

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

April 7, 2026

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

RE: NEW VISIONS INC
103 DEERVIEW DRIVE
NEWVILLE, PA, 17241
LICENSE/COC#: 32870

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2026 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 INC* License #: *32870* License Expiration: *06/13/2026*
 Address: *103 DEERVIEW DRIVE, NEWVILLE, PA 17241*
 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-4* Date: *10/04/2017* Issued By: *Upper Frankford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/09/2026*

Inspection Dates and Department Representative

03/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* Residents Served: *7*

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: *7* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/09/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2026*

03/24/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/02/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/03/2026*

Inspections / Reviews *(continued)*

04/07/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home holds money for Resident #1. Several purchases were made on behalf of the resident including on 2/22/26 in the amount of \$54.42, on 2/19/26 in the amount of \$32.86, on 2/9/26 in the amount of \$13.66, on 1/23/26 in the amount of \$40.60, and on 1/9/26 in the amount of \$56.12. The home did not obtain the resident's signature for these purchases.

Plan of Correction

Accept (█) - 03/24/2026)

The Administrator and Residential Director reviewed the financial management policy and procedures related to resident funds on 3/11/2026.

On 3/11/2026, the Administrator updated the Transaction Log to include a designated section for the resident's signature at the time of each transaction. This was immediately put into effect.

The Residential Director and Executive Director will update the financial management policy to include procedures to ensure that residents are signing off on the Transaction Log at the time money is disbursed or purchases are made on their behalf. This is expected to be completed by 4/1/2026.

Beginning on 4/1/2026, the Administrator or Designee will audit resident Transaction Logs monthly to ensure that all information is present and complete on the log.

All staff will be re-educated on 2600.20b as well as new forms and procedures by the Administrator and Residential Director at a staff meeting to be conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█) - 04/07/2026)

54a - Direct Care Staff

2. Requirements

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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 (█) - 03/24/2026)

Immediately at the time of inspection on 3/9/2026, the schedule was reviewed to ensure that Direct Care Staff Person A was scheduled with a second, qualified staff member on each shift.

54a - Direct Care Staff (continued)

On 3/11/2026, Administrator reviewed all employee charts and found that all other employees have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Residential Director will educate the Human Resources Administrator on the Department's regulatory requirements regarding employee qualifications by 4/1/2026.

On 3/20/2026, the Human Resources Administrator is scheduled to meet with Direct Care Staff Person A to submit their international high school diploma to a credentialing/translation service for verification.

Residential Director will apply for a waiver through the Department of Human Services at the time that Direct Care Staff Person A's educational requirements are verified by the credentialing service.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 04/07/2026

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling above the shower in bathroom 2 has damaged drywall that's flaking and hanging down.

Plan of Correction

Accept () - 03/24/2026

Immediately at the time of inspection on 3/9/2026, the maintenance workers on site were notified of the damaged drywall in Bathroom 2.

Maintenance began repairing the damaged drywall on 3/10/2026. The repair was completed on 3/12/2026.

Residential Director will educate the Property Manager and Maintenance Department on the Department's regulatory requirements regarding the physical site by 4/1/2026.

Site Audits are conducted by the Administrator or Designee at the beginning of each month. Administrator or Designee will ensure that any damage to the home is noted during the Site Audit and reported to the Property Manager promptly.

All staff will be re-educated on 2600.88a by the Administrator and Residential Director at a staff meeting to be conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 04/07/2026

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings (continued)

Description of Violation

There is a roughly patched drywall seam that runs from the outside wall in bedroom 3 to the inside wall where the door is. There are two unpainted areas on the outside wall which extend from the corners of the window to the ceiling. There is a gap between the wall and ceiling that separates the sleeping areas of the occupants in this bedroom.

Plan of Correction

Accept () - 03/24/2026

Immediately at the time of inspection on 3/9/2026, the maintenance workers on site were notified of the unfinished drywall repair in Bedroom 3.

Maintenance began repairing the damaged drywall on 3/12/2026. The repair was completed on 3/19/2026.

Residential Director will educate the Property Manager and Maintenance Department on the Department's regulatory requirements regarding the physical site by 4/1/2026.

Site Audits are conducted by the Administrator or Designee at the beginning of each month. Administrator or Designee will ensure that any damage to the home is noted during the Site Audit and reported to the Property Manager promptly.

All staff will be re-educated on 2600.101o by the Administrator and Residential Director at a staff meeting to be conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 04/07/2026

187a - Medication Record

5. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Staff person B administered medications to Resident #2 on 3/3/26 at 8:00 AM, however, the master key does not include the staff person's printed name, signature, and initials.

Plan of Correction

Accept () - 03/24/2026

Monthly MAR Audits are completed by the Administrator or Designee after the end of each month to include checking to ensure that the master key includes the printed name, signature, and initials of all staff members administering medications.

At the time of the inspection on 3/9/2026, the Administrator alerted the staff person who did not sign the master key and the staff person completed documentation on 3/10/2026.

A MAR Audit was completed on 3/20/2026 by the Administrator to ensure compliance with 2600.187a. No discrepancies were found for the month of March.

All staff will be re-educated on 2600.187a by the Administrator and Residential Director at a staff meeting to be

187a - Medication Record (continued)

conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Administrator or Designee will conduct random, weekly MAR audits beginning 4/1/2026 for three months to ensure compliance with 2600.187a.

Licensee's Proposed Overall Completion Date: 07/01/2026

Implemented () - 04/07/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed [redacted]. Resident #2's medication administration record does not include the initials of the staff person who administered this medication on 3/3/26 at 8:00 AM.

Plan of Correction

Accept () - 03/24/2026)

Monthly MAR Audits are completed by the Administrator or Designee after the end of each month to include checking to ensure that all documentation on the MAR is complete.

At the time of the inspection on 3/9/2026, it was determined that Resident #2 did receive the medication as prescribed. The Administrator alerted the staff person who administered the medication and the staff person completed documentation on 3/10/2026.

A MAR Audit was completed on 3/20/2026 by the Administrator to ensure compliance with 2600.187b. No other discrepancies were found for the month of March.

All staff will be re-educated on 2600.187b by the Administrator and Residential Director at a staff meeting to be conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Administrator or Designee will conduct random, weekly MAR audits beginning 4/1/2026 for three months to ensure compliance with 2600.187a.

Licensee's Proposed Overall Completion Date: 07/01/2026

Implemented () - 04/07/2026)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (*continued*)**Description of Violation**

There are two beside mobility devices installed on Resident #1's bed. The resident's support plan, dated [REDACTED] does not include:

- *the specific need for these devices*
- *intended use and risks of these devices*
- *the ability of the resident to safely use these devices*
- *identification of the specific devices to be used and whether a cover is necessary to meet FDA guidelines*

Plan of Correction

Accept ([REDACTED] - 03/24/2026)

Following the inspection on 3/9/2026, the Administrator and Residential Director reviewed Resident #1's support plan and the home's Bedside Mobility Device Policy.

The Administrator and Residential Director updated Resident #1's support plan on 3/11/2026 to include the required information regarding the Bedside Mobility Device.

Residential Director will create a form for providers to fill out to document the required information when ordering the use of Bedside Mobility Devices by 4/1/2026.

2600.227d will be reviewed with all staff by the Administrator and Residential Director at a staff meeting to be conducted on 4/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([REDACTED] - 04/07/2026)