

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHANDLER HALL HEALTH SERVICES, INC.

LEGAL ENTITY

To operate CHANDLER HALL HEALTH SERVICES, INC. - HICKS

NAME OF FACILITY OR AGENCY

Located at 99 BARCLAY STREET, NEWTOWN, PA 18940

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 5,

2010

until March 5,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129870

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 04 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Lynette M. Killen, CEO  
Chandler Hall Health Services, Inc.  
Chandler Hall Health Services, Inc. – Hicks  
99 Barclay Street  
Newtown, Pennsylvania 18940

Dear Ms. Killen:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2009, July 23, 2009 and January 29, 2010 and of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 1 of 4

12/09/2009 15:52 General

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Chandler Hall Health Services, Inc-Hicks 99 Barclay Street, Newtown 18940		<b>CURRENT LICENSE NUMBER</b> 129870	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) July 21-23, 2009		<b>REGIONAL REPRESENTATIVE</b> Metzger, Stone, Frey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 12/9/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura A. Helmutt</i>	<b>DATE</b> 1/11/10

1 REGULATION 55 Pa.Code § 2680.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
§32d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	Residents did not evacuate the entire building during fire drills that occurred on 8/29/2008, 10/30/2008, 11/24/2008, and 3/23/2009.	8/9/09	On the dates noted on this violation, the residents were not evacuated outdoors. We did not have a fire safe area designated within the building. Note attachment #6 dated 8/9/09. Fire safety expert identified an internal fire safe area. All future fire drills will evacuate to one of the fire safe areas identified in the evacuation letter. Director of Facilities will be responsible for monitoring	<i>man</i> 1/29/10

fire drills and evacuation, educate staff and residents, and monitor drills for compliance.

(FAX) 215 980 3458

P.0031046

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Chandler Hall Health Services, Inc-Hicks 99 Barclay Street, Newtown 18940		<b>CURRENT LICENSE NUMBER</b> 129870	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-23, 2009		<b>REGIONAL REPRESENTATIVE</b> Metzger, Stone, Frey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> <i>8/20/09</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> <i>12/2/09</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident #1's Sulfaletamide Ophthalmic Solution was discontinued on 7/11/2009. As of 7/22/2007 the medication had not been discarded.	<i>8/17/09</i>	<i>The medication, Sulfatamide Opth. Solution, was removed from the cart at the time of inspection. Memo was distributed to staff regarding proper medication procedures. Personal Care LPN will perform weekly checks to ensure ongoing compliance</i>	<i>mom 12/2/09</i>

*(See attachment #4)*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 3 of 4

12/09/2009 15:52 General

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Chandler Hall Health Services, Inc-Ficks 99 Barclay Street, Newtown 18940		<b>CURRENT LICENSE NUMBER</b> 129870	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) July 21-23, 2009		<b>REGIONAL REPRESENTATIVE</b> Metzger, Stone, Frey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kyrettz Ficks</i>	<b>DATE</b> 12/9/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura A Belmont</i>	<b>DATE</b> 1/11/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 (date and time of medication administration and 187a14 (name and initials of the staff person administering the medication) shall be recorded at the time the medication is administered.	The initials of the staff persons administering medications to residents were not logged on residents' medication records at the time of administration: <ul style="list-style-type: none"> <li>Resident #1-Citalopram, Senna Plus, Oscal, and Namenda on 7/19/2009 at 9:00 am</li> <li>Resident #2-Zocor on 7/17/2009 and 7/11/2009 at 9:00 pm</li> <li>Resident #3-Multivitamin and Exelon on 7/5/2009 at 9:00 am.</li> </ul> Repeated Violation-5127108, et al	8/17/09	Investigation revealed that staff members had provided the medication to the residents, but forgot to sign the MAR. Staff members were counseled regarding proper medication procedures. Memo of reminders was distributed to staff regarding procedures. T-3 LPN will be responsible for ongoing monitoring for compliance and MAR checks for Medication Certified Staff to ensure compliance (See Attachment #4) and proper medication administration and documents	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/11/10 Initials (DPW): <i>WJW</i>

(FAX) 215 860 3458

P.004/046

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Chandler Hall Health Services, Inc-Hicks 99 Barclay Street, Newtown 18940		<b>CURRENT LICENSE NUMBER</b> 129870	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) July 21-23, 2009		<b>REGIONAL REPRESENTATIVE</b> Metzger, Stone, Frey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Fayette M. Puller</i>	<b>DATE</b> 8/24/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Karina Helms</i>	<b>DATE</b> 12/2/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p><b>202</b> The following procedures are prohibited:</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident's body, is prohibited.</p>	<p>Four of the home's external doors have locking mechanisms that delay egress to the outside for 15 seconds. These locking mechanisms are prohibited by this regulation because the home is not licensed as a secure dementia care unit.</p>	<p>10/31/09</p>	<p>Currently working with alarm company to arrange plans to disengage magnetic locks while continuing to provide safety to all members of our community. Locks will be disengaged by 10/31/09</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable  11/29/10  <i>[Signature]</i>  Initials (DPW)</p>