



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Lynette M. Killen, CEO  
Chandler Hall Health Services, Inc.  
Chandler Hall Health Services, Inc. – Jordan – Phelps  
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 be "R. Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 12989 - 03/21/2013 - Kurtz, Andrea  
POH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
6 trash cans in the kitchen did not have lids on.

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.

Food & Dining Services staff were counseled and in-serviced on the importance of making sure that all trash receptacles are covered at all times when not in use. This will be monitored by manager on duty (MOD) at end of each shift and will be spot checked weekly and logged on Monitoring Compliance Form. (See Attachment) Attachment #1 + #5

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

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

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

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

The above plan of correction is approved as of 4/10/13 (Date)  
The above plan of correction was approved by *CRDM* (Initials)  
Plan of correction implementation status as of 4/11/13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 12989 - 03/21/2013 - Kurtz, Andrea  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2800  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 admitted to the home on 12-7-10 was not reassessed until 12-1-12.

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 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)

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.

*Lynette Killen* 4-11-2013

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

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

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

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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><i>OPM</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: 12989 - 03/21/2013 - Kurtz, Andrea  
 PGH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 56 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's support plan dated 2-28-13 does not indicate if the resident participated in the development of the support plan. The resident did not sign the support plan.

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 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):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Bryette Kallen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LYNETTE KILLEN, CEO</i>	Date <i>4-10-2013</i>
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The above plan of correction was approved by <u><i>Dem</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