Department of Human Services
Bureau of Human Service Licensing

April 7, 2021

[redacted] OWNER
GOLDENCARE AT NEWFOUNDLAND LLC
1120 53RD
BROOKLYN, NY 11219

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BRIARWOOD SENIOR LIVING* **License #**: *22971* **License Expiration Date**: *12/28/2021*
Address: *878 MAIN STREET, NEWFOUNDLAND, PA 18445*
County: *WAYNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: *5702524255* **Email**: [redacted]

Legal Entity

Name: *GOLDENCARE AT NEWFOUNDLAND LLC*
Address: *1120 53RD, BROOKLYN, NY, 11219*
Phone: *5709557768* **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**: *10* **Waking Staff**: *8*

Inspection

Type: ~~*Full*~~ Partial **Notice**: *Unannounced* **BHA Docket #**:
Reason: ~~*Renewal*~~ Interim Inspection -Monitoring (90 days after new inspection) **Exit Conference Date**: *03/09/2021*

Inspection Dates and Department Representative

03/09/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *9*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

03/09/2021 - Full

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *03/26/2021*

4/1/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/12/2021*

4/7/2021 - Document Submission

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

89b - Hot Water Temperature

1. **Requirements**

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 127.4 degrees in the residents common bathroom located next to the medication room.

Plan of Correction **Accept**

Maintenance Director increased the cold water mix through the mixing valve which reduced the temperature in the common bathroom. The temperature was then remeasured at 117.0. Maintenance Director will check water temperature of all faucets on [redacted] monthly maintenance log. Administrator to oversee log is completed monthly.

Completion Date: *03/24/2021*

Update - 04/01/2021

Upon Resubmission of the Plan of Correction, the Home will submit a record of temperature logs taken recently to demonstrate compliance. Any temperature reading of more than 120 degrees will result in an immediate resolution to ensure safe water temperatures and a minimum of daily water temperature checks for at least one (1) weeks time to ensure ongoing compliance.

AG, 4-1-21

Document Submission **Implemented**

See attached water temperature log

Update - 04/07/2021

reviewed water temperature logs submitted in Portal
AG, 4-7-21

133.1 - Exit Signs

1. **Requirements**

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the exit door that leads from the large living room to the front porch. The home currently serves 9 residents.

Plan of Correction **Accept**

Exit sign was placed over the door in living room to front porch. Maintenance Director to check all exit signs are fixed at all exits in facility and record on monthly maintenance log. Administrator to oversee log sheet monthly.

Completion Date: *03/24/2021*

Update - 04/01/2021

Upon Resubmission of the Plan of Correction, the Home will submit a digital photo of the new EXIT sign as evidence of Compliance.
This will be submitted via the Portal.

AG, 4-1-21

133.1 - Exit Signs *(continued)*

Document Submission **Implemented**

Please see attached Exit sign

Update - 04/07/2021

viewed photo in Portal
AG, 4-7-21