

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

March 25, 2025

[REDACTED], OWNER  
GOLDENCARE AT NEWFOUNDLAND LLC  
[REDACTED]

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 02/12/2025 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: *BRIARWOOD SENIOR LIVING* License #: *22971* License Expiration: *12/28/2025*  
 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: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/12/2025*

**Inspection Dates and Department Representative**

02/12/2025 - 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: *2*  
 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**

02/12/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2025*

03/06/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/20/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2025*

Inspections / Reviews *(continued)*

03/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/20/2025

03/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The exterior stairs leading from the annex hallway had sections covered in ice. The wood room porch exit had ice on the porch immediately outside of the exit doorway.

Repeat violation: 01/09/2024

Plan of Correction

Accept ( ) - 03/13/2025

Maintenance and the snow removal company will ensure all exits are clear of snow and ice daily during the winter months and inclement weather. Maintenance will do walks around the facility property and exits to ensure no ice or snow will be obstructing exits in inclement weather. Maintenance will have a check sheet to confirm checks have been performed on all exits of facility.

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented ( ) - 03/25/2025

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident 1's annual Documentation of Medical Evaluation dated ( ) was incomplete. Section 4, Special Health or Dietary Needs was not completed.

Plan of Correction

Directed ( ) - 03/13/2025

The Administrator will ensure all DME'S are completed properly. The Administrator corrected the DME on 2/12/2025. Going forward, from 2/12/2025, the Administrator will ensure all DME's are completed properly will have all information correctly. The Administrator will review all DME's when completed to avoid missing any information and will monitor ongoing compliance.

Proposed Overall Completion Date: 03/12/2025

**Directed: The administrator or designee will complete an audit on all current resident DME's and ensure that all required information is completed. Any DME with missing information will be corrected within 2 days.**

Directed Completion Date: 03/20/2025

Implemented ( ) - 03/25/2025