



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 0 2 2013

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

Dear Ms. Heiser:

As a result of the Department of Public Welfare's licensing inspection on March 21, 2013 and March 22, 2013, 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.

Your regular license for the period of June 14, 2013 to June 14, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS		License Number: 12987
Address: 99 BARCLAY STREET, NEWTOWN, PA 18940		County: Bucks
Administrator: Jennifer Armagost		Region: SOUTHEAST
Legal Entity Name: CHANDLER HALL HEALTH SERVICES INC		
Legal Entity Address: 99 BARCLAY STREET, NEWTOWN, PA 18940		
Certificate(s) of Occupancy C-2 LP 09/26/1988 Pennsylvania L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 46 Waking Staff: 34		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/21/2013: Kurtz, Andrea; Foulkes, Kimberli 03/22/2013: Kurtz, Andrea; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 34 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 2

Violation Report: 12987 - 03/21/2013 - Kurtz, Andrea
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 56 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the resident.

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 Personal Care file audit check list was updated to include an audit on day of admission, 15 days post admission, 30 days post admission, and annually to ensure that all appropriate documentation is obtained in a timely manner, and that all information is accurate and properly documented, including recommendations for medication management. This tool will be used for all current residents, and will be initiated on day of admission for all new residents. Random monthly file audits will be conducted by the Personal Care Administrative team to ensure ongoing compliance.

The Personal Care file audit was updated to include verification that signatures have been acquired on all documentation by the resident including resident agreement and Resident Assessment and Support Plans (RASP). Should the Resident choose to decline participation in the development of the RASP, it will be indicated on the last page of the RASP that the resident declined to participate in development of the RASP. Should the Resident refuse to sign the Resident Agreement or the RASP, it will be indicated on the document that the resident refused to sign. Random monthly file audits will be conducted by the Personal Care Administrative team to ensure ongoing compliance.

(See attachment #6)

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynette Kellen, CEO* Date *4-10-2013*

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

The above plan of correction is approved as of <u>4/11/13</u> (Date)	Plan of correction implementation status as of <u>4/11/13</u> (Date)
The above plan of correction was approved by <u>CKM</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 - 03/21/2013 - Kurtz, Andrea
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 3-21-13 chlorexidline oral rinse .12% was unlocked and accessible to residents in room 505 on top of cabinet in bathroom.

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 chlorexideine oral rinse was removed from the resident's room at time of inspection and placed in the medication cart. Since the resident uses the oral rinse several times daily for an oral condition, the decision was made to keep the oral rinse in a lock box in the resident's room so that the staff have easy access to the product in her bathroom. The resident was provided a lock box in her room, of which only the staff have access to the key.

Random room checks will be performed in the resident's room as well as the rooms of other residents to ensure that no other prescription, OTC or CAM medications are unlocked and accessible to the residents in order to maintain a safe environment and regulatory compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LYNETTE KILLEEN, CEO</i>	Date <i>4-10-2013</i>
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