

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

June 30, 2025

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

RE: NEW VISIONS OF SOUTH CENTRAL
PA INC.
427 HOGESTOWN ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 34041

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2025 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: *NEW VISIONS OF SOUTH CENTRAL PA INC.* License #: *34041* License Expiration: *02/21/2026*
 Address: *427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050*
 County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *R-3* Date: *11/07/2005* Issued By: *Silver Spring Township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/27/2025*

Inspection Dates and Department Representative

05/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *8*
 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: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2025*

Inspections / Reviews *(continued)*

06/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/01/2025

06/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act of 2016 requires that long-term care facilities, including personal care homes and assisted living residences, post the Department of Health's influenza poster. A copy of the influenza awareness poster was not posted in the home.

Plan of Correction

Accept (█ - 06/12/2025)

Immediately at the time of inspection on 5/27/2025 the Residential Director posted the current Department of Health's Influenza Awareness Poster.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Site Audit form, which includes a check to ensure that the Influenza Awareness Poster remains posted in the home at all times.

The Administrator or Designee will conduct a monthly Site Audit at the end of each month to ensure compliance with 2600.18.

A Site Audit was completed on 5/31/2025 by the Administrator to ensure compliance with 2600.18.

All staff will be re-educated on 2600.18 by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 06/30/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Staff A does not have current medication administration training. Staff A worked the overnight shift alone on multiple days including Saturday, 5/3/25 from 11:00 PM – 7:00 AM; Sunday, 5/4/25 from 11:00 PM – 7:00 AM; Monday, 5/5/25 from 11:00 PM – 7:00 AM; and Tuesday, 5/6/25 from 11:00 PM – 7:00 AM. Staff with current medication training should be present in the home at all times to ensure that pro re nata (PRN) medications are available to be residents who require them.

Plan of Correction

Accept (█ - 06/12/2025)

Staff A's Medication Administration Training Certification lapsed during the time of transition in change of legal entity in February 2025 and this had gone unnoticed. Staff A was required to complete the Medication Administration Training due to this lapse. Staff A is currently in the process of completing this Training with the Residential Director, who is the Certified Trainer, and is expected to be fully certified no later than 6/13/2025.

60a - Staff/Support Plan (continued)

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Training Audit Form, which ensures that all staff are up to date on trainings.

The Administrator or Designee will conduct a training audit at least quarterly to ensure compliance with 2600.60a.

A complete Training Audit will be completed by 6/30/2025 by the Administrator to ensure compliance with 2600.60a.

All staff will be re-educated on 2600.60a by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff A does not have current first aid training. Staff A worked alone on multiple overnight shifts when residents were present including: Saturday, 5/3/25 from 11:00 PM – 7:00 AM; Sunday, 5/4/25 from 11:00 PM – 7:00 AM; Monday, 5/5/25 from 11:00 PM – 7:00 AM; and Tuesday, 5/6/25 from 11:00 PM – 7:00 AM.

Plan of Correction

Accept (█) - 06/12/2025

Staff A's CPR/First Aid Certification lapsed during the time of transition in change of legal entity in February 2025. Staff A did have current BLS Certification, but this did not include a documented First Aid component. Staff A completed CPR/First Aid Certification with a New Visions Certified Instructor on 6/5/2025.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Training Audit Form, which ensures that all staff are up to date on trainings.

The Administrator or Designee will conduct a training audit at least quarterly to ensure compliance with 2600.60a.

A complete Training Audit will be completed by 6/30/2025 to ensure compliance with 2600.60a.

All staff will be re-educated on 2600.60a by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials (continued)

Description of Violation

There was a generic spray bottle with an unidentified liquid stored in a locked kitchen cabinet. Staff stated the liquid was Pine-Sol cleaner.

Plan of Correction

Accept () - 06/12/2025

Immediately at the time of inspection on 5/27/2025 the Assistant Administrator removed the spray bottle from the kitchen cabinet and disposed of it. Assistant Administrator ensured that there were no other unlabeled poisonous materials within the home.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Site Audit form, which includes a check to ensure that poisonous materials are stored in their original, labeled containers.

The Administrator or Designee will conduct a monthly Site Audit at the end of each month to ensure that all poisonous materials have their original labels on the bottles.

A Site Audit was completed on 5/31/2025 by the Administrator to ensure compliance with 2600.82a.

All staff will be re-educated on 2600.82a by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 06/30/2025

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 06/12/2025

Resident 1 did have a lamp in their bedroom, but they had moved the lamp away from their bedside.

Residential Director ordered touch lights that were placed on the wall by each of the residents' beds on 5/28/2025 by the Administrator and Assistant Administrator to ensure that there is always a light source available to them by their bedside.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Site Audit form, which includes a check to ensure that all resident bedrooms include a light source by the bedside.

The Administrator or Designee will conduct a monthly Site Audit at the end of each month to ensure that all residents have a light source by their bedside.

101j7 - Lighting/Operable Lamp (continued)

A Site Audit was completed on 5/31/2025 by the Administrator to ensure compliance with 2600.101j.

All staff will be re-educated on 2600.101j by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025

103f - Refrigerator/Freezer Temps

6. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/27/25 at 9:35 AM, the temperature in the freezer in the kitchen was 10 degrees Fahrenheit. The temperature was rechecked at 1:45 PM and was 8.2 degrees Fahrenheit.

Plan of Correction

Accept (█) - 06/12/2025

At the time of the inspection on 5/27/2025, the Residential Director submitted a maintenance request to the office. The freezer was full and the food in the freezer was found to be completely frozen, so it was relocated to a different freezer in the house. The Residential Director lowered the temperature setting on the freezer.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Site Audit form, which includes a check to ensure that all refrigerators and freezers maintain appropriate temperatures.

The Administrator or Designee will conduct a monthly Site Audit at the end of each month to ensure that all refrigerators and freezers maintain appropriate food storage temperatures.

A Site Audit was completed on 5/31/2025 by the Administrator to ensure compliance with 2600.103f. It was found that the freezer was maintaining a temperature of 5 degrees. Mr. Appliance is scheduled to service the freezer on 6/13/2025.

All staff will be re-educated on 2600.103f by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025 . This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer portion of the refrigerator and freezer unit in the basement.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█ - 06/12/2025)

Immediately at the time of inspection on 5/27/2025, the thermometer was located by the Assistant Administrator and replaced in the freezer of the refrigerator and freezer unit in the basement. Residential Director ordered additional thermometers to keep on hand that were delivered on 5/28/2025.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the New Visions Site Audit form, which includes a check to ensure that all refrigerators and freezers have thermometers.

The Administrator or Designee will conduct a monthly Site Audit at the end of each month to ensure that all refrigerators and freezers have a thermometer.

A Site Audit was completed on 5/31/2025 by the Administrator to ensure compliance with 2600.103f.

All staff will be re-educated on 2600.103f by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 06/30/2025)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 5/27/25, █ prescribed to Resident 2 was present in the home. According to manufacturer instructions, this medication should be discarded 6 weeks after opening the moisture-protected foil tray or when the counter reads 0, whichever comes first. According to the label on the box, the medication was opened on 1/2/25.

Plan of Correction

Accept (█ - 06/12/2025)

The █ was a PRN medication that the resident had not used since at least January 2025. Immediately at the time of inspection on 5/27/2025, the Assistant Administrator discarded █ and reached out to the PCP to request █ be discontinued since the resident has not been using it.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the Monthly MAR Audit form, which includes checks to ensure that any medications due to expire are disposed of according to the manufacturer's instructions and that special instructions are included on the MAR.

The Administrator or Designee will check residents' medications when doing the monthly MAR audits to ensure that any medications due to expire are reordered and disposed of when they expire and are labeled appropriately.

A MAR Audit was completed on 6/2/2025 by the Administrator to ensure compliance with 2600.183e.

All staff will be re-educated on 2600.183e by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The home's medication administration records do not consistently include the diagnosis and purpose for each prescribed medication including for:

- resident 2's █
- resident 3's █
- resident 4's █
- resident 5's █

Plan of Correction

Accept (█) - 06/12/2025

The home currently uses MARs that are printed by the pharmacy and the diagnosis and purpose of medications are only included if the prescriber includes it in their electronic order. Immediately at the time of inspection on 5/27/2025, Assistant Administrator reviewed all MARs and added missing diagnoses to each medication.

Starting on 7/1/2025, the Administrator or Designee will switch to a MAR form prepared by New Visions. This form includes specific and clear areas for the diagnosis and prescribing physician to be entered for each medication.

Administrator and Assistant Administrator were educated on 5/30/2025 by the Residential Director on the Monthly MAR Audit form, which includes checks to ensure that all required information is present on the MAR.

The Administrator or Designee will conduct monthly MAR audits to ensure compliance with 2600.187a.

A MAR Audit was completed on 6/2/2025 by the Administrator to ensure compliance with 2600.187a.

All staff will be re-educated on 2600.187a and the new MAR form by the Administrator and Residential Director at a staff meeting to be conducted by 6/30/2025. This will be documented at the time of the meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 06/30/2025