

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. - HICKS

Located at 99 BARCLAY STREET, NEWTOWN, PA 18940

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

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 June 14, 2012 until June 14, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129870

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



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

ADULT RESIDENTIAL LICENSING

JUN 18 2012

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

Ms. Lynette 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 May 15, 2012, May 16, 2012 and May 17, 2012 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 12087 - 06/15/2012 - McHale, Christine PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS	
<b>1. REGULATION 86 Pa.Code §2600</b>  2600.86(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. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225,101-10226.8102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	
<b>2. DESCRIPTION OF VIOLATION</b>  Direct care person A did not receive training in resident rights during training year 2011.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  Direct Care person A has been counseled about this matter. She failed to complete her required annual training within the required time frame. Staff person A is scheduled to come to complete the required training on Monday June 11, 2012. Verification of completion will be provided to the Department of Public Welfare upon completion. A system has been implemented to ensure the timely completion of annual training. Staff members will receive a written warning in the event that their assignments are not completed on time. Further disciplinary action up to and including termination will be handled through a progressive discipline process. See attachment #5.	
Repeat Violation No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lynette Kallen</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynette Kallen, CEO</i>	Date <i>6-6-2012</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u><i>6/11/12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>LK</i></u> (Date)
The above plan of correction was approved by <u><i>CRM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12987 - 05/15/2012 - McHale, Chriellne  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 86 Pa.Code §2600  
 2600.101(f)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2. DESCRIPTION OF VIOLATION  
 - Bedroom 404 has 2 residents but only 1 chair.  
 - Bedroom 508 has 2 residents but only 1 chair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A chair was placed in the room for the above residents at the time of inspection. Housekeeping staff will daily monitor resident's rooms for the absence of a chair and report findings to the administrator. At this time, all other rooms have been checked for the absence of a chair. Currently all resident's rooms have a chair for each of the resident's in the room. For future resident admissions, the PC Administrative Coordinator or designee will check the room prior to the arrival of the resident to make sure that there is a chair available.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *LYNETTE KILLEN, CEO* Date *6-6-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>6/11/12</i> (Date)	Verification of Legal Entity Representative Signature <i>[Signature]</i> (Date)
The above plan of correction was approved by <i>[Initials]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12987 - 05/15/2012 - McHale, Christine  
POH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION  
On 6/17/12, two containers of Lactaid with an expiration date of 3/10/12, were located in the home's refrigerator on the second floor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLAN OF CORRECTION:

- Food & Dining Services staff were counseled and in-serviced on the important of checking the sell-by and expiration dates of refrigerated items on a daily basis.

(see Attachment #1)

The expired food was discarded. *den 6/1/12*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lynette Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LYNETTE MILLER, CEO*      Date *6-1-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u><i>6/1/12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>6/1/12</i></u> (Date)
The above plan of correction was approved by <u><i>LM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12987 - 05/16/2012 - McHale, Christine  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

**1. REGULATION 56 Pa.Code §2600**

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

**2. DESCRIPTION OF VIOLATION**

Staff person A, the administrator does not have the emergency preparedness plan for the local municipality.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Fire Marshal for the municipality has stated that the emergency management plan for the local municipality is confidential and not for public viewing. The Fire Marshal stands firm in his belief that making the emergency management plan public jeopardizes the safety of all residents of the municipality. The Director of Facilities has requested a letter from the Fire Marshal that verifies that in the event of an emergency requiring the emergency management plan to be activated, Chandler Hall will receive the support of the municipality for emergency assistance ensuring resident safety as outlined in the plan. We have yet to receive the letter, and have placed follow up phone calls to the Fire Marshal. As soon as the letter from the Fire Marshal arrives, a copy will be forwarded to the Department of Public Welfare for approval. The Administrator contacted the County Emergency Management Agency, who stated that the local municipalities have greater authority over what may be made public and stated that they could not be of any further assistance. The Director of Facilities has provided a letter via certified mail and hand delivered to the Fire Marshal asking for acknowledgement that a copy of the emergency management plan will not be provided. A copy will also be added to the home's own emergency management plan. The facility has obtained a copy of the emergency evacuation plan. See attachment #4.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lynette Killion*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lynette Killion, CEO* Date *6-8-2012*

**DEPARTMENT-USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *6/11/12*  
 (Date)

Verification of Legal Entity Representative Signature *Lynette Killion*  
 (Date)

The above plan of correction was approved by *OKM*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12987 - 06/16/2012 - McHale, Christine  
 POH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

**1. REGULATION 55 Pa.Code §2600**

- 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
- (1) Identify the correct resident.
  - (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
  - (3) Remove the medication from the original container.
  - (4) Crush or split the medication as ordered by the prescriber.
  - (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
  - (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
  - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2. DESCRIPTION OF VIOLATION**

On 6/17/12, staff person B administered medications to the residents of the home. The staff person did not initial the medication administration record after administering the medications. Staff person A was observed to be administering medications between 10:00 am and 10:30 am to the residents that were supposed to be administered at 9:00 am. The staff person put dots on one portion of the medication record for some residents and left the medication administration record blank for another portion of the residents for the 9:00 am medications.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The medications were required to be administered before 10:00am. For each resident that received their medication between 10:00am and 10:30, the family and PCP was contacted. The PCPs all advised the staff to resume the resident's medication routine as usual. The staff member was counseled for these medication errors, and medication protocols were reviewed with each staff member responsible for administering medication. An audit system was implemented to ensure proper documentation of medication administration. The staff is responsible to do peer reviews on each shift to ensure that the administration of medication is accurate, and to report any discrepancies to the Administrator. Further disciplinary action will be taken for failure to properly document administration of medication.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lynette K. Ven*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>LYNETTE K. VEN, CEO</i>	<i>6-6-2012</i>

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/11/12  
 (Date)

Verification of Legal Entity Representative Signature 6/11/12  
 (Date)

The above plan of correction was approved by CRM  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12987 - 05/16/2012 - McHale, Christine  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

**1. REGULATION 66 Pa.Code §2600**

2600.183(f) - 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.

**2. DESCRIPTION OF VIOLATION**

On 5/17/12, two packages of Acetaminophen 500 mg for resident #1 that had been discontinued were found on the home's medication cart.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication was removed from the cart at the time of inspection and disposed of properly. A system has been implemented that weekly medication cart audits will be performed by the PC LPN or designee to ensure that all medications ordered for residents are available in the home and any discontinued medication will be removed and disposed of properly. Any missing medication will be immediately ordered by the PC LPN or designee from the pharmacy.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/13/2010
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lynette Killa*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lynette Killa* Date *6-6-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *6/11/12* (Date) Verification of Legal Entity Representative Signature *[Signature]* (Date)

The above plan of correction was approved by *CKM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12887 - 06/16/2012 - McHale, Christine  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2800

2800.185(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.

2. DESCRIPTION OF VIOLATION

- Resident #1 has an order for Acetaminophen 325 mg as needed. This medication was not available in the home.
- Resident #2 has an order for Otrate/Mag as needed. This medication was not available in the home.
- Resident #3 has an order for Acetaminophen 325 mg as needed. This medication was not available in the home.
- Resident #4 has an order for Acetaminophen 325 mg as needed. This medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medications above were ordered from the Pharmacy and delivered the same day. A system has been implemented that weekly medication cart audits will be performed by the PC LPN or designee to ensure that all medications ordered for residents are available in the home and any discontinued medication will be removed and disposed of properly. Any missing medication will be immediately ordered by the PC LPN or designee from the pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Lynette Miller, CEO*

Date *6-6-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*[Signature]*  
 (Date)

Verification of Legal Entity Representative Signature

*[Signature]*  
 (Date)

The above plan of correction was approved by

*[Initials]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12987 - 06/15/2012 - McHale, Christine

FCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION #8 Pa.Code §2900

2800.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #4 was ordered Vitamin D 2000 IU at noon. The resident was being administered Vitamin D 800 IU at noon.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PCP was notified of the medication error. Staff were advised to resume the Vitamin D 2000 IU at the next ordered dose. Staff member was counseled about the medication error, and medication protocols were reviewed with all staff responsible for administering medication. A system has been implemented for medication cart audits weekly by the PC LPN to ensure that all proper medication is located in the cart and available for the residents. Audit results will be reported to the administrator. The family of the resident was contacted to bring the correct dose of Vitamin D 2000 IU, which [redacted] did the same day.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

LYNETTE KATHEN, CEO

Date 6-6-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

07/11/12 (Date)

Verification of Legal Entity Representative Signature

*[Handwritten Signature]*  
07/11/12 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented