Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

August 12, 2024

[redacted], REGIONAL DIRECTOR OF OPERATIONS
SNH PENN TENANT LLC

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 05/06/2024, 05/07/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *NEWSEASONS AT NEW BRITAIN* **License #**: *14508* **License Expiration**: *01/01/2025*

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: *255 WASHNGTON STREET, STE 230, ATTN LICENSING, NEWTON, MA, 2458*

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/07/2024*

Inspection Dates and Department Representative

05/06/2024 - On-Site: [redacted]

05/07/2024 - 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: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *64*

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

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

05/06/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/27/2024*

05/29/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/09/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/28/2024*

Inspections / Reviews *(continued)*

08/12/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *08/09/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

64a - Admin Training

1. Requirements

2600.
64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
1. An orientation program approved and administered by the Department.

Description of Violation

Staff person ██ who is the home's administrator, has not attended an orientation program approved and administered by the Department.

Plan of Correction ***Accept (██ - 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2024 by the Executive Director to enroll in the orientation class scheduled on Wednesday June 12, 2024.

To enhance the currently compliant operations, on 06/12/2024 the Executive Director will participate and complete the 8 hour course with a completion date of 06/12/2024.

Effective 05/24/2024 the Regional Director of Operations will review E.D required documents and training prior to first day if community hires a new E.D. in the future to maintain ongoing compliance with ensuring that prior to initial employment as an administrator, a candidate successfully completes orientation.

Proposed Overall Completion Date: 06/12/2024

Licensee's Proposed Overall Completion Date: *06/12/2024*

Implemented (██ - 08/12/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B and C completed only 1 hour of annual training in training year 2023.

Plan of Correction ***Accept (██ - 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Executive Director to notify staff members of missing training and informed training must be completed by 5/31/24.

To enhance the currently compliant operations, on 05/22/2024 the Executive Director conducted an audit of current direct care staff files to ensure compliance.

Effective 05/27/2024 the E.D. will perform audits on 2 direct care staff files bi-weekly x 4 weeks then monthly x 2 months through 08/27/2024 to maintain ongoing compliance with ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

65e - 12 Hours Annual Training (continued)

Proposed Overall Completion Date: 05/31/2024

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (█ - 08/12/2024)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B and C did not receive training in the topics listed above during training year 2023.

Plan of Correction ***Accept (█ - 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Executive Director to notified staff members of missed training.

To enhance the currently compliant operations, on 05/08/2024 the Executive Director will complete training with the 2 staff members by 5/31/2024.

Effective 05/07/2024 the Executive Director will perform biweekly x 4 weeks then monthly x 2 months audit 2 direct care staff files through 08/27/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, and medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

65f - Training Topics (continued)

Proposed Overall Completion Date: 05/31/2024

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 08/12/2024)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
5. Falls and accident prevention.

Description of Violation

Staff person B and C did not receive training in the topics listed above during training year 2023.

Plan of Correction ***Accept (- 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Executive Director to notify staff members of missed training.

To enhance the currently compliant operations, by 05/31/2024 the E.D. will provide training for staff members on the missed topics. E.D. also conducted an audit on 5/20 of current direct care staff files to ensure compliance.

Effective 5/27 the E.D. will perform bi-weekly x 4 weeks then monthly x 2 months E.D. will audit 2 direct care staff files through 08/27/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and falls and accident prevention. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 08/12/2024)

96a - First Aid Kit

5. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen does not include a thermometer.

96a - First Aid Kit *(continued)*

Plan of Correction ***Accept (- 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Director of Culinary Services by placing a thermometer in the first aid kit in the kitchen.

To enhance the currently compliant operations, on 05/23/2024 the Director of Resident Care conducted audits of ALL first aid kits in the community to ensure compliance. All kits were found to be in compliance, with a completion date of 05/23/2024.

Effective 05/27/2024 the Director of Resident Care will perform bi-weekly for 4 weeks/then monthly x 2 months audit first aid kits through 08/27/2024 to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented (- 08/12/2024)

121a - Unobstructed Egress

6. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 05/06/2024 at 10:05 AM, the home's first floor north hallway exit door was difficult to open due to a strip of insulation stuck under the door.

Plan of Correction ***Accept (- 05/29/2024)***

In response to the violation on 05/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2024 by the Maintenance Director to remove strip of insulation from the door on the north hallway exit door.

To enhance the currently compliant operations, on 05/07/2024 the Maintenance Director checked all stairways, hallways, doorways, passageways and egress routes to ensure compliance with regulation 121a. No other areas were found to be out of compliance.

Effective 05/27/2024 the MD will perform biweekly x 4 weeks, then monthly x 2 months inspections through 08/27/2024 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

121a - Unobstructed Egress *(continued)*

Implemented (█ - 08/12/2024)

141a 1-10 Medical Evaluation Information

7. 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 #1's medical evaluation dated █ did not include the resident's height, weight, and pulse rate. The special health and dietary needs was checked on Secure Dementia Care (for SDCU admissions only) when the home has no SDCU.

Resident #2's medical evaluation dated █ did not include (1) general physical examination and (4) special health or dietary needs.

Resident #3's medical evaluation dated █ did not include (7) the resident's ability to self-administer medications.

Repeat Violation: 09/09/2022 et al.

Plan of Correction ***Accept (█ - 05/29/2024)***

Resident #1 has been out of the community since █ and has since been discharged. Resident#2's DME from █ was not updated and the current DME is accurate. Resident#3's DME from █ was not updated and the current DME is accurate. On 5/21/24, Director of Resident Care and E.D. 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 5/27/24, 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.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented (█ - 08/12/2024)

141b1 - Annual Medical Evaluation

8. Requirements

141b1 - Annual Medical Evaluation *(continued)*

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 05/29/2024)***

On 5/22/24, ED and Director of Resident Care (DRC) conducted an audit of current resident's medical evaluations to ensure they are in compliance with regulation 2600.141b. No other medical evaluations were found to be out of compliance.
Starting 5/27/24, 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.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented ([redacted] - 08/12/2024)

184a - Resident's Meds Labeled

9. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #4 is prescribed Lorazepam 0.5 mg twice a day. However, the pharmacy label for this medication read every 12 hours as needed, requiring a direction change sticker.

Resident #5 is prescribed Warfarin 5 mg on Saturday, Sunday, and Monday. However, the resident's Warfarin 5 mg blister pack read Sunday, Monday, Wednesday, Friday, and Saturday, requiring a direction change sticker.

Plan of Correction ***Accept ([redacted] - 05/29/2024)***

Nurse immediately applied directions changed stickers to package of Lorazepam 0.5mg tablets for resident #4 and package of Warfarin 5mg tablets for resident #5.
On 5/10/24, nurses conducted MAR to Cart audit to ensure compliance with regulation 184a. No other medication labels were found to be out of compliance.
On 5/16/24, nurses and medication techs were retrained on proper medication administration procedures, including the requirements in regulation 2600.184a.
Starting 5/27/24, nurses and med techs will conduct MAR to Cart audits biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.184a.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented ([redacted] - 08/12/2024)

184a - Resident's Meds Labeled *(continued)*

185a - Implement Storage Procedures

10. 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

The glucometer for resident #6 was not calibrated to correct time. It displayed 08:57 AM on 05/07/2024 at 09:50 AM.

Plan of Correction ***Accept (█ - 05/29/2024)***

Nurse immediately tried to calibrate the glucometer for resident #6 so it would display the correct time but was unsuccessful. Family was contacted to purchase a new glucometer, which they brought to the community on 5/20/24, and it was calibrated to display the correct time.
On 5/20/24, nurse audited glucometers currently in use to ensure compliance with regulation 2600.185. No other glucometers were found to be out of compliance.
On 5/16/24, nurses and medication techs were retrained on proper medication administration procedures, including the requirements in regulation 2600.185a.
Starting 5/27/24, nurses will check 2 glucometers biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.185a.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented (█ - 08/12/2024)

187b - Date/Time of Medication Admin.

11. 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 #5 is prescribed Tramadol 50 mg every 8 hours as needed. The resident's MAR does not include the initials of the staff person D who administered it on 05/06/2024 at 06:00 PM.

The staff who administered the resident's 08:00 AM resident #5's medications including Lisinopril 10 mg, Lexapro 10 mg, Gemtesa 75 mg on 05/07/2024 did not enter the initials at the time of the administration.

Resident #7 is prescribed Oxycodone 5 mg every 6 hours as needed. The resident's May medication administration record does not include the initials of the staff person E who administered it on 05/06 at 03:00 AM.

Resident #8 is prescribed Tramadol 50 mg every 8 hours as needed. The resident's MAR does not include the initials of the staff person E, who administered it on 05/02/2024 at 09:00 AM , or staff person D, who administered this medication on 05/05/2024 at 08:00 PM.

Plan of Correction ***Accept (█ - 05/29/2024)***

On 5/7/24, staff persons D and E who were responsible for the missing documentation for the medications listed

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

for residents #5, #7 and #8 corrected the MARs to reflect the administration of those medications.
On 5/08/24, nurses conducted MAR to Cart audit to ensure compliance with regulation 187b. No other medication labels were found to be out of compliance.
On 5/16/24, nurses and medication techs were retrained on proper medication administration procedures, including the requirements in regulation 2600.187b.
Starting 5/27/24, nurses and med techs will conduct MAR to Cart audits biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.187b.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented (- 08/12/2024)

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

Resident #4 is prescribed Tamsulosin 0.4 mg cap once daily at 07:00 PM. However, the resident was not administered this medication on 05/06 at 07:00 PM because it was not available in the home.

Resident #9 is prescribed 20 units of Tresiba insulin at 07:00 PM. This medication was not administered on 05/01/2024 and 05/03/2024.

Plan of Correction ***Accept (- 05/29/2024)***

On 5/7/24, the hospice service for resident #4 was notified that needed Tamsulosin. Hospice nurse ordered it and it was delivered later that day. Hospice doctor was notified that resident missed the dose of Tamsulosin on 5/6/24 at 7pm. No ill effects noted. No new orders received.
On 5/7/24, at time of inspection, the nurse who administered the Tresiba insulin to resident #9 on 5/1/24 and 5/3/24 corrected the MAR to reflect the administration of that medication.
On 5/9/24, nurses conducted MAR to Cart audit to ensure compliance with regulation 187d. No other medication labels were found to be out of compliance.
On 5/16/24, nurses and medication techs were retrained on proper medication administration procedures, including the requirements in regulation 2600.187d.
Starting 5/27/24, nurses and med techs will conduct MAR to Cart audits biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.187d

Proposed Overall Completion Date: 05/27/2024

Licensee's Proposed Overall Completion Date: *05/27/2024*

Implemented (- 08/12/2024)

224a - Preadmission Screen Form

13. 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 #10 was admitted to the home on ; however, the resident's preadmission screening form was completed on

Repeat Violation: 09/09/2022 et al.

Plan of Correction ***Accept (- 05/29/2024)***

On 5/13 and 5/14, ED and DRC conducted an audit of current residents' preadmission screening forms to ensure they are in compliance with regulation 2600.224a. No other preadmission screening forms were found to be out of compliance. To prevent this from occurring, ED will review all pre-screens prior to a new resident moving into the community.
Starting 5/28/24, DRC or designee will audit 2 residents' preadmission screening form biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.224a

Proposed Overall Completion Date: 05/28/2024

Licensee's Proposed Overall Completion Date: *05/28/2024*

Implemented (- 08/12/2024)

227d - Support Plan Medical/Dental

14. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #11 uses a halo to help with transferring in/out of bed. However, the resident's assessment/support plan (RASP) dated does not address the use of this device.

Resident #12 has been getting medication administration services since . However, the resident's RASP dated was not updated to reflect this change.

Plan of Correction ***Accept (- 05/29/2024)***

On 5/8/2024, the halo device for resident #11 was added to the RASP Addendum and it was signed by the resident and DRC.
• On 5/8/2024, medication administration services were added to the RASP Addendum for resident #12 and it was signed by the resident and DRC.
• On 5/13/24, ED and DRC conducted an audit of current resident's resident assessment and support plan (RASP) to ensure they are in compliance with regulation 2600.227d. No other RASPs were found to be out of compliance.
• Starting 5/28/24, DRC or designee will audit 2 residents' RASPs biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.227d

227d - Support Plan Medical/Dental *(continued)*

Licensee's Proposed Overall Completion Date: *05/28/2024*

Implemented (- 08/12/2024)

251b - Record Entries Legible

15. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The fifth entry on the controlled medication log for resident #4's Lorazepam 0.5 mg was crossed out; however, it was not dated or signed by anybody, making it impossible to determine why it had to be crossed out.

Plan of Correction ***Accept (- 05/29/2024)***

On 5/7/24, the nurse who crossed out resident #4's Lorazepam on the controlled medication log wrote "error", initials and the date next to the entry.
On 5/21/24, DRC audited controlled medication log to ensure compliance with regulation 2600.251b. No other illegible record entries were found.
Starting 5/28/24, DRC will audit controlled medication log biweekly x 4 weeks then monthly x 2 months to ensure compliance with regulation 2600.251b

Proposed Overall Completion Date: 05/28/2024

Licensee's Proposed Overall Completion Date: *05/28/2024*

Implemented (- 08/12/2024)