

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate CHANDLER HALL HEALTH SERVICES, INC. - JORDANS-PHELPS

Located at 99 BARCLAY STREET, NEWTOWN, PA 18940

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 60  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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

and shall remain in effect from March 9, 2011 until March 9, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129890

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 14 2011

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

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

Dear Ms. Killen:

As a result of the Department of Public Welfare's licensing inspection on December 13, 2010, December 14, 2010, and December 16, 2010, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

The license indicates the home's recent change in the name of the home from Chandler Hall Health Services Inc. – Jordans to Chandler Hall Health Services Inc. – Jordans – Phelps.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

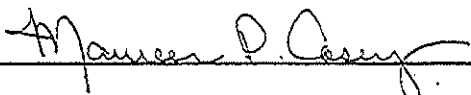

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 18

NAME AND ADDRESS OF PERSONAL CARE HOME CHANDLER HALL HEALTH SERVICES INC JORDANS-PHELPS, 99 BARCLAY STREET NEWTOWN, PA 18940		CURRENT LICENSE NUMBER 129890	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Laura Helmuth, Christine McHale, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Maurice P. Casey Chief Operating Officer</i>			
SIGNATURE OF LEGAL ENTITY <i>Maurice P. Casey</i>	DATE <i>12-29-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LHM</i>	DATE <i>2/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
42q A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.	Resident #1's contract reads, "A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home."	<i>12-31-10</i>	<ol style="list-style-type: none"> <li>1. The resident contract was updated on 12/14/10 by the Senior Director of Marketing and Sales to clarify the resident's contract indicating that the "residents may voluntarily perform tasks related directly to the resident's personal space" omitting the language regarding "and common areas of the home." (see attachment #1 pg.).</li> <li>2. A letter was distributed to current residents on 12/28/10 notifying them of the changes to the contract. (see attachment #2).</li> </ol>	<i>3/7/11</i> <i>LHH</i>

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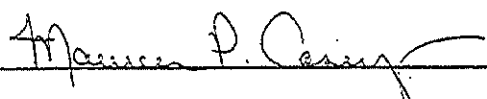

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65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	Staff Person A's training record for the fire safety training held on 9/23/09 does not include the length of the course.	12-31-10	<ol style="list-style-type: none"> <li>1. Record of training form was developed in July 2010 to include all of the necessary components for fire training records. This form has been used for all fire safety training since July 13, 2010. (see attachment #3)</li> <li>2. The department's recommended format for documentation of training has been implemented since July 2010 for all other staff inservices/trainings. (see attachment #4)</li> </ol>	3/7/11 C/M

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SIGNATURE OF LEGAL ENTITY <i>Margaret D. Cery</i>	DATE 12-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/18/11

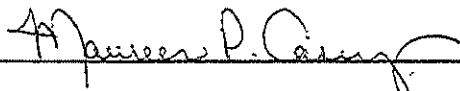

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Finish Electrasol, with a manufacturer's label indicating, "If ingested, do not induce vomiting, call a Poison Control Center or physician," was unlocked and accessible to residents under the sink in the kitchen on the second floor of the Phelps building. Residents of the home, including resident #2, have not been assessed capable of recognizing and using poisons safely.  Repeated Violation - 7/6/10, et al	12-31-10	<ol style="list-style-type: none"> <li>1. Resident #2 was assessed on 12/21 for the ability to capable to use and recognize poisons safely. (attachment #8). All other residents in the home have been assessed to be capable to use poisons.</li> <li>2. All residents will be assessed for their ability to use and recognize poisons safely during the preadmission screening process.</li> </ol> <p style="margin-top: 10px;"><i>If any resident is not safe to use or avoid poisonous materials, the materials will be stored in a locked area. WAF 2/18/11</i></p>	<p style="font-size: small; text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable 3/2/11 Initials (DPW) <i>[Signature]</i></p>

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	-There is no grab bar, hand rail or assist bar by the toilet in the middle stall in the men's bathroom in Wright Meeting Hall.  -There is no grab bar, hand rail or assist bar by the toilets in the middle and right stalls in the women's bathroom in Wright Meeting Hall.	12-23-10	1. Grab bars have been installed in all common area bathrooms in the Jordans/Phelps Manor House. Work was completed on 12/23/10.	3/7/11 cm

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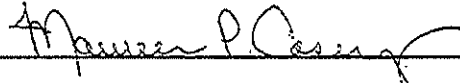

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127a Portable space heaters are prohibited.	On 12/13/10, a portable space heater was located in resident #3's room.	12-13-10	2. Portable space heater was removed from the resident's room on the day of inspection. All other resident rooms have been checked for space heaters. Care managers, maintenance, and housekeeping staff have been instructed to remove any space heaters that may be brought in by family members in the future.	3/7/11 CWA


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SIGNATURE OF LEGAL ENTITY  <i>James P. Casey</i>	DATE  12-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Miller</i>	DATE  2/18/11

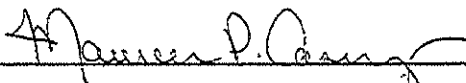
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130d If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.	The home does not have an interconnected fire alarm system. On 12/13/10, the home was serving 42 residents.	<del>2/28/10</del> 3/31/11 <i>WAF</i> 2/17/11	1. The alarm company has been contacted and has assessed what is required for the fire alarm system to be interconnected. We are awaiting notification of the estimate from the alarm company. <del>It is understood that issuance of a regular license will be issued.</del> <i>WAF</i> In the interim, we will utilize our pre-alarm fire notification system during drills and in the event that an alarm is activated.  <i>The alarms will be interconnected by 3/31/11.</i> <i>WAF</i> 2/17/11	Steps have been taken to correct violation; full compliance is not verifiable 3/17/11 <i>WAF</i> Date Initials (DPW)

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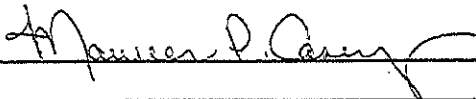

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183fi Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	-On 12/14/10, a bottle of Aspirin 81mg tablets belonging to resident #1 were in the home's medication cart and expired in May of 2010.  -On 12/14/10, Robitussin and a Z Pak prescribed for resident #4, were in the home's medication cart. These medications had been discontinued.  Repeated Violation - 7/6/10, et al	12-31-10          2/18/11	1. An audit of the medication cart will be conducted weekly by the PC LPN or designee to check for prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served in the residence will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. Audit findings will be reviewed at the weekly Personal Care Department Meeting.  A memo of reminders for proper handling, storage and disposal of medication has been provided to the staff.  <i>The identified items will be discarded or returned to the pharmacy. LHM 2/18/11.</i>	3/2/11  Date Initials (DPW)

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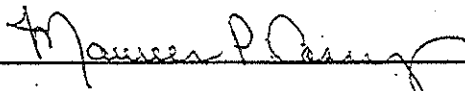

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	On 12/14/10, packages of Debrox ear drops, chewable aspirin, and Oyscal tablets belonging to resident #4 were located in the the home's medication cart and were not labeled with the resident's name.	12-31-10  2/18/11	It will be the responsibility of the staff who secures OTC medications from either the pharmacy, resident, or family to document the full name of the resident on the bottle.  <i>The identified item will be labeled with the resident's name.</i> <i>MM 2/18/11</i>	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">                     Steps have been taken to correct violation; full compliance is not verifiable                      Date <u>2/18/11</u> Initials (DPW) <u>MM</u> </div>

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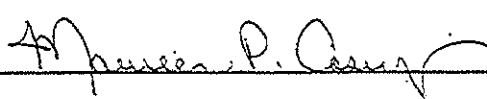

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	-The medication administration record for resident #1 does not include a diagnosis for Prandin 2mg and Digoxin 0.125mg.  -The medication administration record for resident #3 does not include a diagnosis for Vitamin D, Airex Oph. Susp., Azasite 1% sol., Metoprolol 25mg, and Tobradex ointment.  -The medication administration record for resident #4 does not include a diagnosis for Vitamin D and Omeprazole 20mg.  <b>Repeated Violation - 7/6/10, et al</b>	12-3-10	I. Staff have been provided with memo and inservicing of proper medication documentation procedures. Weekly MAR audits will be provided by the PC LPN or designee to ensure proper documentation procedures, including accuracy in required content on the record as outlined in 187a.. Further infraction of medication documentation procedures will result in disciplinary action.	Steps have been taken to correct violation; full compliance is not verifiable 3/7/11 Date <span style="float: right;">Initials (DPW) C/M</span>

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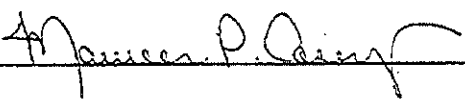

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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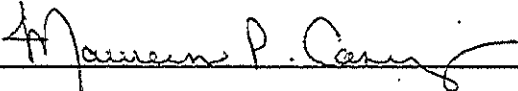
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221c A current weekly activity calendar shall be posted in a conspicuous and public place in the home.	The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activities for the home are posted on a daily basis instead of a weekly basis.	12-13-10	1. The home posted an activity calendar on the day of inspection. It will be the responsibility of the Administrative Coordinator and the Center for Life Long Learning staff to update and post a weekly activity calendar.	3/7/11 cm

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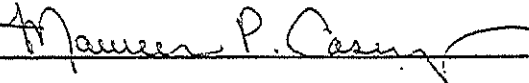
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (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,	-Residents #2, #4, and #5's records do not include an inventory of personal belongings.  -Resident #6 was discharged from the home on 7/14/10. The resident's record does not include the reason for discharge or the destination after discharge.  Repeated Violation - 7/6/10, et al	12-31-10	1. Closed files will be audited at the time of resident discharge using a file audit tool (attachment #8). 2. The Inventories for the resident's noted were completed at the time of inspection (see attachments #9 and #10) 3. Each resident's file will be audited to ensure that the record is complete with the required information at 15 days since admission and again at 30 days.	3/7/11 CM

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHANDLER HALL HEALTH SERVICES INC JORDANS-PHELPS, 99 BARCLAY STREET NEWTOWN, PA 18940		CURRENT LICENSE NUMBER 129890	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Laura Helmuth, Christine McHale, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

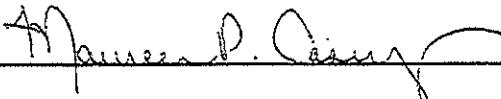
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person 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. (9) Dietary				

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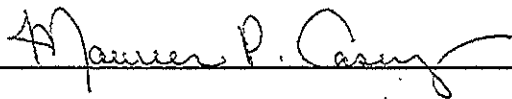
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (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.				

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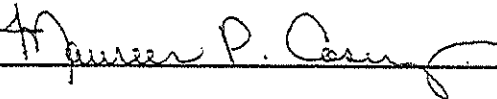
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of 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				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				