





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: March 5, 2025

[REDACTED]  
AM Rafi PC  
[REDACTED]

RE: New Brighton Personal Care Home  
701 Penn Avenue  
New Brighton, PA 15241  
License #: 45604

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on January 3, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

February 24, 2025

[REDACTED]  
AM RAFI PC  
[REDACTED]

RE: NEW BRIGHTON PERSONAL CARE  
HOME  
701 PENN AVENUE  
NEW BRIGHTON, PA, 15086  
LICENSE/COC#: 45604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2025 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: *NEW BRIGHTON PERSONAL CARE HOME* License #: *45604* License Expiration:

Address: *701 PENN AVENUE, NEW BRIGHTON, PA 15086*

County: *BEAVER* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *AM RAFI PC*

Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *08/02/1991* Issued By: *L&I*

Type: *Other* Date: *03/19/1985* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

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

Reason: *New* Exit Conference Date: *01/03/2025*

**Inspection Dates and Department Representative**

01/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: Residents Served: *0*

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: *0*

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

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

**Inspections / Reviews**

01/03/2025 - Partial

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

02/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/21/2025*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2025*

Inspections / Reviews (*continued*)

## 02/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/19/2025

## 02/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There were no screens in the windows of multiple rooms to include bedroom #91, bedroom #101, bedroom #103, and bedroom #105.

Plan of Correction

Accept [redacted] - 02/07/2025)

Window screens in rooms 91, 101, 103 and 105 were corrected and installed on January 24, 2025. All other windows throughout the first floor and lower level kitchen and dining room areas were checked and corrected on January 24, 2025.

Licensee's Proposed Overall Completion Date: 02/05/2025

Evidence of Completion

Implemented [redacted] 02/24/2025)

See attached.

127a - Portable Space Heaters

2. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

There were 2 portable space heaters in the kitchen office.

Plan of Correction

Do Not Accept [redacted] 02/07/2025)

The portable space heaters were removed from the premises on January 3, 2025.

Licensee's Proposed Overall Completion Date: 02/05/2025

Update: 02/07/2025

Please include a long term step such as a posting for staff or a monthly audit.

Plan of Correction

Accept [redacted] - 02/12/2025)

Portable space heaters removed from premises on 1/3/2025.

NBPCH staff trained on long term oversight and documented monthly audit of permanent removal of portable space heaters.

Licensee's Proposed Overall Completion Date: 02/10/2025

Evidence of Completion

Implemented [redacted] - 02/24/2025)

Space heater removed on 01/03/2025 per 2600.127a requirement stating portable space heaters are prohibited. The two portable space heaters were removed from the kitchen office on 01/03/2025.

130a - Smoke Detector 15 ft Bedroom

3. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest smoke detector to the door of bedroom #91 was 21 feet and the nearest smoke detector to the door of

130a - Smoke Detector 15 ft Bedroom (continued)

bedroom #100 was 32 feet.

Plan of Correction

Do Not Accept ( ) - 02/07/2025

Operable smoke detectors located within 15 feet of each bedroom door were corrected and installed on January 3, 2025 during the DHS survey inspection and completed before the DHS survey team exited the premises, on January 3, 2025.

Licensee's Proposed Overall Completion Date: 02/05/2025

Update: 02/07/2025

Please add a long term step such as a monthly audit for operability.

Plan of Correction

Accept ( ) - 02/12/2025

Operable smoke detectors located within 15 feet of each bedroom door were corrected and installed on January 3, 2025 during the DHS survey inspection and completed before the DHS survey team exited the premises, on January 3, 2025.

NBPCH staff trained on long term monthly audit of operable smoke detectors located 15 feet from each bedroom doorway.

Licensee's Proposed Overall Completion Date: 02/10/2025

Evidence of Completion

Implemented ( ) - 02/24/2025

See attached.

130d - Interconnected Detectors

4. Requirements

2600.

130.d. If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

Description of Violation

There is not at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home. However, the home is applying for a resident capacity of 68.

Plan of Correction

Do Not Accept ( ) - 02/07/2025

A total of 4 (four) interconnected/hard-wired smoke detectors were installed, two per floor, at precise locations above and below of each other on January 24, 2025.

Licensee's Proposed Overall Completion Date: 02/05/2025

Update: 02/07/2025

Please add a long term step such as a monthly audit for operability.

Plan of Correction

Accept ( ) - 02/12/2025

A total of 4 (four) interconnected/hard-wired smoke detectors were installed, two per floor, at precise locations above and below of each other on January 24, 2025.

NBPCH staff trained on long term audit and monitoring of interconnected/hard wired smoke detectors on a monthly, documented basis.

Licensee's Proposed Overall Completion Date: 02/10/2025

130d - Interconnected Detectors (*continued*)

**Evidence of Completion**

*Implemented* [REDACTED] *02/24/2025*

*See attached.*