



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

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

RE: Chandler Hall Health Services, Inc. – Hicks
License #: 129870

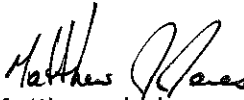
Dear Ms. Killen:

As a result of the Department of Human Services' licensing inspection on March 30, 2015 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, 2015 to June 14, 2016 was issued on April 1, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

Violation Report: 12987 - 03/30/2015 - Keelly, Jennifer
 PCH Name: CHANDLER HALL HEALTH SERVICES, INC - HICKS

1. REGULATION 55 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 Member A in training year 2014 did not include the following topics:
 Medication self-administration
 Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 Personal care service needs of the resident

 The annual training provided to direct care Staff Member B in training year 2014 did not include the following topics:
 Infection control and general principals of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
 Personal care service needs of the resident
 Safe management techniques

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 Chandler Hall Training Plan for all direct care staff has been revised to include the following subject matter outlined in 2600.187(a):
 (SEE ATTACHMENT 1)
 Personal Care Administrator/Designee will monitor training compliance by all Personal Care staff monthly. Monitoring will include but not be limited to the Refias Reports and also review of the Individual Staff Training Plan forms, in order to ensure: required training topic; date of training; length of training; course description. Personal Care will be adopting the Department of Human Services Staff Training Plan and Record of Training form.
 (SEE ATTACHMENT 2 AND 3) (SEE ATTACHMENT 4)

Staff member A and staff member B will be counseled and required to remain current in all trainings. Revised 2015 training program will cover topics not received in 2014.
 The procedure for entering new employees into our system/organization is started through Payroll in the Accounting Department.
 Effective May 1, 2015 the procedure will now include an audit (2 weeks after date of hire) by the Human Resources Department, to ensure that all new employees have been entered into our system.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maurreen Casey COO* Date *5-1-15*

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

The above plan of correction is approved as of <i>5/14/15</i> (Date)	Plan of correction implementation status as of <i>5/14/15</i> (Date)
The above plan of correction was approved by <i>JB</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: 12987 - 03/30/2015 - Keely, Jennifer
 PCH Name: CHANDLER HALL HEALTH SERVICES, INC - HICKS

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 3/30/2015, Loperamide 2 mg was in the home's medication cart for Resident # 1. Resident # 1 does not currently have a prescription for Loperamide.

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.

Medication had been discontinued and was not removed from the medication cart. Medication cart audit had not been completed therefore had not been found and removed/disposed.

Staff administering medication who identify that there is a medication in the cart without an order must immediately confirm that the drug is either discontinued or that an order is needed. Medication Instructional Information will be given to all staff and reviewed during staff meeting.
 (SBE ATTACHMENT 4)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Maurice Casey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maurice Casey, COO* Date *5-1-15*

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The above plan of correction is approved as of *5/14/15* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *5/14/15* (Date)

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

Violation Report: 12987 - 03/30/2015 - Keely, Jennifer.
 PCH Name: CHANDLER HALL HEALTH SERVICES, INC - HICKS

1. REGULATION 55 Pa.Code §2600
 2600.185(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.

2a. DESCRIPTION OF VIOLATION
 On 3/30/2015, Resident # 2's Lorazepam 0.5 mg, as needed, 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.

During survey (3/30/2015) when MAR was reviewed and medication found to not be available, research found that the resident had not taken Lorazepam 0.5mg PRN for 6 months. Drugs had been wasted per policy for medication disposal but no D/C order was obtained from the PCP.

On 3/30/2015 - A request was sent to PCP to discontinue medication. Order received and manually corrected on March MAR by Resident Care Coordinator. Contracted Pharmacy notified to remove Lorazepam from MAR by RCC. April MAR was, again, manually corrected by RCC. May MAR was checked during recap to ensure medication was discontinued and eliminated from the MAR. Recap Procedure will be revised to include audit of all discontinued medications. Effective June 1, 2015

Staff who receive a discontinued physician order must immediately remove the medication from the MAR and the medication cart. If a medication is discontinued, during medication administration staff must ensure that medication no longer appears in the cart. Staff administering medication who identify that there is a missing medication must confirm that the drug is either discontinued or that the drug needs to be reordered. Medication Instructional Information will be given to all staff and reviewed during staff meeting. (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) *Maurice Casey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maurice Casey COO* Date *5-1-15*

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 (Date)

Plan of correction implementation status as of *5/14/15*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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- Not Implemented

Violation Report: 12987 - 03/30/2015 - Keely, Jennifer
 PCH Name: CHANDLER HALL HEALTH SERVICES, INC - HICKS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration records for the following residents do not include diagnoses for the listed medications:
 Resident # 1: Citalopram 10 mg / 5 ml; Namenda XR 28 mg; Haloperidol Oral 2 mg / mL; Caltrate 600 with Vitamin D
 Resident # 2: Vitamin D3 2000 unit
 Resident # 3: Vitamin D3 50,000 IU
 Resident # 4: Polyethylene Gly3350 NF Can; Prozac 10 mg; Aspirin 81 mg

The medication administration record for Resident # 4's Aspirin 81 mg does not include the special precautions "take with food or milk."

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.

Omission of diagnoses on MAR for named resident (Resident #1, #2, #3 and #4). Diagnosis added to each MAR (Resident #1, #2, #3 and #4) on 3/30/2015 by Resident Care Coordinator. Contracted Pharmacy was notified by (telephone) Resident Care Coordinator to add diagnoses for the named residents. Recaps for April had to be manually changed to add diagnoses.
 Recaps will be audited by Resident Care Coordinators at the end of each month to ensure that all required information as outlined in 2600.187(a) is present. Effective June 1, 2015
 Staff will be educated that during the transcription of any new or change in physician order there will be a corresponding diagnosis or the purpose to each medication. Medication information will be given to all staff and reviewed during staff meeting. (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) *Margaret Casary*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margaret Casary* Date *5-1-15*

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