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

August 14, 2026

[redacted]
GOLDENCARE AT NEWFOUNDLAND LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2026 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]
Human Services Licensing Supervisor

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**: *9* **Waking Staff**: *7*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *06/09/2026*

Inspection Dates and Department Representative

06/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *8*

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**: *8*

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

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

Inspections / Reviews

06/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

07/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/17/2026*

Inspections / Reviews *(continued)*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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

29a SOPb1- Hospice Care: Doctor Certification

1. Requirements

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

Description of Violation

Resident [redacted] who was not evacuated during the fire drills conducted on [redacted] and [redacted], does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Upon identification of the concern, the attending physician was immediately contacted by the administrator and requested to evaluate Resident [redacted] Based on the physician's evaluation on 6/12/2026 it was determined that Resident [redacted] may safely participate in fire drills utilizing either a geri chair or a wheelchair.

The PCHA immediately conducted an audit of all resident assessments to verify that they were current, accurate, and complete. This audit was completed on July 6, 2026.

Additionally, the PCHA conducted an in-service 7/7/2026 with all facility staff to ensure they were aware that Resident [redacted] is able to participate in evacuations and to provide education on the proper procedures for evacuating the resident safely.

To ensure ongoing compliance, PCHA, will conduct monthly audits of 2 to 3 resident assessments to verify that assessments remain current, accurate, and compliant with applicable regulatory requirements. Any identified concerns will be addressed promptly through corrective action and staff re-education as needed.

PCHA will review the DME, order to not evacuate, consent, and RASP for each new hospice resident to ensure all elements are present. The care management team would be educated on these requirements by the PCHA.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] 08/14/2026)

29a SOPb2 - Hospice Care: Informed Consent

2. Requirements

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative regarding the resident not evacuating during fire

29a SOPb2 Hospice Care: Informed Consent (continued)

drills. The resident was not evacuated during fire drills conducted on 1/29/26 through 5/20/26.

Plan of Correction ***Accept [redacted] 07/10/2026)***

Upon identification of the concern, the PCHA immediately contacted the attending physician and requested an evaluation of Resident [redacted] to determine the resident's ability to safely participate in facility fire drills. Following the physician's evaluation conducted on June 12, 2026, it was determined that Resident [redacted] may safely participate in fire drills utilizing either a Geri chair or a wheelchair.

At this time Resident [redacted] is the facility's only resident receiving hospice services. Going forward, should the facility admit a resident receiving hospice care, or someone in the facility will require hospice care, for whom the attending physician determines participation in fire drills is not clinically appropriate, the facility will obtain written documentation from the attending physician, or written acknowledgment from the resident or the resident's responsible party, supporting the decision that the resident is exempt from participation in fire drills.

In accordance with the physician's evaluation, Resident [redacted] will participate in all future fire drills as of 7/1/2026 and will be evacuated using the appropriate assistive device, as identified by the physician.

Additionally, the PCHA conducted an in service 7/7/2026 with all facility staff to ensure they were aware that Resident [redacted] is able to participate in evacuations and to provide education on the proper procedures for evacuating the resident safely

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)

29a SOPb5ii - Hospice Care: Fire Drill Simulation

3. Requirements

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:

Description of Violation

During the fire drills conducted on 4/10/26 and 5/20/26, staff person A did not simulate the fire drill with resident [redacted] who was not evacuated.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

A fire drill was conducted on June 18, 2026, during which Resident [redacted] was successfully evacuated using a Geri chair in accordance with the physician's recommendations.

Also, the Administrator immediately contacted the attending physician and requested an evaluation of Resident [redacted] to determine the resident's ability to safely participate in facility fire drills. Following the physician's evaluation conducted on June 12, 2026, it was determined that Resident [redacted] may safely participate in fire drills utilizing either a Geri chair or a wheelchair.

The assigned staff member and all direct care staff received re education 7/7/2026 on the fire drill requirements

29a SOPb5ii - Hospice Care: Fire Drill Simulation (continued)

for residents receiving hospice services, including the requirement that when an actively dying resident is not evacuated during a fire drill, the informed staff member must immediately conduct and document a simulated evacuation in accordance with state regulations.

The PCHA will review any future residents admitted to hospice services to ensure that their evacuation status is properly updated whenever there is a significant change in condition.

Should the physician determine that a hospice resident should not evacuate during a fire drill, the PCHA will conduct an in-service on how to simulate a fire drill. The facility will revise its fire drill procedure and documentation checklist to include verification that a simulated evacuation is completed and documented whenever an actively dying hospice resident is excluded from a fire drill. The PCHA or designee will review each fire drill record immediately following every monthly fire drill to verify compliance.

The PCHA will audit all fire drill documentation monthly as of 7/1/2026 for three months to ensure that all required evacuations or simulated evacuations are completed and properly documented. Any identified concerns will result in immediate corrective action and additional staff education as necessary.

PCHA will review the DME, order to not evacuate, consent, and RASP for each new hospice resident to ensure all elements are present. The care management team would be educated on these requirements by the PCHA.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)

29a SOPb6 - Hospice Care: Resident Evacuation

4. Requirements

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
6. If the provisions of paragraph (4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

Description of Violation

On [redacted] and [redacted] at 6:00 p.m. and 7:00 p.m., respectively, the fire alarm of the home sounded. The staff person responsible for evacuating resident [redacted] was not informed that the alarm was a drill and did not evacuate the resident. Staff person A is assigned to provide care in the area where resident [redacted] resides and would be expected to assist in the resident's evacuation in the event of a fire emergency. The staff person is not trained in the evacuation procedures for resident [redacted]

Plan of Correction ***Accept[redacted] - 07/10/2026)***

Following the physician's evaluation, 6/12/2026 Resident [redacted] was determined to be medically able to participate in fire drills utilizing either a Geri chair or wheelchair. A fire drill was conducted on June 18, 2026, during which Resident [redacted] was successfully evacuated using a Geri chair in accordance with the physician's recommendations.

Resident [redacted] assessment and emergency evacuation plan were updated to reflect the physician's determination. The revised evacuation plan was reviewed and placed in a location readily accessible to all staff responsible for emergency response. On July 7, 2026, all employees received re-education regarding Resident [redacted] individualized

29a SOPb6 Hospice Care: Resident Evacuation (continued)

evacuation procedures and the proper method for evacuating the resident during fire drills.

To prevent recurrence, beginning 7/1/2026 the PCHA will review resident emergency evacuation procedures with all newly hired employees during orientation and whenever there is a change in a resident's evacuation status or physician recommendations.

The PCHA will monitor ongoing compliance by observing staff performance during monthly fire drills and verifying that Resident [redacted] staff correctly carry out the required evacuation procedures. Fire drill documentation will be reviewed monthly for a period of three months and quarterly thereafter by the Administrator to ensure continued compliance. Any identified deficiencies will be addressed immediately through corrective action, including additional staff education and retraining as appropriate

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan

5. Requirements

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
10. The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Description of Violation

Resident [redacted] assessment and support plan do not address the resident's exclusion from evacuation during fire drills.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Upon identification of the deficiency, Resident [redacted] s physician completed an evaluation and determined on June 12, 2026, that the resident is able to participate in fire drills utilizing a Geri chair or wheelchair. Accordingly, Resident [redacted] is not excluded from evacuation during fire drills.

Resident [redacted] assessment plan was immediately reviewed by the PCHA and revised to reflect the physician's determination and to include detailed instructions regarding the resident's evacuation method during fire drills and emergency evacuations. The updated assessment and support plan was completed and implemented on July 7, 2026.

The PCHA audited the assessments plans of all current residents to verify that emergency evacuation procedures are accurately documented and consistent with each resident's current needs. The audit was completed on July 6, 2026, and no additional deficiencies were identified.

All direct care staff received re education on resident [redacted] emergency evacuation procedures, and the importance of maintaining current assessments and support plans.

To ensure ongoing compliance, the Administrator or designee will conduct monthly audits beginning 7/1/2026 of 2 3 resident assessments and support plans for a period of three months to verify that emergency evacuation

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan (continued)

procedures remain current, individualized, and accurately documented. Any discrepancies identified will be corrected immediately, and additional staff education will be provided as needed.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)

132c - Fire Drill Records

6. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted] and [redacted], indicated that 2 staff were working and that all residents were evacuated. Through staff interviews and review of schedules, it was determined that 1 staff was on duty and resident [redacted] was not evacuated.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Upon identification of the deficiency, the PCHA immediately reviewed 6/10/2026 the fire drill documentation for accuracy and compared all fire drill records with employee schedules and resident evacuation records. The fire drill documentation process was reviewed.

On 7/7/2026, all staff members were re-educated by the PCHA regarding the requirements of 55 Pa. Code §2600.132(c), including the requirement that fire drill records accurately document the number of staff on duty, the number of residents present, the number of residents evacuated, the evacuation route used, the evacuation time, any problems encountered, and the operational status of the fire alarm or smoke detector. Staff were also instructed that all fire drill documentation must accurately reflect the events that occurred during each drill. The administrator also pointed out, that if the person conducting the drill is not scheduled to work, they cant be counted as staff.

To prevent recurrence, the PCHA or designee will review all fire drill documentation immediately following each monthly fire drill to verify its accuracy against staffing schedules and resident census before the record is finalized. Any discrepancies identified will be corrected promptly, and additional staff education will be provided as needed.

Compliance will be monitored through monthly audits of fire drill documentation for a period of three months. Audit findings will be maintained on file and reviewed by the PCHA to ensure continued compliance with fire drill documentation requirements.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] 08/14/2026)

132h - Designated Meeting Place

7. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

132h - Designated Meeting Place *(continued)*

Description of Violation

During the fire drill on [redacted] at 6:00 p.m. and on [redacted] at 7:00 p.m., resident [redacted] did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Upon identification of the deficiency, the PCHA immediately reviewed the fire drill procedures for Resident [redacted] on 6/10/2026 Following the physician's evaluation 6/12/2026, Resident [redacted] was determined to be medically able to participate in fire drills utilizing a Geri chair or wheelchair.

A fire drill was conducted on 6/18/2026 by the PCHA during which Resident [redacted] was evacuated to the designated meeting place in accordance with the home's emergency evacuation procedures.

All staff received re-education on 7/7/2026 regarding the requirement that all residents, including Resident [redacted] be evacuated to the designated meeting place during fire drills unless a physician has determined otherwise in accordance with applicable regulations. Staff were also instructed on the proper use of the Geri chair and wheelchair during emergency evacuations.

To prevent recurrence, the PCHA or designee will monitor all fire drills to ensure every resident is evacuated to the designated meeting place or fire-safe area as required. Fire drill documentation will be reviewed by the PCHA after each drill for completeness and compliance with regulatory requirements. Compliance will be monitored on an ongoing basis through monthly fire drill audits.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)

227c - Support Plan Revision

8. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On [redacted] it was discovered that resident [redacted] had an open wound. Hospice evaluated the wound and prescribed medications and additional supports for the resident. These changes were not noted in the resident's support plan.

Plan of Correction ***Accept [redacted] 07/10/2026)***

Upon discovery of the deficiency, Resident [redacted] support plan was immediately reviewed and revised to reflect the resident's current condition, including the presence of the open wound, hospice interventions, prescribed treatments, and all additional supports required to meet the resident's needs. The updated support plan was completed, reviewed with appropriate staff, and implemented.

An audit of all resident support plans was conducted by the PCHA to verify that changes identified through assessments, physician orders, hospice recommendations, and other significant changes in condition have been incorporated into each resident's support plan. Any discrepancies identified during the audit were corrected immediately. The audit was completed on 7/7/2026.

All direct care staff received re-education on 7/7/2026 regarding the requirement to update resident support plans

227c Support Plan Revision (continued)

within 30 days of an annual assessment and immediately following any significant change in a resident's condition or care needs, including changes resulting from hospice services. Training was completed on 7/7/2026.

To prevent recurrence, beginning 7/1/2026 the PCHA or designee will review all new hospice recommendations, physician orders, and significant changes in resident condition during monthly QA review to ensure support plans are updated promptly and remain current. Compliance will be monitored through monthly audits of resident records for a period of three months, with corrective action taken immediately if any deficiencies are identified.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 08/14/2026)