

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

March 4, 2026

[REDACTED], DIRECTOR OF HEALTH SERVICES
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 10/15/2025 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: PENNSWOOD VILLAGE PERSONAL CARE HOME License #: 12675 License Expiration: 01/20/2026
 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: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/15/2025

Inspection Dates and Department Representative

10/15/2025 - 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: 4
 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: 12 Have Physical Disability: 0

Inspections / Reviews

10/15/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2025

11/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/20/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/08/2025

Inspections / Reviews *(continued)*

11/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/18/2025

03/04/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([redacted] - 11/17/2025)

A waiver request was submitted to [redacted] on October 15, 2025, and the waiver was granted on October 21, 2025. All Direct Care Worker (DCW) personnel files were reviewed on October 15, 2025, confirming that no additional waivers are required at this time. Effective immediately, Human Resources (HR) will provide the Personal Care Home Administrator (PCHA) with each newly hired Direct Care Worker's (DCW) diploma and/or documentation verifying that their education meets U.S. high school equivalency standards. The PCHA will be responsible for reviewing these documents and submitting waiver requests for all future DCW applicants with foreign education as part of the hiring process. This step must be completed to ensure ongoing compliance prior to the DCW providing any direct care. The Job Offer Form has been updated on November 4, 2025 to include the following statement: "Upon acceptance of the offer, please forward a copy of the diploma and/or documentation of the Direct Care Worker showing that the education meets U.S. high school equivalency standards. The Personal Care Home Administrator must request and receive a waiver before the Direct Care Worker provides care to residents."

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([redacted] - 03/04/2026)

124 - Notice to Fire Department

2. 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 home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept ([redacted] - 11/17/2025)

A letter was sent to Middletown Fire Company on October 29, 2025, by The Fire Safety Expert providing the following information:

- The total capacity of the home
- A description of the general layout of the home
- A general description of the mobility needs of residents living in the home

Moving forward, the Fire Safety Expert will send a letter containing the above information annually during the first quarter of each year, along with the Emergency Operations Plan. The Personal Care Home Administrator (PCHA) will review the letter with the Fire Safety Expert prior to sending to ensure compliance.

124 - Notice to Fire Department (continued)

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented () - 03/04/2026

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill held 9/28/25 at 6:09am, the home evacuated 33 of 34 residents.

Plan of Correction

Accept () - 11/17/2025

Barclay staff (Nursing, DCWs, Secretary, Housekeeping, Facilities) were educated by the Personal Care Home Administrator (PCHA) that all residents must be evacuated during fire drills, including those on isolation due to illness. During evacuation, staff will provide each resident with a mask as a precaution while proceeding to the designated fire-safe area. Training was conducted from October 16, 2025, through October 31, 2025. Fire and Life Safety Solutions will continue to conduct monthly fire drills. Fire and Life Safety Solutions were notified of the plan of correction on November 6, 2025. The PCHA will review the monthly Fire Drill reports upon receipt to ensure compliance. The monthly review will continue throughout the year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented () - 03/04/2026

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 10/15/25, a bottle of Aged Black Garlic was present in the medication cabinet of Resident #1. Resident #1 does not have a current order for this medication.

Repeat Violation Date: 12/9/24

Plan of Correction

Accept () - 11/17/2025

The bottle of Aged Black Garlic was immediately removed from the medication cabinet. All other medications within the medication drawer were reviewed at the time of inspection and verified to have current, active physician orders. Starting October 24, 2025, the Personal Care Home Administrator (PCHA) and Charge Nurse will conduct weekly reviews of all medications in the resident's room and medication drawer, comparing them against current medication orders to ensure that all medications on hand are properly ordered. Any medication found in the resident's room that is not on the medication order will be removed and reviewed with the provider to obtain an appropriate order. These weekly audits will continue throughout the year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented () - 03/04/2026

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed curcumin powder- give 1000mg by mouth two times per day for supplement and magnesium oxide powder-give 500mg per day by mouth for supplement. On 10/15/25, these medications were not administered to Resident #1 because the medications were not available in the home.

Plan of Correction

Accept ([redacted] - 11/17/2025)

Supplements that were not available at the time of inspection were reordered by the resident. An order was received on 10/15/25 from the provider to place the supplements "on hold" until they were received. Nursing and Medication Technician Staff were educated between the dates of 10/29/25 – 10/31/25 by the Personal Care Home Administrator on the importance of promptly notifying the Charge Nurse and PCHA when medications are unavailable or require reordering. Nursing staff are to notify the provider of any unavailable medications and obtain direction regarding next steps and/or request an order to place the medication on hold until it is received. Starting October 24, 2025, The PCHA will conduct weekly reviews of medications in the medication cabinet, comparing them against medication orders to ensure all ordered medications are available. Any physician-ordered medication supplied by the resident will be checked to confirm sufficient supply. The resident will be notified if any of these medications are low and require reordering to ensure they receive all medications as ordered. These weekly audits will continue throughout the year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([redacted] - 03/04/2026)