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

July 16, 2026

[redacted], ADMINSTRATOR
NEW CONCEPTS INC
[redacted]

RE: THE SUSQUEHANNA HOUSE
2400 SUSQUEHANNA TRAIL
MCEWENSVILLE, PA, 17749
LICENSE/COC#: 21312

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2026 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: *THE SUSQUEHANNA HOUSE* **License #**: *21312* **License Expiration**: *05/26/2027*

Address: *2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749*

County: *NORTHUMBERLAND* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *NEW CONCEPTS INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/14/2024* **Issued By**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* **Residents Served**: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *16* **Diagnosed with Intellectual Disability**: *7*

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

Inspections / Reviews

05/14/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/08/2026*

07/06/2026 - POC Submission

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

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/16/2026 Document Submission

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

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A hired [redacted] *Pennsylvania State Police criminal background check was completed* [redacted]

Staff person B hired [redacted] *Pennsylvania State Police criminal background check was completed* [redacted]

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Timely criminal background checks performed in compliance with OAPSA helps to ensure that employees with prohibitive offenses are not hired and thus
help to ensure the safety in care of the residents. Both Staff person A and Staff person B did not have any prohibitive offenses on their background check. An audit of staff records was conducted on 5/19/2026 which determined that all current employees received background checks. The Administrator will be responsible to utilize a check off list for new hires that includes time frames for completion of criminal background checks to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 07/16/2026)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:24 a.m. there were animal feces at the north door.

At 9:38 a.m. the kitchen refrigerator had a pinky sticky substance on the bottom underneath the drawers.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Sanitary conditions are important to provide healthy living conditions for the residents. The feces was immediately removed and the area was disinfected on the day of inspection. A staff review was conducted on 5/19/26 to address the cat feces that included checking the litter box at regular intervals to help ensure that the cat will use the box vs the floor.
A staff review was conducted on 5/19/26 to remind staff that cleaning the refrigerator is already on the list of cleaning duties which should be utilized, as well as the expected level of sanitary conditions. The Administrator will be responsible to conduct monthly checks to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 07/16/2026)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 9:37 a.m. there was no thermometer in the refrigerator located in the kitchen.

Plan of Correction ***Accept (- 07/06/2026)***

It is important that safe temperature guidelines for refrigeration are followed to ensure foods are stored safely for consumption. A thermometer was placed in the refrigerator on the day of inspection and confirmed the refrigerator was functioning at the appropriate temperature. Staff review was conducted 5/19/26 which directs staff to utilize a monthly check off list that includes checking that a thermometer is in all refrigerators and freezers and that they read at the appropriate temperatures. Extra thermometers were purchased and available to use as necessary. The Administrator will be responsible to conduct monthly walk throughs of the home that includes checking refrigeration/freezing requirements to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/16/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's medical evaluation, dated did not include weight, pulse rate, blood pressure, and temperature.

Resident #2's medical evaluation, dated , does not include if the resident can safely use or avoid poisons, immunization history, body positioning, health status, or cognitive functioning.

Plan of Correction ***Accept (- 07/06/2026)***

Accurate medical information included on the DME is important to assessing resident needs and providing appropriate resident care. The missing information from the DME was completed on the paperwork the doctor filled out from the medical evaluation for Resident #1 on and this was then attached to the DME in the resident record. A new DME was requested for Resident #2 and placed in their chart. Staff review was conducted on 5/19/26 that included examining the DME form for completion before accepting from the provider. An audit for accuracy of resident DME's was done on 5/20/26. To help ensure future compliance, within 21 days of new resident admission, the Administrator will be responsible to audit files for accurately completed DME's as well as conduct routine audits of resident files to include addressing missing information if necessary.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/16/2026)

183c - Refrigerated Meds Locked

5. Requirements

2600.

183c Refrigerated Meds Locked *(continued)*

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

The home medication policy indicates that prescription medications, OTC, and CAM and syringes are to be stored in the refrigerator and are to be kept in a separate locked container. At 9:39 a.m. the lock box located in the refrigerator was unlocked.

Plan of Correction ***Accept (- 07/06/2026)***

It is important that medications that require refrigeration are kept in a locked area to help ensure resident safety and prevent contamination or misuse of the medication. The box was immediately locked on the day of inspection. A staff review was conducted on 5/19/26 to include reminders to lock the refrigerated lock box after each use. Staff are responsible to perform this duty upon each use. The Medication Trainer will utilize a check list to perform weekly checks on the lock box to ensure safety. After a period of 3 months without issues, the Med Trainer will perform routine checks on the lock box. The Med Tech will report to The Administrator who will be responsible provide oversight to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/16/2026)

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

At approximately 1:15 p.m., the pharmacy label of Resident #3's Vitamin C 250 MCG tablet container was partially torn off. The resident's last name, amount of medication to be administered, and time of medication administration was not on the label.

Plan of Correction ***Accept (- 07/06/2026)***

Clear and complete labels are important to ensuring that the right resident receives the right medication as directed by the prescriber. New labels were immediately ordered for Resident #3 from the pharmacy and placed on the container on the day of inspection. The Medication Trainer will utilize a check list to conduct monthly med cart audits to ensure labels are present in their entirety, continuing for 3 months with no errors. Thereafter a scheduled med cart audit will occur every 3 months. The Medication Trainer will report findings to the Administrator who will be responsible oversee the process to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/16/2026)

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

At 9:24 a.m., there was an oxygen tank on the floor next to the north door.

At approximately 1:15 p.m., Resident #3's Triamcinolone .01% cream was not available in the medication administration cart for administration.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Safe storage of resident medical equipment is important to help ensure that it won't become lost, misplaced or misused and unavailable to the resident. On the day of inspection the oxygen tank was moved off the floor and into the resident's bedroom .On 5/19/26 a staff review was conducted which included proper medical equipment storage, including oxygen tanks.
Resident#3's Triamcinolone was a PRN cream and had not been used for some time. On the day of inspection the home ordered the cream, but the pharmacy could not supply because the script had expired. The provider was contacted and decided to write an order to discontinue the cream, since the resident was no longer experiencing the issue for which the cream was ordered. On 5/19/26 a staff review was conducted to include the process for making sure that resident PRN's are available if needed. The Medication Trainer will utilize a check list to conduct a monthly med cart audit of resident PRN Medications to ensure availability when needed. The audit will take place monthly for 3 months with no issues. Thereafter a scheduled med cart audit will occur every 3 months. The Medication Trainer will report findings to the Administrator who will be responsible to oversee the process to help ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 07/16/2026)

224a - Preadmission Screen Form

8. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted on [redacted] The preadmission screening was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Resident #4 was originally scheduled to be admitted to the home at an earlier date, which would have been within the 30 day time frame. Resident Preadmission Screenings are important to help ensure that the home can meet the residents needs. In order to help ensure future compliance the Administrator is responsible to utilize the pre admission check off list for all new resident admissions that includes auditing new resident admission files within 21 days to ensure accuracy and completion, as well as checking for all necessary information prior to admission, including preadmission screenings.

Licensee's Proposed Overall Completion Date: *06/15/2026*

224a - Preadmission Screen Form *(continued)*

Implemented ([redacted] - 07/16/2026)