# All POCs for violations Not implemented

Sent via e-mail [enter e-mail address]

MAILING DATE: 7/17/26

[redacted] OWNER
NEW BRIGHTON PERSONAL CARE HOME
[redacted]

RE: NEW BRIGHTON PERSONAL CARE HOME
701 PENN AVENUE
NEW BRIGHTON, PA 15066
License/COC #: 45604

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on and 12/24/25 of the above facility, we have determined that your accepted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
<Licensing Inspection Summary>

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

## Facility Information

**Name**: *NEW BRIGHTON PERSONAL CARE HOME* **License #**: *45604* **License Expiration**: *03/05/2026*

**Address**: *701 PENN AVENUE, NEW BRIGHTON, PA 15066*

**County**: *BEAVER* **Region**: *WESTERN*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *AM RAFI, P.C.*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

| | | |
|---|---|---|
| **Type**: *I 1* | **Date**: *03/22/2024* | **Issued By**: *Borough of New Brighton* |
| **Type**: *Other* | **Date**: *08/02/1991* | **Issued By**: *Dept L & I* |
| **Type**: *Other* | **Date**: *03/19/1985* | **Issued By**: *Dept L & I* |

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *20* **Waking Staff**: *15*

## Inspection Information

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

**Reason**: *Complaint* **Exit Conference Date**: *12/24/2025*

## Inspection Dates and Department Representative

*12/24/2025 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *68* **Residents Served**: *19*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *8 Admin/Designee unable to provide. data from 9/17/25*

**Are 60 Years of Age or Older**: *11*

**Diagnosed with Mental Illness**: *8*

**Diagnosed with Intellectual Disability**: *2*

**Have Mobility Need**: *1*

**Have Physical Disability**: *0*

## Inspections / Reviews

**12/24/2025 Partial**

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/06/2026*

**02/12/2026 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/06/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/20/2026*

**07/17/2026 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/14/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *Bypass Document Submission*

**07/17/2026 - Bypass Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/17/2026*

**Reviewer:** [redacted] **Follow-Up Type:** *Exception*

## 5a1 DHS Access

**1. Requirements**

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

**Description of Violation**

*At approximately 9:07 a.m., an agent of the Department, requested access to a resident list, to include resident names, admission dates, and dates of birth, and access to a staff list, to include staff names, positions, and dates of hire. [redacted] the home's Administrator, denied the Department access to such information and stated "cite me because we are not writing you out a list and providing it". Additionally, information to provide demographic information of residents was also not available.*

**Plan of Correction** ***Accept ([redacted] - 02/18/2026)***

*Immediate Action: Immediately upon identification of the violation, on 12/24/2025, Administrator [redacted] ensured that the home complied with the requirement to provide immediate access to the home, residents, and records to agents of the Department in accordance with 55 Pa. Code § 2600.5(a). Administrator [redacted] reviewed the requirement with administrative staff to reinforce that Department requests for information must be honored promptly and without refusal. Under the direction of Administrator [redacted] a resident demographic list was initiated to include resident names, admission dates, dates of birth, and required demographic information. All immediate actions were completed or will be completed by February 21, 2026.*

*Corrective Action: To correct the violation, Administrator [redacted] completed and maintained a comprehensive resident demographic list that includes resident names, admission dates, dates of birth, and required demographic information in compliance with 55 Pa. Code Chapter 2600. Administrator [redacted] also ensured that a current staff roster containing staff names, positions, and dates of hire was created and made immediately available upon request to agents of the Department. Administrator [redacted] reviewed and reinforced policies and procedures related to Department access to records to ensure regulatory compliance. All corrective actions will be completed by March 16, 2026.*

*Preventive Action: To prevent recurrence, Administrator [redacted] implemented procedures requiring resident demographic information and staff rosters to be maintained, updated, and readily accessible at all times. Administrator [redacted] provided ongoing training and oversight to ensure staff understand and comply with DHS requirements for providing immediate access to the home, residents, and records during inspections and monitoring visits. Administrator [redacted] will conduct routine reviews to ensure continued compliance with 55 Pa. Code § 2600.5(a). These preventive measures will be in place by March 16, 2026.*

**Licensee's Proposed Overall Completion Date:** *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

## 16c Written Incident Report

**2. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## 16c - Written Incident Report *(continued)*

**Description of Violation**

*The home's fire sprinkler system has not had water to the sprinkler system pipes and has been inoperable since October 2025; however, the home did not submit an incident report to the Department.*

**Plan of Correction** ***Accept ([redacted] - 02/18/2026)***

*Immediate Action: Immediately upon identification of the violation, Administrator [redacted] notified the Department's personal care home regional office of the inoperable fire sprinkler system in accordance with 55 Pa. Code § 2600.16(c). Administrator [redacted] reviewed the circumstances surrounding the interruption of water to the sprinkler system to ensure resident health and safety were not compromised and confirmed that appropriate interim fire safety measures were in place while corrective steps were initiated. All immediate actions related to this violation will be completed by February 21, 2026, 2026.*

*Corrective Action: To correct the violation, Administrator [redacted] ensured that the condition affecting the fire sprinkler system was formally reported to the Department in the manner designated by DHS and documented in facility records. Administrator [redacted] coordinated with licensed fire protection and plumbing professionals to restore water to the sprinkler system and return the system to full operable status. Verification of system functionality and compliance was obtained and maintained on-site. All corrective actions will be completed by March 16, 2026, 2026.*

*Preventive Action: To prevent recurrence, Administrator [redacted] implemented procedures requiring that any incident, condition, or system failure impacting resident safety be reported to the Department within 24 hours as required by 55 Pa. Code § 2600.16(c). Administrator [redacted] provided training to administrative and maintenance staff regarding DHS incident reporting requirements and established ongoing monitoring to ensure all reportable incidents and conditions are promptly identified, reported, and documented. These preventive measures will be in place by March 16, 2026.*

**Licensee's Proposed Overall Completion Date:** *03/16/2026* **Not Implemented ([redacted] - 07/17/2026)**

## 18 - Compliance With Laws

**3. 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**

*According to the home's most recent occupancy permit issued by the local municipality on 3/22/24 categorizes the home as a residential home under group I-1. The home's fire sprinkler system has not had water to the sprinkler system pipes and has been inoperable since October 2025. As a result, the fire sprinkler system was found to be in violation of the International Fire Code, Section 903.2.6 which states "an automatic sprinkler system shall be provided throughout building with a Group I fire area".*

**Plan of Correction** ***Accept ([redacted] - 02/18/2026)***

*Immediate Action: Immediately upon identification of the violation, Administrator [redacted] assessed the status of the fire sprinkler system and the associated life safety risk to residents. Administrator [redacted] implemented interim fire safety measures to ensure resident health and safety while the system was inoperable, including heightened fire safety monitoring and coordination with local fire officials as appropriate. Administrator [redacted] also initiated communication with qualified fire protection professionals to address the lack of*

## 18 Compliance With Laws (continued)

*water to the sprinkler system in accordance with applicable local and state fire safety requirements. All immediate actions will be completed by February 21, 2026.*

*Corrective Action: To correct the violation, Administrator [redacted] coordinated repairs with licensed contractors to restore water to the fire sprinkler system and return the system to full operable status in compliance with the International Fire Code Section 903.2.6 and the home's occupancy classification under Group I 1. Administrator [redacted] ensured that documentation verifying the operability and compliance of the fire sprinkler system was obtained and maintained on site. Administrator [redacted] also coordinated with the local municipality or authority having jurisdiction, as required, to confirm compliance with applicable health and safety laws, ordinances, and regulations. All corrective actions will be completed by March 16, 2026.*

*Preventive Action: To prevent recurrence, Administrator [redacted] implemented procedures for routine monitoring and inspection of life safety systems to ensure ongoing compliance with Federal, State, and local health and safety requirements. Administrator [redacted] established a process to promptly address and document any deficiencies affecting required building systems and to notify appropriate regulatory and municipal authorities when conditions impact compliance. Ongoing oversight and staff education regarding applicable health and safety laws will be conducted by Administrator [redacted] to ensure continued compliance with 55 Pa. Code § 2600.18. These preventive measures will be in place by March 16, 2026.*

**Licensee's Proposed Overall Completion Date:** *03/16/2026*

**Not Implemented ([redacted] - 07/17/2026)**