Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

December 19, 2025

GOLDENCARE AT NEWFOUNDLAND LLC

RE: BRIARWOOD SENIOR LIVING
878 MAIN STREET
NEWFOUNDLAND, PA, 18445
LICENSE/COC#: 22971

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRIARWOOD SENIOR LIVING* **License #**: *22971* **License Expiration**: *12/28/2026*

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**: *10* **Waking Staff**: *8*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *11/20/2025*

Inspection Dates and Department Representative

11/20/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *9*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *9*

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

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

11/20/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/19/2025*

Inspections / Reviews *(continued)*

12/19/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *12/19/2025*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

12/19/2025 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *12/19/2025*
Reviewer: [redacted]
Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

11 aerosol cans of 19 oz., Lysol Disinfectant Spray, with a manufacture's label indicating "Hazardous to humans and animals", was unlocked, unattended, and accessible to residents in the second-floor utility closet. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] 12/19/2025)***

On 11/20/2025 the closet was immediately secured.Inventory was done on all chemicals stored in the closet and confirmed to be in the closet by Administrator. The staff was verbally educated on the regulation and requirements to keep all poisonous material locked at all times. All staff also receieved an in servie on DHS regulations on locking poisonous material.

Licensee's Proposed Overall Completion Date: *12/17/2025*

Implemented ([redacted] - 12/19/2025)

103e - Left Overs

2. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated plastic bag of cut Kielbasa in kitchen refrigerator.

Plan of Correction ***Accept [redacted] - 12/19/2025)***

Staff/Administrator checked all food to ensure food was labeled and dated including left over food on 11/20/2025. Administrator to ensure all staff to sign check sheet that food is dated and labeled daily. Administrator to ensure staff are adhering to daily checks and will review weekly.

Licensee's Proposed Overall Completion Date: *12/17/2025*

Implemented [redacted] - 12/19/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed Digoxin 0.125 mg with a parameter order to hold the medication if pulse is less than 60. However, resident [redacted]s medication administration record documented the medication was held when the resident had a pulse reading of [redacted] on [redacted] at 8:00A.M.

Plan of Correction ***Accept [redacted] - 12/19/2025)***

On 11/20/2025 during annual inspection, Inspector found that Med Tech held medication when parameter results

187d Follow Prescriber's Orders (continued)

from pulse rate should have been given. Resident was examined 11/20/2025 for any ill effects. Vitals where within normal limits, Resident had no complaints. Dr was notified. Administrator reported the incident to DHS. The employee was re trained by medication trainer next day of work 11/21/2025 on parameters. Staff retrained on 5 rights, recording and reading vitals with parameters. Mar audits to be done daily by Administrator/Med trainer. Random med pass observations to be done weekly by lead Med Trainer.

Licensee's Proposed Overall Completion Date: *12/17/2025*

Implemented [redacted] - 12/19/2025)