

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. - JORDANS-PHELPS

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  
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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

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: 129890

*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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

JUN 18 2012

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 May 15, 2012, May 16, 2012 and May 17, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. 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: 12989 - 06/16/2012 - McHale, Christine PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS	
<b>1. REGULATION 55 Pa.Code §2600</b>  2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	
<b>2. DESCRIPTION OF VIOLATION</b>  On 6/16/12, at 9:45 am, resident #1, #2, #3's full records and a face sheet for all of the residents of the home were unlocked and accessible in the nurses station on the home's second floor.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p>The cabinet was immediately locked at the time of inspection. The Resident Manager had been working on records in the workspace moments before the cabinet was found unlocked. The Resident Manager had stepped away from her desk momentarily and was not in view of her work space. The Resident Manager has since made it protocol to always lock her cabinet when moving from her work space even when she is still in full view of the work space. Random checks will be performed by the administrator of all areas containing confidential information and stored medication. The Resident Manager has been counseled for failing to properly secure confidential records and medications stored in the cabinet. Any further infraction of the confidentiality of the residents will result in further disciplinary action.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of _____ (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by _____ (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: 12886 - 06/15/2012 - McHale, Chratline  
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2800  
2800.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION  
On 5/17/12, containers of Lactaid with an expiration date of 4/12/12, were located in the home's refrigerator in the kitchen.

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 items were discarded  
Crew  
6/11/12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *CYNETTE KILLON, 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 *[Signature]*  
(Initials)

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

Violation Report: 12989 - 06/15/2012 - McHale, Chralline  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 88 Pa.Code §2800  
 2800.107(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 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):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lynette Killion, CEO*      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 *[Initials]*  
 (Initials)

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

Violation Report: 12989 - 05/15/2012 - McHale, Christine  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHEI,PS

**1. REGULATION 55 Pa.Code §2800**  
 2600.183(b) - Prescription medications, OTC medications, OAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2. DESCRIPTION OF VIOLATION**  
 On 5/15/12 at 9:45 am, a bottle of Advil PM, two bottles of glucosamine 1500 mg, a bottle of pain relief PM, a bottle of stomach relief, Nature's Bounty gencaps, a bottle of Ibuprofen, a bottle of NIB E 400, a bottle of one a day women's vitamins, and a bottle of vitasart 400 IU were unlocked and accessible to residents in the cabinet in the second floor nurses' station.

**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 cabinet was immediately locked at the time of inspection. The Resident Manager had been working on records in the workspace moments before the cabinet was found unlocked. The Resident Manager had stepped away from her desk momentarily and was not in view of her work space. The Resident Manager has since made it protocol to always lock her cabinet when moving from her work space even when she is still in full view of the work space. Random checks will be performed by the administrator of all areas containing confidential information and stored medication. The Resident Manager has been counseled for falling to properly secure confidential records and medications stored in the cabinet. Any further infraction of the confidentiality of the residents will result in further disciplinary action

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) <i>Lynette Killeen, CEO</i>	Date <i>5-16-2012</i>
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**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>[Signature]</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