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

July 11, 2025

[redacted], ADMINISTRATOR
SNH PENN TENANT LLC
[redacted]

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 05/19/2025, 05/20/2025 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: *NEWSEASONS AT NEW BRITAIN* **License #:** *14508* **License Expiration:** *01/01/2026*

Address: *800 MANOR DRIVE, CHALFONT, PA 18914*

County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *04/01/1993* **Issued By:** *COPA - L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *109* **Waking Staff:** *82*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *05/20/2025*

Inspection Dates and Department Representative

05/19/2025 - On-Site: [redacted]

05/20/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *81*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *81*

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

Have Mobility Need: *28* **Have Physical Disability:** *1*

Inspections / Reviews

05/19/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/16/2025*

06/19/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/30/2025*

Inspections / Reviews *(continued)*

07/11/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *06/30/2025*

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 5/13/2025, resident 1 had an unwitnessed fall and was sent out to the ER and returned with a diagnosis of a fracture of the fifth digit/finger on the left hand. The home did not report this incident to the department regional office.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

1. *To enhance the currently compliant operations, beginning 5/26.25 the Administrator or designee will review incident reports in PCC and follow up on status within 24 hours when residents are transferred to the hospital to ensure incident does not warrant a state reportable incident or condition. If incident is considered to be a reportable, Administrator or DHW will complete reportable form designated by the DHS and report within 24 hours.*

Effective 5/26/25 the Administrator or DHW will perform bi-weekly audits for 60 days from 5/26 through 7/31 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 07/11/2025)

65i - Training Record

2. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The 2024 annual record for direct care staff A and B and C training does not include the date and length of each course.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

In response to the violation on 05/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/20 by the Executive Director by including the date and length of course on all employee 2025 training plan forms.
Executive Director or designee will ensure a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, are kept in binder. Audit will be conducted for all new employees since Jan 2025 to ensure compliance. E.D. or designee will continue to monitor new hire files bi-weekly for the next 60 days to confirm training has all required details. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

65i - Training Record *(continued)*

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 07/11/2025)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedside mobility device for resident 2 in [redacted] measured 12 inches wide and 6 inches high but was covered with a pillowcase, which could be easily removed.
The bedside mobility device for resident 3 in [redacted] measured 11 inches wide and more than 30 inches high but was covered with a pillowcase, which could be easily removed.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

Executive Director immediately removed the mobility devices and notified families for residents #2 and #3, explaining the reasons for removal and criteria for acceptable mobility devices. E.D. and DHW also educated staff on 5/21 and educated residents during Community Manager Meeting on 5/22 regarding the importance of consulting with therapy department when purchasing or installing bed mobility devices.
Executive Director or designee will conduct a full community wide audit by 6/30 of all resident rooms to ensure wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. To maintain compliance, Executive Director or designee will address the importance of this regulation during all lease agreement signings.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/11/2025)

107d - Procedure Emergency Management Agency Submission

4. 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 does not have a record of the last time that the written emergency procedures were reviewed, updated, and submitted to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission *(continued)*

Plan of Correction ***Accept (- 06/19/2025)***

In response to the violation on 05/19/2025, a meeting with local emergency management) actually did occur on 3/27/25 with E.D. and Facilities Manager, however, recommendations were made. Executive Director or Facilities Manager will follow through on recommendations made by Emergency Management agency, including a contract with local bus transportation and hospital in the event a longer length of emergency stay is required. These agreements will be secured within 60 days, with a completion date of 8/15. To maintain ongoing compliance, Executive Director or Facilities Manager will review plan annually and submit to local management agency.

Proposed Overall Completion Date: 08/15/2025

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 07/11/2025)

124 - Notice to Fire Department

5. 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 (- 06/19/2025)***

In response to the violation on 05/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2025 by the Executive Director by sending the New Britain Fire Marshall an updated resident roster with address of home, location of bedrooms, and number of immobile residents. E.D. confirmed receipt of information sent to the Fire Department.
To enhance the currently compliant operations, the Executive Director or Facilities Manager will update the local fire department annually or if the community has any significant changes from current census.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented (- 07/11/2025)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

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

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 4's medical evaluation, dated [redacted] did not include the medication regimen, contraindicated medications, medication side effects, and the ability to self-administer medications.

Repeat Violation: Renewal 5/06/2024 et al.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

New DME will be completed for resident #4 by 6/30/2025.
On 5/23, E.D and Director of Health and Wellness, conducted an audit of current resident's medical evaluations to ensure they are in compliance with regulation 2600.141a 1-10. No other medical evaluations were found to be out of compliance.
Starting 5/26/25, DRC or designee will audit 2 residents' medical evaluations biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.141a 1-10.

Licensee's Proposed Overall Completion Date: *07/25/2025*

Implemented ([redacted] - 07/11/2025)

141b1 - Annual Medical Evaluation

7. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 5's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Repeat Violation: Renewal 5/06/2024 et al.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

On 5/28/25, ED and DHW conducted an audit of current resident's medical evaluations to ensure they are in compliance with regulation 2600.141b. To maintain compliance, we will confirm the date signed on the annual matches previous year timeframe. No other medical evaluations were found to be out of compliance.
• Starting 5/29/25, DRC or designee will audit 2 residents' medical evaluations biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.141b.

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 07/11/2025)

183e - Storing Medications

8. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Lorazepam 0.5 mg tabs prescribed for resident 6 expired on 4/29/2025. However, this medication is still on the medication cart. Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacturer's instructions.

Bensonatate 200 mg caps prescribed for resident 7 expired on 5/13/2025. However, this medication is still on the medication cart. Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacturer's instructions.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

Resident #6 and 7's current medication arrived at time of inspection. Expired medications were immediately removed from the cart. Med cart was also immediately audited on 5/20, no additional expired meds found. DHW retrained all nurses and medication technicians on 5/21 on proper medication storage policies and regulations.
DHW or designee will ensure prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. DHW or designee will conduct bi-weekly audits on med carts beginning on 5/29 for 60 days to ensure compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 07/11/2025)

185a - Implement Storage Procedures

9. 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.

Description of Violation

Lorazepam 2mg prescribed for resident 8. However, on 5/20/2025, there was a count of 29 on the narcotics records and only 27 in the locked narcotics box.

185a - Implement Storage Procedures (continued)

Plan of Correction ***Directed ([redacted] - 06/19/2025)***

Med Tech signed for 2 doses on narcotic records to reflect count of 27 lorazapam 2 mg tablets. All narcotics audited on 5/22 to ensure narcotic records reflect same count as medication available. DHW retrained all staff on policies and procedures for medication administration and proper storage on 5/27.
DHW or designee will audit shift to shift narcotic count weekly for the next 60 days beginning on 5/26 through 7/28.

Directed Plan of Correction (slw 6/19/25):
1. The plan will be completed by 6/30/25 and the ongoing weekly audits will continue through 7/28/25.

Proposed Overall Completion Date: 07/28/2025

Directed Completion Date: *06/30/2025*

Implemented ([redacted] - 07/11/2025)

187c - Refusal of Medication

10. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 5/3/2025, 5/4/2025, 5/6/2025, 5/7/2025, 5/9/2025, 5/10/2025, 5/11/2025, 5/12/2025, 5/13/2025, and 5/14/2025 at 6:00 a.m. and 6:00 p.m., resident 9 refused a scheduled treatment dose of Mupirocin External Ointment 2% applied to the sole of the left foot topically every morning and at bedtime for a skin tear covered with a bandage until healed. The home did not document in the resident's record or on the medication record the prescriber's response to the refusal. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber.

Plan of Correction ***Directed ([redacted] - 06/19/2025)***

PCP for resident #9 was contacted and notified of ointment refusal. Received order to discontinue medication. DHW conducted training to all nurses and medication technicians regarding refusal of medication policies and procedures on 5/21 and 5/22.
DHW or designee will ensure that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. DHW or designee began weekly audits on 5/26 for the next 60 days to review any refusals and confirm if documented in PCC and prescriber notified.

187c - Refusal of Medication (continued)

Directed Plan of Correction (slw 6/19/25):
1. The home will continue the weekly audits through 7/25/25. The plan will be trainings, and initial audits will be conducted prior to 6/30.25.

Proposed Overall Completion Date: 06/30/25

Directed Completion Date: *06/30/2025*

Implemented ([redacted] - 07/11/2025)

187d - Follow Prescriber's Orders

11. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Humalog Kwik Pen subcutaneous solution. Check insulin twice a day; inject as per sliding scale. However, resident 2 was administered 4 units of insulin on 5/08/2025 at 8:00 a.m.; it was not recorded on the medication record or the glucometer reading of the blood sugar level.

Plan of Correction ***Directed ([redacted] - 06/19/2025)***

Staff member was immediately retrained on residents 5 RIGHTS and also retrained on Five Star medication administration and storage by DHW on 5/21. DHW or designee will audit 3 resident e-mars bi-weekly for 60 days to ensure prescriber directions are being followed, including glucometer readings matching ordered amount of insulin to be administered.

Directed Plan of Correction [redacted] 6/19/25):1. The home will continue the weekly audits through 7/25/25. The plan will be trainings, and initial audits will be conducted prior to 6/30.25.

Proposed Overall Completion Date: 06/30/25

Directed Completion Date: *06/30/2025*

Implemented ([redacted] - 07/11/2025)

225c - Additional Assessment

12. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 10's most recent assessment was completed on [redacted]

225c - Additional Assessment (continued)

Plan of Correction ***Directed (- 06/19/2025)***

DHW will complete new DME and RASP for resident #10 by 6/30/25. Audit conducted on 5/24/2025 of all resident files to ensure RASP was present. Community became live with Point Click Care in May of 2025, currently scanning all records and documents to resident's file. PCC prompting features will ensure annual assessments are signed and completed timely utilizing scheduling feature. DHW or designee will continue to audit 3 residents scheduled in PCC bi-weekly for 60 days to ensure assessments are completed.

Directed Plan of Correction (slw 6/19/25):1. The home will continue the weekly audits through 7/25/25. The plan will be trainings, and initial audits will be conducted prior to 6/30.25.

Proposed Overall Completion Date: 06/30/25

Directed Completion Date: *06/30/2025*

Implemented (- 07/11/2025)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.

252 - Record Content *(continued)*

21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 4's record does not include color of hair or color of eyes.

Plan of Correction ***Accept ([redacted] - 06/19/2025)***

Color of hair and eyes were immediately added to resident #4's record. Audit completed on 5/26/2025 for all resident records to ensure ALL criteria in regulation 2600.252 are met. Moving forward, E.D. or designee will audit 3 resident records bi-weekly for 60 days to ensure all criteria is completed in resident record.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 07/11/2025)