



MAY 08 2014

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

RE: Chandler Hall Health Services, Inc. – Jordan – Phelps
License #: 129890

Ms. Killen:

As a result of the Department of Public Welfare's licensing inspection on March 17, 2014 and March 18, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 14, 2015 was issued on April 7, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS		License Number: 129890
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 03/31/2000 PA Dept L&I	C-2 LP 07/26/2000 PA Dept L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Working Staff: 32
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 03/17/2014: Miller, Chevon; Colon, Lissette; Keely, Jennifer 03/18/2014: Miller, Chevon		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: 224a, 227h		Random Indicators: 23b, 103a, 171b4, 227e, 228b
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 38 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: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 12989 - 03/17/2014 - Miller, Chevon
 PGH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 56 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff persons A & B in training year 2013 did not include training on medication self-administration, instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and infection control and general principles of cleanliness and hygiene and areas associated with immobility.

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 infection control policy was updated (Attachment #1), The Medication Management Protocol was updated (Attachment #2). The Interdisciplinary Assessment of Resident Policy was updated (See Attachment #3). All reflect annual training requirements as indicated in the regulation. Staff member A was inserviced on Self-administration of medication, meeting the needs of residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan, and infection control and general principles of cleanliness and hygiene and areas associated with immobility using the updated policies (Attachment #4). These policies have been added to the annual training requirements for all direct care staff for review and acknowledgement.

Staff member B was inserviced on the missing topics on 4/8/14
 Drew

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynette Killeen CEO* Date *4-10-14*

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

The above plan of correction is approved as of <i>4/15/14</i> (Date)	Plan of correction implementation status as of <i>4/15/14</i> (Date)
The above plan of correction was approved by <i>CKM</i> (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 - 03/17/2014 - Miller, Chevon
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident #1 self administers medications and stores medications in their room in an unlocked closet, but admittedly does not always lock his room door.

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.

Resident #1 was informed of the need to keep his medication in a secure location on the date of inspection. Resident #1 agreed to keep his room locked and was provided with the updated Medication Management Policy which he signed (Attachment #7). This policy will be reviewed with all residents that self medicate by 4/30/2014 as well as all future new residents that are deemed able to self medicate. This policy will also be reviewed with residents who self medicate when an updated Medical Evaluation form is completed and included in the file along with their RASP.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lynette Killed COU	4-10-14

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Violation Report: 12989 - 03/17/2014 - Miller, Chevon
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 3/18/14, Kaopectate prescribed for resident #2, located in the home's medication cart. This medication was discontinued on 2/28/14.

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 discontinued medication was removed from the cart and properly disposed of at the time of inspection. It is expected that any medication that is discontinued will be removed from medication carts by the staff member receiving the order from the Physician. Medication cart audits will be conducted on all carts weekly for 5 weeks, then monthly to ensure that only medication that is currently ordered is in the cart, and that all medication is accurately labeled using the cart audit tool (Attachment #8).

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

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 *4-10-14*

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 (Date)

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

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 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 12989 - 03/17/2014 - Miller, Chevon
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 3/18/14 OTC medication Calmoseptine Ointment belonging to resident #2 was located in the home and was not labeled with the resident's name.

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 OTC ointment was labeled with the resident's name at the time of inspection. It is expected that any OTC medication is properly labeled with the resident's name upon receipt of the medication. Medication cart audits will be conducted on all carts weekly for 5 weeks, then monthly to ensure that only medication that is currently ordered is in the cart, and that all medication is accurately labeled using the cart audit tool (Attachment #8).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynette Miller CEO</i>	Date <i>4-10-14</i>
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 (Date)

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 (Initials)

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Violation Report: 12989 - 03/17/2014 - Miller, Chevon
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #3, admitted 3/3/14, which includes the determination that the home can meet the resident's service needs, is dated 1/20/14.

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 Interdisciplinary Assessment Policy was updated to reflect the pre-admission screening process, including the documentation of the screening instrument within 30 days prior to admission. A file audit will be conducted on the day of admission to ensure that the screening tool has been filled out prior to admission. (Attachment #9).

The file audit will be conducted by the Personal Care Administrator or designee. 4/15/14
[Signature]

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* CEU Date *4-10-14*

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 (Initials)

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Violation Report: 12989 - 03/17/2014 - Miller, Chevon
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS


1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 On 3/17/14, the home expressed that resident #4 is unable to write and is almost blind. The resident's support plan completed 3/28/13 does not accurately address these needs. The support plan states the resident is independent in writing correspondence and only indicates that he utilizes glasses.

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.

RASP was updated to include the resident's need for assistance with reading fine print. Staff to provide assistance with reading fine print and writing correspondence as a result of his traumatic brain injury. RASP and update was reviewed with resident. Resident was in agreement with RASP and update. (Attachment #15)

For future updates that are required as a result of any change in the resident's needs, the Administrator or designee will update the form, review with resident and staff to be sure all are in agreement.

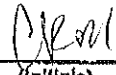
4/15/14


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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette Killen CEO	Date 4-10-14
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Violation Report: 12989 - 03/17/2014 - Miller, Chevon
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2800
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
The home's administrator expressed that resident #4 was unable to sign their support plan completed 3/28/13. The home did not make a notation regarding the resident's inability to sign.

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.

RASP was updated to include the resident's need for assistance with reading fine print. Staff to provide assistance with reading fine print and writing correspondence as a result of his traumatic brain injury. RASP and update was reviewed with resident. Resident was in agreement with RASP and update. (Attachment #15)

For all future updates that are required on the RASP, The Administrator will review any changes with the resident, have the resident sign, or make a notation of the resident's inability to sign.

4/15/14
[Signature]

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 *4-10-14*

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(Date)

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
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