procedures for disposing of tobacco products was provided to staff. Staff were also instructed to give routine reminders of safe smoking protocols to residents that smoke. In addition, if staff are smokers they are required to follow the same safe smoking practices. Staff will make routine checks of the designated smoking area to help assure safe smoking protocols are being followed. Staff will report to the Administrator if there is a problem with someone not adhering to the protocols. The Administrator will also make routine checks of the smoking area and is responsible to oversee and ensure compliance.

Licensee's Proposed Overall Completion Date: 06/03/2025

Implemented (████) - 06/24/2025

185b - Medication Procedures

3. Requirements

185b - Medication Procedures (continued)

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

At 1:30 p.m., the controlled substance log for Resident 1's 75mg Pregabalin which is administered daily at 7:00 a.m. and 9:00 p.m. indicated that there were 30 capsules on the medication cart remaining, but the actual count was 31 capsules of 75mg Pregabalin.

Plan of Correction

Accept ([REDACTED] - 06/09/2025)

After review of the record along with the inspector it was determined the actual count of the Pregabalin was correct, but the staff person inadvertently entered the wrong amount on the Pregabalin record. A review was conducted on 5/13/25 with the staff person that entered the wrong number. A staff review was conducted with the rest of the medication staff as a reminder to double check their counts and documentation. When the Med Trainer conducts monthly audits of the med cart they will also review the controlled logs for proper documentation. The Med Trainer will report any findings to the Administrator who is responsible to oversee and help ensure compliance.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented ([REDACTED] - 06/24/2025)