



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail ksearle@5ssl.com**  
**Sent via e-mail atyler@5ssl.com**  
**June 12, 2020**

Ms. Jennifer F. Francis  
President & COO  
SNH Penn Tenant, LLC  
Two Newton Place  
255 Washington Street, Suite 300  
Newtown, Massachusetts 02458

RE: New Seasons at New Britain  
800 Manor Drive  
Chalfont, Pennsylvania 18914  
License #: 145080

Dear Ms. Francis:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 9, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: NEWSEASONS AT NEW BRITAIN

License Number: 14508

Address: 800 MANOR DRIVE, CHALFONT, PA 18914

County: BUCKS

Region: SOUTHEAST

## Administrator

Name: Karen Searle

Phone: 2159978487

Email: Atyler@5ssl.com

## Legal Entity

Name: SNH PENN TENANT LLC

Address: TWO NEWTON PLACE, 255 WASHINGTON STREET, SUITE 300, NEWTON, MA, 02458

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff:

Total Daily Staff: 109

Waking Staff: 82

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

01/09/2020 - On-Site: Alexander Goldstein, Michele Swisher

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 100

Residents Served: 86

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 84

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 23

Have Physical Disability: 8

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On at least two occasions including 12/16/19, staff members B and C witnessed staff member A pulling resident #1's wheelchair backwards into the dining area. As witnessed by staff members B and C, staff member A pulled the wheelchair in such a way that it banged against a pole causing the resident #1 to yell out "ouch". Staff member A did not check on resident #1 for any injury or inquire if resident #1 was hurt, but kept pulling the chair behind them into the dining area

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

42b

- 1) Staff Member A is no longer employed by the community.
- 2) All staff will be re-educated on Abuse and Neglect and proper transport of residents with assistive devices by February 29, 2020. Documentation will be kept in the staff education binder on the employee's training record.
- 3) All new employees will be provided Abuse and Neglect training during their first day of orientation. Training will be documented on the employee's orientation record. The Executive Director/Designee will confirm compliance by initialing the orientation record.
- 4) The Executive Director/Designee will monitor the annual training plan and staff education binder monthly to ensure all employees have received their mandatory in-services.
- 5) The Executive Director will monitor compliance with the annual training plan and new hire orientation at the quarterly quality assurance meeting.

Documentation of trainings to be made available for Department review - SP 06-12-2020

Legal Entity Representative

*Karen Searle*  
Signature

Karen Searle Executive Director 2/17/20  
Printed Name and Title Date

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The above plan of correction is approved as of 06-12-2020  
(Date)

Plan of correction implementation status as of 06-12-2020  
(Date)

The above plan of correction was approved by SP  
(Initials)

Implemented  
 Not Implemented

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 12/16/19 Staff members B, C, and E witnessed staff member A attempting to force feed resident #1. Resident #1 was observed to be pulling away from staff member A and shaking their head no and refusing to eat. Staff member A continued to try to force a spoon into the resident #1's closed mouth.

On several occasions, staff members B and C witnessed staff member A pulling or dragging resident #1's wheelchair in an undignified manner through the hallway to the dining room. Staff member A did not maintain control of the wheelchair causing it to bang against a pole.

Plan of Correction (POC)

- 1) Staff member(s) B C and E reported the incident immediately following their observations on 12/16/19.
- 2) Staff member A was immediately placed on administrative leave pending investigation. A thorough investigation was completed and Staff member A is no longer employed by the community.
- 3) All staff will be re-educated on Resident Rights with a focus on dignity and respect, proper transport of residents with assistive devices and proper feeding techniques by direct care staff by February 29, 2020. Documentation will be kept in the staff education binder on the employee's training record.
- 4) All new employees will be provided Resident Rights training during their orientation and all employees will have Residents Rights training annually. The Executive Director/Designee will confirm compliance by initialing the orientation record.
- 5) The Executive Director/Designee will monitor the annual training plan and staff education binder monthly to ensure all employees have received their mandatory in-services.
- 6) The Executive Director will monitor compliance with the annual training plan and new hire orientation at the quarterly quality assurance meeting.

Legal Entity Representative

*Karen Searle*  
Signature

Karen Searle Executive Director  
Printed Name and Title

2/17/2020  
Date

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65a - FS Orientation 1st Day

Regulations

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

Staff member A, whose first day of work was 4/18/19, did not receive orientation for general fire safety and emergency preparedness until 4/26/19

Staff person B and C, whose first days of work were 6/27/19, did not receive orientation for general fire safety and emergency preparedness.

Plan of Correction (POC)

65a.

- 1) Staff member A is no longer employed by the community.
- 2) An audit was completed on January 31, 2020 for compliance with 65a.
- 3) Multiple Directors have documented certification to train in 2600.65a. All new hires will receive training on the first day of hire to assure compliance with 2600.65a. Training will be documented on a training record and retained in the staff member's personnel file.
- 4) The Executive Director/Designee will review the orientation training plan and education binder to ensure all new and current employees are in compliance with all required training upon hire and annually. Results of compliance will be monitored and reported at the quarterly QA meeting.

*Karen Seurle*  
Signature

Karen Seurle Executive Director  
Printed Name and Title

2/17/20  
Date

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65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff members B and C were hired on 7/29/19 and have not completed training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction (POC)

65b

1. The Emergency Medical Plan, resident rights and mandatory report of abuse and neglect, reporting of reportable incidents and conditions will be provided to all new hires on first day of new hire orientation and annually.
2. All staff will be in-serviced on the Emergency Medical Plan, Resident rights by 3/5/2020.
3. Training of all staff on Mandatory Abuse and Neglect reporting and Reporting of Reportable Incidents and Conditions will be completed prior to February 29, 2020.
4. The Executive Director/Designee will review the orientation training plan and education binder to ensure all new and current employees are in compliance with all required training upon hire and annually. Results of compliance will be monitored and reported at the quarterly QA meeting.

*Karen Seale*  
Signature

*Karen Searle* Executive Director 2/17/20  
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

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 #1's medical evaluation dated 9/11/2019 does not contain the medication list or full list of diagnoses for resident.

Plan of Correction (POC)

141a.

- 1.) Upon move in the Director of Resident Care/Designee will ensure all medical evaluations are fully completed 60 days prior to or within 30 days of move in to include medications list and diagnoses.
- 2.) The Director of Resident Care will assure that all paperwork is complete and signed by the physician. The Director of Resident Care/Designee will audit all move in paperwork within 30 days after resident move in to assure compliance.
- 3.) The Director of Resident Care will audit monthly compliance and report results at the Quarterly QA Meeting.

Legal Entity Representative

*Karen Searle*  
Signature

Karen Searle Executive Director  
Printed Name and Title

2/17/20  
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