

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

October 2, 2026

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

RE: NEW VISIONS OF SOUTH CENTRAL
PA INC
427 HOGESTOWN ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 34041

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: NEW VISIONS OF SOUTH CENTRAL PA INC **License #:** 34041 **License Expiration:** 02/21/2027
Address: 427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050
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-3 **Date:** 11/07/2005 **Issued By:** Silver Spring Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 8 **Waking Staff:** 6

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 08/31/2026

Inspection Dates and Department Representative

08/31/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

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: 8 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

08/31/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/18/2026

09/23/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/01/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/30/2026

Inspections / Reviews (*continued*)

09/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/02/2026

10/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 8/31/26, the home's current licensing inspection summary, dated 5/27/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 09/23/2026)

Immediately at the time of inspection on 8/31/2026, Residential Director posted the home's current licensing inspection summary on a public bulletin board.

Site Audits are conducted by the Administrator or Designee at the beginning of every month. Residential Director added language to the Site Audit form on 9/1/2026 to include a check for required postings. A Site Audit was completed by the Administrator on 9/4/2026 and all items were found to be in compliance.

Residential Director educated new Administrator on the requirements of 2600.3c on 9/1/2026.

All staff will be re-educated on 2600.3c by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 09/24/2026

Implemented () - 10/02/2026)

19 - Review Waiver

2. Requirements

2600.

- 19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On 5/26/26, the home received a waiver of Pa. Code § 2600.54(a)(2). A copy of the waiver was not posted in conspicuous and public place in the home.

Plan of Correction

Accept () - 09/23/2026)

Immediately at the time of inspection on 8/31/2026, Residential Director posted a copy of the waiver on a public bulletin board.

Site Audits are conducted by the Administrator or Designee at the beginning of every month. Residential Director added language to the Site Audit form on 9/1/2026 to include a check for required postings. A Site Audit was completed by the Administrator on 9/4/2026 and all items were found to be in compliance.

Residential Director educated new Administrator on the requirements of 2600.19e on 9/1/2026.

All staff will be re-educated on 2600.19e by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

19 - Review Waiver (continued)

Licensee's Proposed Overall Completion Date: 09/24/2026

Implemented () - 10/02/2026)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The plastic trash bin in the driveway was full of trash and open as the lid was broken off and missing.

Plan of Correction

Accept () - 09/23/2026)

Immediately at the time of inspection on 8/31/2026, the Executive Director contacted the trash company to request a new trash bin. The new trash bin was delivered on 9/9/2026 and the old one was removed.

Residential Director educated new Administrator on the requirements of 2600.85e on 9/1/2026.

All staff will be re-educated on 2600.85e by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 09/24/2026

Implemented () - 10/02/2026)

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

Resident #1's chest of drawers is missing the handles on the top two drawers which makes them difficult to open.

Plan of Correction

Accept () - 09/23/2026)

Residential Director educated new Administrator on the requirements of 2600.95 on 9/1/2026.

Administrator purchased new drawer pulls and installed them on 9/4/2026.

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. A Site Audit was completed by the Administrator on 9/4/2026 and all items were found to be in compliance.

All staff will be re-educated on 2600.95 by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 09/24/2026

95 Furniture and Equipment (*continued*)*Implemented () - 10/02/2026)*

101j7 Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation*Resident #1 does not have access to a source of light that can be turned on/off at bedside.**Repeated Violation - 5/27/25***Plan of Correction***Accept () - 09/23/2026)**Residential Director educated new Administrator on the requirements of 2600.101j on 9/1/2026.**Administrator purchased a night light for Resident #1's room and installed it on 9/4/2026.**Site Audits are conducted by the Administrator or Designee at the beginning of each month. The Site Audit includes language to check for an operable source of lighting at the bedside. A Site Audit was completed by the Administrator on 9/4/2026 and all items were found to be in compliance.**All staff will be re-educated on 2600.101j by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.***Licensee's Proposed Overall Completion Date:** 09/24/2026*Implemented () - 10/02/2026)*

124 Notice to Fire Department

6. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation*The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.***Plan of Correction***Accept () - 09/23/2026)**Immediately at the time of inspection on 8/31/2026, Executive Director emailed the local fire department a copy of the home's emergency plan.**Residential Director educated new Administrator on the requirements of 2600.124 on 9/1/2026.**A letter from the Fire Chief was received on 9/2/2026 indicating the receipt of the home's emergency plan. This was placed in the emergency plan binder.*

124 - Notice to Fire Department (continued)

On 9/23/2026, Residential Director submitted a letter to the local fire department, giving more detailed information on the home.

The layout of the home, capacity, as well as the home's mobility requirements are unlikely to change; however, in the event that a change is made, Residential Director will provide documentation to the township/fire department as well as the Department of Public Safety.

Residential will keep the letters sent to the township/fire department as well as any documentation of receipt of the letters, in the binder where other State documentation is kept for the purposes of inspection.

All staff will be re-educated on 2600.124 by the Administrator and Residential Director at a staff meeting to be conducted on 10/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026)

132e - Fire Drill Sleeping Hours**7. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 6/20/26 at 6:05 AM. The previous sleeping hours fire drill was conducted on 10/10/25.

Plan of Correction

Accept () - 09/23/2026)

Upon dismissal of the home's previous Administrator in [REDACTED] Residential Director discovered that an overnight fire drill was not completed since 10/10/2025. Staff held the overnight fire drill as soon as possible when it was discovered that the regulatory requirement was out of compliance.

Residential Director educated new Administrator on the requirements of 2600.132e on 9/1/2026.

The new Administrator put a reminder in the calendar for an overnight fire drill to be completed every 5 months, to ensure compliance with 2600.132e.

Site Audits are conducted by the Administrator or Designee at the beginning of each month. The Site Audit includes language to check that fire drill requirements are being met. A Site Audit was completed by the Administrator on 9/4/2026 and all items were found to be in compliance.

All staff will be re-educated on 2600.132e by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 09/24/2026

Implemented () - 10/02/2026)

141a 1 10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for Resident #2, dated [REDACTED] does not include section 7 regarding whether the resident can self-administer medications or section 10 regarding mobility needs.

Plan of Correction

Accept [REDACTED] - 09/23/2026)

Residential Director educated new Administrator on the requirements of 2600.141a on 9/1/2026.

Administrator scheduled an appointment for Resident #2 to be seen by their PCP on [REDACTED] A new DME will be completed at this time and reviewed by the Administrator for completion.

Residential Director will conduct an audit of all other resident DME's by 10/1/2026 to ensure proper and thorough completion of documentation.

Administrator or designee will review all DMEs for completion at the time they are received, starting on 10/1/2026. If any changes need to be made, the Administrator or designee will return the DME back to the provider immediately for correction. Residential Director will continue to review all DMEs annually as part of Quality Assurance.

All staff will be re-educated on 2600.141a by the Administrator and Residential Director at a staff meeting to be conducted on 10/1/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 10/02/2026)

141b1 Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

141b1 - Annual Medical Evaluation (continued)

Resident #3's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/23/2026)**

Upon dismissal of the home's previous Administrator in [REDACTED] Residential Director discovered that Resident #2's medical evaluation was completed, but out of compliance by 5 days and that Resident #3's medical evaluation had not been completed. Residential Director scheduled an appointment for Resident #3's medical evaluation to be completed at the soonest possible time as the last appointment with the PCP was in [REDACTED]

Residential Director educated new Administrator on the requirements of 2600.141b1 on 9/1/2026.

A spreadsheet is kept by the Administrator with a list of all annual documentation renewals and is checked monthly.

All staff will be re-educated on 2600.141a by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. This will be documented at the time of the meeting and submitted to the Department.

Licensee's Proposed Overall Completion Date: 09/24/2026

Implemented ([REDACTED] - 10/02/2026)**187b - Date/Time of Medication Admin.****10. 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

The staff person administering Resident #2's medications failed to document [REDACTED] initials on the medication administration records for the evening of 8/26/26. These medications included:

[REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/23/2026)**

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 8/31/2026, 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 9/1/2026.

187b Date/Time of Medication Admin. (continued)

A MAR Audit was completed on 9/4/2026 by the Administrator to ensure compliance with 2600.187b. No other discrepancies were found for the month of August.

All staff will be re educated on 2600.187b by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. 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 9/28/2026 for three months to ensure compliance with 2600.187b.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/02/2026)

187d - Follow Prescriber's Orders**11. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] This medication was not given on 8/10/26 [REDACTED]

Plan of Correction

Accept () - 09/23/2026)

Resident medications are generally packaged in blister cards. Staff initial and date the blister cards at the time that the medication is administered. A new blister card had been delivered by the pharmacy after 8/10/2026, so the home was unable to determine whether or not the medication had been administered.

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.

A MAR Audit was completed on 9/4/2026 by the Administrator to ensure compliance with 2600.187d. No other discrepancies were found for the month of August.

All staff will be re educated on 2600.187d by the Administrator and Residential Director at a staff meeting to be conducted on 9/24/2026. 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 9/28/2026 for three months to ensure compliance with 2600.187d.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/02/2026)