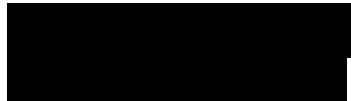


Department of Human Services  
Bureau of Human Service Licensing

October 25, 2021



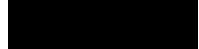
400 CENTRE STREET  
ATTN LICENSING  
NEWTON, MA 2458

RE: NEWSEASONS AT NEW BRITAIN  
800 MANOR DRIVE  
CHALFONT, PA, 18914  
LICENSE/COC#: 14508

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,



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: NEWSEASONS AT NEW BRITAIN License #: 14508 License Expiration Date: 01/01/2022  
Address: 800 MANOR DRIVE, CHALFONT, PA 18914  
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2159978700 Email: [REDACTED]

Legal Entity

Name: SNH PENN TENANT LLC  
Address: 400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458  
Phone: 2159978700 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/15/1998 Issued By: CWOPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 80 Waking Staff: 60

Inspection

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 08/19/2021

Inspection Dates and Department Representative

08/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 69

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1

Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

08/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2021

Inspections / Reviews (*continued*)

10/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: 10/25/2021

10/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

### 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

*On [REDACTED] resident #1 was admitted to the hospital. On [REDACTED] resident #1 died in the hospital. The home did not report this incident to the department.*

### Plan of Correction

Accept

*The Reportable Incident or Condition for Resident #1's death at the hospital was submitted to the Department on 8/21/2021. The Director of Resident Care will report all reportable incidents within 24 hours for compliance with regulation 2600.16c. The Executive Director will follow up with the Director of Resident Care within 24 hours to ensure timely compliance with this regulation. Compliance will be reviewed and reported to the QI committee.*

Completion Date: 08/21/2021

### Document Submission

Implemented

*The Reportable Incident or Condition for Resident #1's death at the hospital was submitted to the Department on 8/21/2021. The Director of Resident Care will report all reportable incidents within 24 hours for compliance with regulation 2600.16c. The Executive Director will follow up with the Director of Resident Care within 24 hours to confirm timely compliance with this regulation. Compliance will be reviewed and reported to the QI committee*

## 26a - Quality Management Plan

### 1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

### Description of Violation

*The home did not provide a quality management plan on 8/19/21 during the annual inspection.*

### Plan of Correction

Accept

*A quality management plan was established on 8/23/2021. A QI committee meeting has been scheduled for 10/20/2021 and will occur at a minimum quarterly. See attachment A:2600.26a*

Completion Date: 08/23/2021

### Document Submission

Implemented

*A quality management plan was established on 8/23/2021. A QI committee meeting has been completed on 10/20/2021 and will occur at a minimum quarterly. See attachment A:2600.26a .*

## 41c - Rights Poster

### 1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

41c - Rights Poster (*continued*)**Description of Violation**

*The Department's resident's rights poster is not posted in a conspicuous and public place in the home.*

**Plan of Correction****Accept**

*The Resident Rights poster was posted on 8/19/2021 for compliance with regulation 2600.41c. The Executive Director will ensure that the posting remains in a public and conspicuous place during routine rounds of the community.*

**Completion Date:** 08/19/2021

**Document Submission****Implemented**

*The Resident Rights poster was posted on 8/19/2021 for compliance with regulation 2600.41c. The Executive Director will confirm that the posting remains in a public and conspicuous place during routine rounds of the community.*

## 65a - FS Orientation 1st Day

## 1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*The home did not provide documentation that staff persons A, B, C and D received orientation on the following topics: telephone use and notification of emergency services.*

**Plan of Correction****Accept**

*Staff Person A was re-trained on General Fire Safety and Emergency Preparedness on 10/15/2021. Staff persons B, C, and D are no longer employed with the community. The Business Office Manager will ensure that all new hires have documented compliance with regulation 2600.65a. The Executive Director/Designee will audit new hire documentation within 48 hours of completion of orientation to ensure compliance with regulation 2600.65a. See Attachment B:2600.65a*

**Completion Date:** 10/15/2021

**Document Submission****Implemented**

*Staff Person A was re-trained on General Fire Safety and Emergency Preparedness on 10/15/2021. Staff persons B, C, and D are no longer employed with the community. The Business Office Manager will maintain all new hire documentation for compliance with regulation 2600.65a. The Executive Director/Designee will audit new hire documentation within 48 hours of completion of orientation for compliance with regulation 2600.65a. See Attachment B:2600.65a*

## 91 - Telephone Numbers

### 1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

### Description of Violation

*There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom 205.*

### Plan of Correction

Accept

*The Emergency number listing was placed near the resident's phone in Apartment 205 on 8/20/2021. The Executive Director/Designee will review all resident apartments and phones within the community monthly to ensure compliance with 2600.91.*

Completion Date: 08/20/2021

### Document Submission

Implemented

*The Emergency number listing was placed near the resident's phone in Apartment 205 on 8/20/2021. The Executive Director/Designee will review all resident apartments and phones within the community monthly for compliance with 2600.91.*

## 107d - Procedure Emergency Management Agency Submission

### 1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

### Description of Violation

*The home did not provide documentation that the written emergency procedures were reviewed, updated and submitted to the local emergency management agency in 2021.*

### Plan of Correction

Accept

*The written emergency procedures will be reviewed, updated, and submitted to the local emergency management agency by 11/30/2021. The Executive Director/designee will ensure that the plan is reviewed and updated annually through the QI committee and submitted to the local emergency management agency annually to meet the regulation 2600.107d*

Completion Date: 11/30/2021

### Document Submission

Implemented

*The written emergency procedures will be reviewed, updated, and submitted to the local emergency management agency by 11/30/2021. The Executive Director/designee will review and update the plan annually through the QI committee and submit the plan to the local emergency management agency annually to meet the regulation 2600.107d.*

## 141a - Medical Evaluation

### 1. 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.

## 141a - Medical Evaluation (continued)

**Description of Violation**

Resident #6 was admitted to the home on [REDACTED] As of 8/19/21, the home did not have a medical evaluation form complete for resident #6.

**Plan of Correction**

Resident #6 was admitted to the home on [REDACTED]. The medical evaluation dated 5/18/2021 was located after the inspection and is attached for review. See Attachment C:2600.141a. For compliance with 2600.141a all new admissions will be reviewed by the Director of Resident Care within 30 days of move in to ensure the medical evaluation has been completed in its entirety within the regulatory time frame and is available in the resident chart. The Administrator will audit new admission medical evaluations within 30 days of move in to ensure completeness, timeliness, and availability on the chart to ensure compliance with regulation 2600.141a

Completion Date: 10/18/2021

**Document Submission****Implemented**

Resident #6 was admitted to the home on [REDACTED] The medical evaluation dated 5/18/2021 was located after the inspection and is attached as verification. See Attachment C:2600.141a. For compliance with 2600.141a all new admissions will be reviewed by the Director of Resident Care within 30 days of move in to confirm the medical evaluation has been completed in its entirety within the regulatory time frame and is available in the resident chart. The Administrator will audit new admission medical evaluations within 30 days of move in to verify completeness, timeliness, and availability on the chart for compliance with regulation 2600.141a

## 141a 1-10 Medical Evaluation Information

**1. 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**

Resident #5's medical evaluation was incomplete and did not include completion of Section 7 or the medication addendum. The form documented, "see attached," but there was no attachment.

## 141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

Resident #5 no longer resides in the community. For compliance with 2600.141a all new admissions will be reviewed by the Director of Resident Care within 30 days of move in to ensure the medical evaluation has been completed in its entirety within the regulatory time frame and is available in the resident chart. The Administrator will audit new admission medical evaluations within 30 days of move in to ensure completeness, timeliness, and availability on the chart to ensure compliance with regulation 2600.141a.

Completion Date: 10/18/2021

**Document Submission****Implemented**

Resident #5 no longer resides in the community. For compliance with 2600.141a all new admissions will be reviewed by the Director of Resident Care within 30 days of move in to confirm the medical evaluation has been completed in its entirety within the regulatory time frame and is available in the resident chart. The Administrator will audit new admission medical evaluations within 30 days of move in to verify completeness, timeliness, and availability on the chart for compliance with regulation 2600.141a.

## 183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 6/17/21, [REDACTED] was discontinued for resident #9. However on 8/19/21, the medication was still on the cart.

**Plan of Correction****Accept**

Resident #9's discontinued medication was immediately removed from the cart. The Director of Resident Care will retrain all medication administration staff by 10/22/2021 on discontinuing medications. Medication Administration staff will check medication carts daily to ensure that all discontinued medication is removed. The Director of Resident Care/designee will complete monthly medication cart audits to ensure that discontinued medications are removed from the cart. Audit results will be reported to the QI Committee. See Attachment D:2600.183d.

Completion Date: 10/22/2021

**Document Submission****Implemented**

Resident #9's discontinued medication was immediately removed from the cart. The Director of Resident Care will retrain all medication administration staff by 10/22/2021 on discontinuing medications. Medication Administration staff will check medication carts daily to confirm that all discontinued medication is removed. The Director of Resident Care/designee will complete monthly medication cart audits to confirm that discontinued medications are removed from the cart. Audit results will be reported to the QI Committee. See Attachment D:2600.183d.

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

## 185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #8 is prescribed [REDACTED] every 8 hours as needed. On 8/19/21, the medication was not available in the home.

Resident #9 is prescribed [REDACTED] every 4 hours as needed. On 8/19/21, the medication was not available in the home.

**Plan of Correction**

Accept

The Medication Administration staff will complete a weekly audit to ensure that all medications are available on the cart. The Medication Administration staff will be re-trained by the Director of Resident Care by 10/22/2021 on the re-ordering and tracking of medications and timely reporting non-receipt of medications to the Director of Resident Care. The Director of Resident Care/designee will audit the medication carts monthly to ensure compliance with 2600.185a. Audit results will be reported to the QI Committee. See Attachment E:2600.185a

Completion Date: 10/22/2021

**Document Submission**

Implemented

The Medication Administration staff will complete a weekly audit to verify that all medications are available on the cart. The Medication Administration staff will be re-trained by the Director of Resident Care by 10/22/2021 on the re-ordering and tracking of medications and timely reporting non-receipt of medications to the Director of Resident Care. The Director of Resident Care/designee will audit the medication carts monthly to confirm compliance with 2600.185a. Audit results will be reported to the QI Committee. See Attachment E:2600.185a

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident #7 is prescribed:

- [REDACTED] three times a day. However, on 8/2/21, the medication administration record was not signed off at 2:00PM and did not document that the resident was administered the medication.
- [REDACTED] every day. However, on 8/2/21, the medication administration record was not signed off at 8:00AM and did not document that the resident was administered the medication.
- [REDACTED] on a sliding scale. However, on 8/11, 8/12, 8/15, 8/16 and 8/17 the medication administration record was not signed off at 8PM and did not document that the resident was administered the medication. Additionally on 8/12/21, at 4PM the medication administration record was not signed and did not document that the resident was administered the medication.

## 187d - Follow Prescriber's Orders (continued)

Plan of Correction	Accept
<p><i>The Director of Resident Care will retrain the Medication Administration staff on proper medication administration documentation by 10/22/2021. The Director of Resident Care will complete MAR reviews weekly to ensure all documentation meets the regulation 2600.187d.</i></p>	

Completion Date: 10/22/2021

Document Submission	Implemented
<p><i>The Director of Resident Care will retrain the Medication Administration staff on proper medication administration documentation by 10/22/2021. The Director of Resident Care will complete MAR reviews weekly to verify all documentation meets the regulation 2600.187d.</i></p>	

## 224a - Preadmission Screen Form

## 1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## Description of Violation

*Resident #2 was admitted to the home on [REDACTED]. As of 8/19/21, the home did not complete a preadmission screening form for resident #2.*

Plan of Correction	Accept
<p><i>Immediately and ongoing the Administrator/Designee will complete the Department's preadmission screening form on the day that the screen has been completed to ensure compliance with regulation 2600.224a. The Administrator will verify and initial preadmission screening forms completed by a designee to ensure compliance with regulation 2600.224a.</i></p>	

Completion Date: 10/18/2021

Document Submission	Implemented
<p><i>The Administrator/Designee will complete the Department's preadmission screening form on the day that the screen has been completed for compliance with regulation 2600.224a. The Administrator will verify and initial preadmission screening forms completed by a designee for compliance with regulation 2600.224a.</i></p>	

## 225a - Assessment 15 Days

## 1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

*An assessment was not complete for resident #3 who was admitted to the home on [REDACTED]*

*An assessment was not complete for resident #4 who was admitted to the home on [REDACTED]*

225a - Assessment 15 Days (*continued*)

Plan of Correction	Accept
<i>Immediately and ongoing The Director of Resident Care will ensure all initial assessments are completed per Department Regulation within 15 days of admission. The Administrator will audit all new admissions within 15 days of move in to ensure compliance with regulation 2600.225a.</i>	

Completion Date: 10/18/2021

Document Submission	Implemented
<i>The Director of Resident Care will confirm all initial assessments are completed per Department Regulation within 15 days of admission. The Administrator will audit all new admissions within 15 days of move in for compliance with regulation 2600.225a.</i>	

## 227a - Support Plan 30 Days

## 1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

## Description of Violation

*A support plan was not complete for resident #3 who was admitted to the home on [REDACTED]*

*A support plan was not complete for resident #4 who was admitted to the home on [REDACTED]*

Plan of Correction	Accept
<i>Immediately and ongoing The Director of Resident Care will ensure all written support plans developed and implemented within 30 days of admission. The Administrator will audit all new admissions within 30 days of move in to ensure compliance with regulation 2600.227a.</i>	

Completion Date: 10/18/2021

Document Submission	Implemented
<i>The Director of Resident Care will verify all written support plans are developed and implemented within 30 days of admission. The Administrator will audit all new admissions within 30 days of move in for compliance with regulation 2600.227a.</i>	