

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]
SNH PENN TENANT LLC
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 09/09/2022, 09/12/2022 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

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

Facility Information

Name: *NEWSEASONS AT NEW BRITAIN* License #: *14508* License Expiration: *01/01/2023*
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: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/15/1998* Issued By: *Commonwealth of PA - L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *09/12/2022*

Inspection Dates and Department Representative

09/09/2022 - On-Site: [REDACTED]
09/12/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *65*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

09/09/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

10/13/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2022

10/20/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/23/2022

10/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

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 sustained a falling. The home did not enter the date when they reported this incident to the Department.

On [REDACTED], resident 2 [REDACTED]. The home did not enter the date when they reported this incident to the Department.

On [REDACTED], resident 3 had an incident of abuse. The home did not report this incident to the Department until 8/4/22.

POC Submission

Accept ([REDACTED] - 10/20/2022)

All reportable incidents will be reviewed by the interdisciplinary team within 24 hours of reporting during the daily standup/QA meetings. Any missed information will be identified and updated and an addendum, if applicable will be sent to the department to explain the update. The home reported the allegation of abuse upon notification, however conflicting dates/times were reported. Allegation submissions will be reviewed by both the DRC/designee and Executive Director/designee to avoid any delay or errors in submission. Team members were re-trained on 9/23/2022, 9/24/2022, 9/6/2022, 9/7/2022, 9/8/2022, 9/9/2022, 9/10/2022, and 9/13/2022 by the Executive Director and Director of Resident Care on reporting and prevention of Abuse and Resident Rights. See attachment A (QA form)

Licensee's Plan Completion Date: 10/17/2022

Implemented ([REDACTED] - 10/29/2022)

28d - Resident's Discharge

2. Requirements

2600.

28.d. If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.

Description of Violation

Resident 1, moved out of the home on [REDACTED]. The home failed to refund the balance due within the 30 day limit. The home sent the refund check on [REDACTED]. The home does not require prior notice of a resident's departure from the home.

Resident 4, moved out of the home on [REDACTED]. The home failed to refund the balance due within the 30 day limit. The home has not sent the refund check as of [REDACTED]. The home does not require prior notice of a resident's departure from the home.

POC Submission

Accept ([REDACTED] - 10/13/2022)

Resident 1 billing ended [REDACTED] with move out [REDACTED]. At time of move out resident had a balance due of [REDACTED]. Payment received and posted on [REDACTED] resulting in a refund in the amount of [REDACTED]. Refund sent [REDACTED]

28d - Resident's Discharge (continued)

██████████ (4 days arrears, not 51 days as referenced by the department). Resident 4 refund submitted timely by the community on ██████████, but not processed by parent office until ██████████. Family notified community on ██████████ check had not been received. Stop payment completed on outstanding check and auto payment completed into resident bank account on ██████████ not outstanding as of ██████████ as indicated by the department.

Effective immediately and ongoing all resident discharged accounts will be reviewed weekly by ED and Business Office Manager to assure timely refunds by community and parent office within 30 days of discharge/room cleared date. A notebook will be retained of all refund documentation for a period of 1 year following last inspection for Department Review.

Licensee's Plan Completion Date: 10/05/2022

Implemented ██████████ - 10/29/2022)

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 5 passed away on ██████████ Resident 4's personal belongings were removed from ██████████ room on ██████████; however, the refund check was not issued until ██████████

POC Submission

Accept ██████████ - 10/13/2022)

Since the period of 12/1/2021, the process of refunds has been reassigned from the parent company to the community. Effective immediately and ongoing all resident discharged accounts will be reviewed weekly by ED and Business Office Manager to assure timely refunds by community and parent office within 30 days of discharge/room cleared date. A notebook will be retained of all refund documentation for a period of 1 year following last inspection for Department Review.

Licensee's Plan Completion Date: 10/05/2022

Implemented ██████████ - 10/29/2022)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

Staff person A began yelling at resident 3 because ██████████ demanded that the resident use the walker to go to the bathroom. Resident 3 refused to use it because ██████████ hurt. As a result, staff person A tossed the resident's ottoman into a chair. Resident 3 became agitated ██████████ not like anyone coming into ██████████ room and moving ██████████

42c - Treatment of Residents (continued)

belongings. Resident 3 informed staff person A that [REDACTED] needed to leave, but the staff person did not. [REDACTED] stayed for another half hour after [REDACTED] was asked to leave. Resident 3 stated that staff person A was rude and used profanity. Resident 3 stated [REDACTED] terrified of staff person A.

POC Submission

Accept [REDACTED] - 10/13/2022)

Staff person A was suspended pending investigation immediately upon notification of allegation and subsequently Staff Person A's employment was terminated [REDACTED]. Current Staff were re-educated on Abuse Prevention, Reporting, and Resident Rights beginning [REDACTED]. See Attachment B (proof of training)

Licensee's Plan Completion Date: 10/05/2022

Implemented [REDACTED] - 10/29/2022)

65d - Initial Direct Care Training**5. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test as of [REDACTED]

65d - Initial Direct Care Training (*continued*)**POC Submission**

Accept [REDACTED] - 10/13/2022)

Direct Staff Person B completed the direct care training competency test on [REDACTED] See Attachment C – proof of direct care training.

Direct Care Training competency course and certificate has been added to general orientation effective [REDACTED] if the direct care staff has not been able to present a completed certificate. General orientation is completed prior to the staff member's job orientation.

Licensee's Plan Completion Date: 10/05/2022

Implemented [REDACTED] - 10/29/2022)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 09/12/22, the rugs in resident #6's bedroom had big dark stains that looked like liquid spills.

POC Submission

Accept [REDACTED] - 10/13/2022)

Resident #6's rug was cleaned by maintenance on 9/13/2022. Resident #6 is alert and oriented x 3 and was advised to report any spills requiring cleaning timely. Effective immediately all staff will report spills/stains on residents' carpets to the Maintenance Director to assure timely carpet floor care and/or replacement, if applicable.

Licensee's Plan Completion Date: 10/05/2022

Implemented [REDACTED] - 10/29/2022)

85e - Trash Outside Home

7. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 09/12/22, there was an old med cart, an old broken tarp, two charcoal containers, and a barbecue grill outside the dumpsters.

POC Submission

Accept [REDACTED] - 10/13/2022)

All items were removed and discarded on 9/12/2022. Large items will be placed directly in the dumpster at the time of disposal. Items that cannot be placed in the dumpster will be tagged for pick up from disposal company at a time separate from routine pick up. Grill/smoker will be placed in storage when not in use. Compliance will be monitored by the Maintenance Director and Executive Director through routine rounds.

Licensee's Plan Completion Date: 10/05/2022

Implemented [REDACTED] - 10/29/2022)

86b - Bathroom

8. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom [REDACTED] does not have an operable window or ventilation fan. The ventilation fan is inoperable, and there are no windows in the bathroom.

POC Submission

Accept ([REDACTED] - 10/13/2022)

The bathroom fan was replaced on 9/13/2022. Effective immediately rounds will be completed by Maintenance on bathroom fans on 2 wings/week to confirm functioning of bathroom fans. Inoperable fans will be repaired/replaced immediately if identified as inoperable. A supply of replacement fans will be kept onsite to maintain compliance.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 10/29/2022)

88a - Surfaces

9. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 09/12/22, there were at least three water-damaged ceiling tiles and one missing tile at the facility's entrance.

POC Submission

Accept ([REDACTED] 10/13/2022)

The water-damaged ceiling tiles were repaired/replaced on 9/13/2022. Effective immediately, routine rounds will be completed by Maintenance weekly and damaged/soiled ceiling tiles will be repaired/replaced immediately if identified. A supply of replacement tiles will be maintained onsite for immediate repair/replacement. The Executive Director/designee will observe compliance through routine rounds of the community.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 10/29/2022)

95 - Furniture and Equipment

10. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 09/12/22, the toilet paper holder in resident 6's bathroom was broken.

POC Submission

Accept ([REDACTED] - 10/13/2022)

Resident #6's toilet paper holder was repaired/replaced by maintenance on 9/13/2022. Resident #6 is alert and oriented x 3 and was advised to report any repairs timely. Effective immediately all staff will report repair needs to

95 - Furniture and Equipment (continued)

the Maintenance Director to assure timely carpet floor care and/or replacement, if applicable. Effective immediately rounds will be completed by Maintenance on repair needs on 2 wings/week. Repairs will be completed immediately if able to repaired by inhouse staff. Outside contractors will be obtained as applicable.

Licensee's Plan Completion Date: 10/05/2022

Implemented (████) - 10/29/2022)

100a - Exterior - Free of Hazards**11. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 09/12/22, the exterior of the building and the building grounds were in disrepair. The side-walk is broken and was elevated one and a half inches from the ground presenting a tripping hazard.

POC Submission

Accept (████) - 10/13/2022)

Quotes are being obtained to select a vendor to repair/replace sidewalk areas identified as hazardous. Completion of the repair/replacement will be completed by 12/31/2022 weather permitting. The department will be notified by the community upon completion of the repair/replacement.

Licensee's Plan Completion Date: 12/31/2022

Implemented (████) - 10/29/2022)

103d - Storing Food Off Floor**12. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 09/12/22, there were twelve 5 gallon water jugs stored on the floor inside the boiler room.

POC Submission

Accept (████) - 10/13/2022)

The twelve 5 gallon water jugs were corrected on 9/12/2022 by placing them on a skid. A shelving unit has been ordered and will be utilized to assure continued compliance with storage of water jugs.

Licensee's Plan Completion Date: 10/05/2022

Implemented (████) - 10/29/2022)

109b - Rabies Vaccination**13. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 09/09/22, 1 cat was present at the home. The home does not have a current certificate of rabies vaccination. The

109b - Rabies Vaccination (continued)

last rabies vaccination certificate expired on June 11, 2022.

POC Submission

Accept (█ - 10/13/2022)

Vaccination was corrected for the 1 cat present in the home on 9/23/2022. See attachment D; proof of vaccination. Vaccination record compliance will be reported at the QI committee to assure compliance.

Licensee's Plan Completion Date: 10/05/2022

Implemented (█ - 10/29/2022)

141a 1-10 Medical Evaluation Information**14. 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 7's medical evaluation did not include special health or dietary needs of the resident.

POC Submission

Directed (█ 10/20/2022)

Resident #7's medical evaluation was completed by the physician and had "None" checked for special health needs. The Dietary needs on page 2 was checked as "Heart Healthy". The community is respectfully requesting removal of this violation upon review of the attached document "Attachment E: Medical Evaluation" and the copy provided and scanned by the inspector on 9/9/2022. Medical Evaluations will be reviewed by the Director of Resident Care or Executive Director upon receipt to confirm completeness. Director of Resident Care/Designee will contact PCP immediately if incomplete and request completion for compliance with this regulation.

Directed

Within 10 calendar days of receipt of the accepted plan of correction: All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation. Documentation of education shall be kept. The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

█ 10/20/22

141a 1-10 Medical Evaluation Information (continued)

Directed Completion Date: 10/18/2022

Implemented () - 10/29/2022

162c - Menus Posted

15. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 09/12/22-09/18/22 was posted. However, the menu for the following week from 09/19/22-09/25/22 was not posted.

POC Submission

Accept () - 10/13/2022

The menu for week 9/19/2022-9/25/2022 was corrected on 9/12/2022 upon arrival of the Dining Services Director. The Executive Director/designee will confirm compliance with this regulation during Monday rounds.

Licensee's Plan Completion Date: 10/05/2022

Implemented () - 10/29/2022

185a - Implement Storage Procedures

16. 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

On 09/12/22, a [REDACTED] was observed in the medication lock box belonging to resident 8. The count on the [REDACTED]

POC Submission

Accept () - 10/20/2022

The [REDACTED] was immediately corrected at time of inspection. Staff will sign out [REDACTED] immediately after pouring/popping blister card to assure compliance with 2600.185a. Medication Administration staff have been re-educated on this process by the Director of Resident Care on 9/28/2022, 9/29/2022, and 10/4/2022. See attachment F – acknowledgement of [REDACTED] documentation.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 10/29/2022

224a - Preadmission Screen Form

17. 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.

224a - Preadmission Screen Form (*continued*)**Description of Violation**

Resident 7 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not dated when it was completed.

Resident 9 was admitted to the home on [REDACTED]. However, the resident's preadmission screening form dated [REDACTED] does not specify if the needs of the resident can be met by the services provided by the home.

POC Submission

Accept ([REDACTED] - 10/13/2022)

Effective immediately the pre-admission screening form will be reviewed by the Director of Resident Care/designee on the day of move in to ensure that all information is complete for compliance.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 10/29/2022)

225a - Assessment 15 Days

18. 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

Resident 9 was admitted on [REDACTED] however, the resident's assessment was not completed [REDACTED]

POC Submission

Accept ([REDACTED] - 10/13/2022)

Effective immediately the Director of Resident Care/designee will complete the assessment within 15 days of move in. All move in documentation will be reviewed twice per month to ensure compliance. Compliance will be reported at the QA meeting.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 10/29/2022)

252 - Record Content

19. 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.

252 - Record Content (*continued*)

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.
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 3's record does not include a copy of the abuse incident.

Resident 3's and 10's face sheets do not include hair and eye color, as well as religion.

Resident 7's face sheet does not include the hair or eye color.

POC Submission

Accepted (████) - 10/13/2022)

The face sheets for residents 3, 10, and 7 were corrected on 9/10/2022. An admission checklist has been implemented for compliance with required resident information. See Attachment G – admission checklist and Attachment H: Facesheet for residents 3, 10, and 7

Resident #3's copy of the abuse allegation incident has been placed in the resident record located in the business office to assure confidentiality of staff member names reported on the form. At the time of the inspection, the incident was considered active as the department had not rendered a decision on the allegation. As a result, the record was maintained in the Executive Director office for the safety and confidentiality of both the resident and any staff members noted in the submission. The community respectfully requests reconsideration of this violation.

Licensee's Plan Completion Date: 10/05/2022

Implemented (████) - 10/29/2022)