

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

April 15, 2026

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

RE: NEW VISIONS OF SOUTH CENTRAL
PA INC.
221 OLD STATE ROAD
GARDNERS, PA, 17324
LICENSE/COC#: 34040

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2026 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 OF SOUTH CENTRAL PA INC. **License #:** 34040 **License Expiration:** 02/21/2027
Address: 221 OLD STATE ROAD, GARDNERS, PA 17324
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: C-3 SP **Date:** 09/08/2002 **Issued By:** Labor and Industry

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:** 03/11/2026

Inspection Dates and Department Representative

03/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 **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:** 6
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/11/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2026

04/01/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/13/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/15/2026

Inspections / Reviews *(continued)*

04/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care Staff person A did not receive training in the following topics during training year January 2025 to December 2025:

- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (6) Safe management techniques
- (7) Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction

Accept () - 04/01/2026

Direct Care Staff Person A went [REDACTED] They will be required to complete training topics in 2600.65f within 3 months upon their return.

Administrator received the New Visions Training Audit Form on 3/24/2026, which ensures that all staff are up to date on trainings on a quarterly basis.

The Administrator or Designee will conduct a Training Audit at least quarterly to ensure compliance with 2600.65f. A complete Training Audit will be conducted by 4/15/2026 to ensure compliance with 2600.65f.

All staff were re-educated on 2600.65f by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/15/2026

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff person A

65g - Annual Training Content (continued)

did not receive training in the following training topics during training year January 2025 to December 2025:

- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- (5) Falls and accident prevention.

Plan of Correction

Accept () - 04/01/2026)

Direct Care Staff Person A went [REDACTED]. They will be required to complete training topics in 2600.65g within 3 months upon their return.

Administrator received the New Visions Training Audit Form on 3/24/2026, which ensures that all staff are up to date on trainings on a quarterly basis.

The Administrator or Designee will conduct a Training Audit at least quarterly to ensure compliance with 2600.65g.

A complete Training Audit will be conducted by 4/15/2026 to ensure compliance with 2600.65g.

All staff were re-educated on 2600.65g by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/15/2026)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bedside mobility device on Resident #1's bed does not stay in an upright, locked position.

Plan of Correction

Accept () - 04/01/2026)

Resident #1's PCP ordered a new [REDACTED] bed on 3/4/2026. At the time of the inspection on 3/11/2026, the bed was on order from the DME company and a delivery date/time had not been set up. A staff member called the DME company on 3/11/2026 and was told that the bed was still on order and that the DME company would call to set up a delivery date/time when the bed was in.

Administrator called the DME company on 3/17/2026, 3/23/2026, 3/25/2026, and 3/27/2026 to inquire about the status of the bed. No delivery date/time has been set yet. Administrator will continue to follow up until the bed is delivered.

Site Audits are conducted by the Administrator or Designee at the beginning of each month. Site Audits include checking to ensure that furniture and equipment are in good repair, clean and free of hazards.

The Administrator or Designee will complete a Site Audit by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/15/2026)

126a - Furnace Inspection

4. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home has two propane-fired furnaces. The furnaces have not been inspected by a professional furnace cleaning company or trained maintenance staff person in the past year.

Plan of Correction

Accept () - 04/01/2026

Immediately at the time of inspection on 3/11/2026, the Residential Director notified the Property Manager that the furnaces needed to be inspected by a professional company at least annually.

Property Manager scheduled for a professional company to inspect the furnaces on 3/30/2026.

Residential Director will educate the Property Manager and Maintenance Department on the Department's regulatory requirements regarding the physical site by 4/15/2026.

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

The Administrator or Designee will complete a Site Audit by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/15/2026

126b - Furnace Cleaning

5. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home has two propane-fired furnaces. The furnaces have not been cleaned by a professional furnace cleaning company or trained maintenance staff person in the past year.

Plan of Correction

Accept () - 04/01/2026

Immediately at the time of inspection on 3/11/2026, the Residential Director notified the Property Manager that the furnaces needed to be cleaned by a professional company at least annually.

Property Manager scheduled for a professional company to clean the furnaces on 3/30/2026.

Residential Director will educate the Property Manager and Maintenance Department on the Department's regulatory requirements regarding the physical site by 4/15/2026.

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

The Administrator or Designee will complete a Site Audit by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/15/2026

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed

[Redacted]

None of these medications have a prescription label containing the following required information:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

Plan of Correction

Accept ([Redacted]) - 04/01/2026)

On 3/12/2026, Administrator contacted Resident #2's provider to request that all [Redacted] prescriptions be sent to the pharmacy to ensure that all [Redacted] prescriptions come with a pharmacy label.

[Redacted] with pharmacy labels were delivered to the home on 3/18/2026 and the pharmacy technician removed all [Redacted] without labels from the home at this time.

Monthly MAR Audits are completed by the Administrator or Designee after the end of each month to include checking to ensure that all prescription medications contain a pharmacy label.

A MAR Audit will be conducted by the Administrator by 4/1/2026.

All staff were re-educated on 2600.184a by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

Administrator or Designee will conduct random, weekly MAR audits beginning 4/1/2026 for three months to ensure compliance with 2600.184a.

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

Implemented ([Redacted]) - 04/15/2026)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 receives [Redacted] On 3/5/26 [Redacted] medication administration record (MAR), however [Redacted]. On 3/4/26 [Redacted] on the resident's MAR, however, [Redacted]

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept () - 04/01/2026

Monthly MAR Audits are completed by the Administrator or Designee after the end of each month to include checking to ensure that [redacted] match the MAR documentation.

A MAR Audit will be conducted by the Administrator by 4/1/2026.

All staff were re-educated on 2600.185a by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

Administrator or Designee will conduct random, weekly MAR audits beginning 4/1/2026 for three months to ensure compliance with 2600.185a.

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

Implemented () - 04/15/2026

187b - Date/Time of Medication Admin.

8. 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 #3 is prescribed [redacted] Resident #3's MAR does not include the initials of the staff person who administered this medication on 3/10/26 [redacted]

Plan of Correction

Accept () - 04/01/2026

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 3/11/2026, it was determined that Resident #3 did receive the medication as prescribed. The Administrator alerted the staff person who administered the medication and the staff person completed documentation on 3/11/2026.

A MAR Audit will be completed by 4/1/2026 by the Administrator to ensure compliance with 2600.187b.

All staff were re-educated on 2600.187b by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

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

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

Implemented () - 04/15/2026

227d - Support Plan Medical/Dental

9. 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

Resident #1 uses a [REDACTED] bed equipped with bedside mobility devices. The resident's support plan, dated 10/2/25, 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]) - 04/01/2026)

Following the inspection on 3/11/2026, the Administrator and Residential Director reviewed Resident #1's support plan and the home's Bedside Mobility Device Policy. It was found that the resident's support plan did include the use of the hospital bed, but did not mention the attached bedrails, as the resident did not need the [REDACTED] bed for mobility and the bedrails were lowered and not in use. Resident #3 is currently awaiting a new [REDACTED] bed. 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.

Administrator or Residential Director will send this form to Resident #1's physician to document information required by the Department by 4/3/2026.

Administrator will update Resident #1's support upon receiving the completed form.

All staff were educated on 2600.227d by the Administrator and Residential Director at a staff meeting held on 3/18/2026. This meeting and staff attendance was documented by the Residential Director and a copy of the meeting notes was made available to staff who were unable to attend.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([REDACTED]) - 04/15/2026)