

Department of Human Services  
Bureau of Human Service Licensing

January 12, 2021

SUE HAINES, REGIONAL DIRECTOR  
SNH PENN TENANT LLC  
255 WASHINGTON STREET,SUITE 300  
TWO NEWTON PLACE  
NEWTON, MA 2458

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

Dear Ms. Haines,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2020, 11/04/2020, 11/05/2020, 11/10/2020, 11/12/2020, 11/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *NEWSEASONS AT NEW BRITAIN* License #: *14508* License Expiration Date: *01/01/2021*  
 Address: *800 MANOR DRIVE, CHALFONT, PA 18914*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: *Karen Searle* Phone: *2159978700* Email: *ksearle@5SQC.COM,*

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
 Address: *255 WASHINGTON STREET,SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*  
 Phone: *2159978700* Email: *shaines@5ssl.com*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/15/1998* Issued By: *Commonwealth of PA, L&I*  
 Type: *Other* Date: *04/19/2007* Issued By: *New Britain Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/12/2020*

**Inspection Dates and Department Representative**

*10/21/2020 - On-Site: Dean Gray, David Carrion*  
*11/04/2020 - Off-Site: Dean Gray*  
*11/05/2020 - Off-Site: Dean Gray*  
*11/10/2020 - Off-Site: Dean Gray*  
*11/12/2020 - Off-Site: Dean Gray*  
*11/13/2020 - Off-Site: Dean Gray*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *80*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *8/18*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 2

Diagnosed with Mental Illness: 1

Have Mobility Need: 25

Are 60 Years of Age or Older: 78

Diagnosed with Intellectual Disability: 1

Have Physical Disability: 3

**Inspections / Reviews****10/21/2020 - Partial**Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *12/11/2020***12/14/2020 - POC Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *01/04/2021***1/12/2021 - Document Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

## 51 - Criminal Background Check

### 1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

### Description of Violation

Staff person A was hired on [REDACTED], the home did not complete a criminal history background.

### Plan of Correction

Accept

- 1.) Prior to any team member starting at the community, the Administrator will confirm and approve that a criminal history check was completed in accordance with the Older Adult Protective Services Act and 6. Pa Code Chapter 15 (relating to protective services for older adults.
- 2.) Compliance of this Act will be reported at the quarterly QA meetings.
- 3.) Business office manager or designee will utilize a new hire checklist to ensure that all requirements are met prior to starting their position with NewSeasons at New Britain (See attached A 2600.51).
- 4.) Executive Director or designee will sign off on the new hire checklist to ensure that all documentation was received.

Completion Date: 12/11/2020

### Document Submission

Implemented

uploaded

## 60a - Staff/Support Plan

### 1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

### Description of Violation

Direct care staff are required to help serve breakfast and lunch to the residents in their rooms and are also required to pick up the serving trays once the residents have finished eating. According to interviews completed while onsite on 10/21/20, these additional responsibilities interfere with staff being able meet the needs of the residents.

### Plan of Correction

Accept

1. Staffing was adequate on the date 10/21/2020 due to having Agency as well as our own staff on board. On 10/21/2020 there were 25 immobile. Total Census: 80 Total numbers of hours for direct care staff was 105. See attachment B 2600.60a (Staffing payroll report & Agency time sheets).
2. Due to Covid-19 and the state guideline of "No Gathering" residents are served in their apartments. This is part of their care and should be considered in the HPRD hours. The staff goes in and out of resident rooms answering call bells as well as delivering their meals and collecting their meal trays. This is considered meeting the needs of the residents.
3. Information regarding resident care needs, including behavioral needs and risk for falls, will be shared with the management team at morning stand-up meeting.

Completion Date: 10/21/2020

### Document Submission

Implemented

completed

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 10/21/20, a tube of Preparation H prescribed for resident #1, was in the home's medication cart; however, this is not an active prescription.

Plan of Correction

Accept

1. The Director of Resident Care or her designee will re-educate the medication administration staff by December 15, 2020, ensuring that each medication listed on the MAR is in the medication cart and any medications in the cart without a prescription be d/c.

2. The LPN or her designee will audit the carts weekly to ensure that any medication without a prescription is removed from the cart. They will also audit the medication carts weekly to ensure that all medications in each medication cart are listed on the MAR. Audits will be completed weekly x 2 months until 100% compliant. Results will be reviewed at the quarterly QA meeting.

Completion Date: 12/15/2020

Document Submission

Implemented

completed

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.

Description of Violation

Resident #1 is prescribed Acetaminophen 325 MG Tabs and Bisacodyl 10 MG Supp as needed. On 10/21/20 these medications were not available in the home.

Resident #2 is prescribed Guaifenesin DM 10-100 M and Triamcinolone 1% Cream as needed. On 10/21/20 these medications were not available in the home.

Plan of Correction

Accept

1. The Director of Resident Care re-educated the medication administration staff on the six rights of on medication administration on 12/1/2020 and 12/3/2020. See attachment C 2600.185a.

2. The 11-7 charge nurse/designee will audit the medication carts to ensure that medications are available and ordered as applicable. Audits will be completed weekly.

3. This will be reviewed at the quarterly QA meeting.

Completion Date: 12/03/2020

Document Submission

Implemented

completed

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record *(continued)*

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #2 is prescribed Risperidone 1 MG Tablet - take 1 tablet by mouth at bedtime 8 pm. However, the resident's October 2020 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).*

**Plan of Correction**

**Accept**

1. *The Director of Resident Care re-educated the medication administration staff on 12/1/2020 and 12/3/2020 on the six rights of on medication administration. See attachment C 2600.187a.*
2. *The 11-7 charge nurse/designee will audit the MARS on a weekly basis to ensure that a proper diagnosis or purpose of medication is included for each medication.*
3. *The Director of Resident Care or her designee will review the MARS on a monthly basis to ensure that all medications have a diagnosis listed on the MAR.*
4. *This will be reviewed at the quarterly QA meeting.*

**Completion Date:** 12/03/2020

**Document Submission**

**Implemented**

*completed*

187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #1 is prescribed Meloxicam 15 MG Tablet - take 1 tablet by mouth at bedtime 8 PM. Resident #1's October 2020 medication administration record does not include the initials of the staff person who administered the medication on 10/12/20 at 8:00 PM.*

*Resident #2 is prescribed Senna (Geri-Kot) 8.6 MG - take 1 tablet by mouth twice daily 8AM/8PM. Resident #2's October 2020 medication administration record does not include the initials of the staff person who administered the medication on 10/08/20 at 8:00 PM.*

*Resident #2 is prescribed Risperidone 1 MG Tablet - take 1 tablet by mouth at bedtime 8PM. Resident #2's October 2020 medication administration record does not include the initials of the staff person who administered the medication on 10/06/20 and 10/11/20 at 8:00 PM.*

## 187b - Date/Time of Medication Admin. (continued)

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

1. The Director of Resident Care re-educated the medication administration on 12/3/2020.
2. Weekly audits will be completed by 11-7 charge nurse/designee for one month and then bi-weekly until 100% compliant.
3. The Director of Resident Care or her designee will review the MARS on a monthly basis to ensure that all medications have proper documentation.
4. This will be reviewed at the quarterly QA meeting

Completion Date: 12/03/2020

**Document Submission****Implemented**

completed

## 190a - Completion Medication Course

**1. Requirements**

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Repeat Violation**

Staff persons B, C and D has not successfully completed the Department-approved medications administration course and had been actively administering medications to residents.

Repeat Violation: 01/09/2020

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

1. As a check, Staff Person B was observed by community observer for three (3) satisfactory medication passes which has been documented in [REDACTED] medication administration certification file and was permitted to resume [REDACTED] CMA responsibilities. Staff person D has been removed from the cart and will be completing a new medication administration test by December 31, 2020.
2. Staff person C had completed her initial medication administration training course and test at another community. [REDACTED] has been observed by a community observer and has passed the observations and was permitted to resume [REDACTED] CMA responsibilities.
3. The DRC will ensure that all annual practicum for medication training will be completed on a bi-yearly basis. A MAR review of each CMA will be completed on a bi-yearly basis.
4. Executive Director will review the Medication Administration binder to ensure that all CMAs have completed training and observations are done in a timely manner.
5. Results will be reviewed at the Quarterly QA meeting.

Completion Date: 12/31/2020

**Document Submission****Implemented**

uploaded

## 225a - Assessment 15 Days

**1. Requirements**

2600.

225a - Assessment 15 Days *(continued)*

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**

*Resident #3 was admitted on [REDACTED]; however, the resident's assessment was not completed until 09/24/2020.*

**Plan of Correction**

**Accept**

1. *The Director of Resident Care/designee will re-educate the nursing staff by December 15, 2020 ensure that all residential support plans are properly completed within 15 days.*
2. *The Director of Resident Care or her designee will audit new admissions within 15 days after move-in to ensure all resident documents are in compliance.*
3. *This will be reviewed at the quarterly QA meetings.*

**Completion Date:** 12/15/2020

**Document Submission**

**Implemented**

*completed*

225c - Additional Assessment

**1. 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 #4's assessment, dated 12/18/19, does not indicate the degree of need to meet the resident's personal care need.*

*Resident #4's Assessment, dated 12/18/19, indicates the resident needs Nectar Thickened liquid, thin with Special cup under the "Eating" personal need, Resident has Honey Thick Fluid Order under the "Drinking" need and Mechanical Soft/ Honey Thick Fluids in the "Dietary Need" Category. These needs are not listed in the "Special Health or Dietary Needs" section of the Documentation of Medical Evaluation (DME) dated 09/18/19.*

*Resident #4's Assessment, dated 12/20/18, indicates the resident needs Nectar Thickened liquid, thin with Special cup under the "Eating" personal need, Resident has Honey Thick Fluid Order under the "Drinking" need and Mechanical Soft/ Honey Thick Fluids in the "Dietary Need" Category. These needs are not listed in the "Special Health or Dietary Needs" section of the DME dated 10/18/18, in fact this area is marked "None" to indicate there are no dietary restrictions.*

*Resident #4's Assessment, dated 12/18/19, has Osteoarthritis, Allergy PCN,NSAIDS, HX DVT, and Hematoma listed under Medical Diagnoses - Physical. These diagnoses are not listed on resident's DME.*

*Resident #3's Assessment, which has a signature date of 09/24/20, has Anxiety, Depression, Hypertension and Hypothyroidism listed under Medical Diagnoses - Physical. These diagnoses are not listed on resident's DME.*

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

1. Director of Resident Care completed new RASPs for Resident #3 and #4 assessments by December 15, 2020.
2. The Director of Resident Care or designee will re-educate the nursing staff by 12/15/2020 on accurate DME and RASP documentation.
3. The tickler filer system is maintained by the Director of Resident Care or designee to assure that DME and RASPs are in compliance.
4. The Executive Director will review at the QA meetings.

Completion Date: 12/15/2020

**Document Submission****Implemented**

uploaded

## 251c - Standardized Forms

**1. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

**Description of Violation**

Page 2 of resident #3's DME, dated 08/28/20, is blank with a note in the margin reading "See H&P and notes". Along with the DME is a Physician Discharge Summary.

Three RASPs were presented for resident #4;

- One dated 12/20/18 with a signature date of 12/20/18 by the Executive Director and a signature date of 12/20/19 by the resident, both signatures are in blue ink. This RASP is accompanied by a sticky note stating "wrong date s/b 12/20/18" by the resident's signature.
- A second RASP dated 12/18/19 with a signature date of 12/20/18 by the Executive Director and a signature date of 12/20/19 by the resident, both signatures are in blue ink. No note accompanies this RASP.
- A third RASP dated 12/18/19 with a signature date of 12/18/19 by the Executive Director and a signature date of 12/18/19 by the resident. The resident's signature on this RASP is more like a scribble instead of a signature as shown on the previous RASPs.

All three of these RASPs for resident #4 contain the same errors or typos:

- Under Section 2: Medical, Dental, Dietary, and Sensory Needs section: The responsible party for the first medical diagnosis; "Euresis" has an "X" next to both DCS and N/A
- Under Part III: Summary and Determination the home includes a comment that "...support form hospice services are no longer needed.". The typo is that the home should have said ...support **from** hospice service...

The errors outlined above indicate the home is not using the standardized forms correctly. Further it would appear that the home reuses older forms and simply changes the date as evidenced by the multiple errors on resident #4's RASPs.

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

1. Upon move in/significant change/annually the Administrator/designee will ensure all standardized forms are accurately completed.
2. The DRC/designee will review and assure that all paperwork is complete. Once this is reviewed by DRC/designee will send the completed standardized forms to the Executive Director/designee who will audit and initial that it has been completed accurately.

Completion Date: 12/31/2020

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**251c - Standardized Forms** *(continued)*

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**Document Submission**  
*completed***Implemented**

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