



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 August 17, 2015 until February 17, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129891

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 17 2015

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 #: 129891

Ms. Killen:

As a result of the Department of Human Services' (Department) licensing inspection on May 12, 2015, May 13, 2015 and June 10, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #129890 dated June 14, 2015 to June 14, 2016 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 14, 2015 to June 14, 2016 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Jennifer Armagost

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: CHANDLER HALL HEALTH SERVICES INC - JORDANS PHELPS		License Number: 12989
Address: 99 BARCLAY STREET, NEWTOWN, PA 18940		County: Bucks
Administrator: Vickie Deller		Region: SOUTHEAST
Legal Entity Name: CHANDLER HALL HEALTH SERVICES INC		
Legal Entity Address: 99 BARCLAY STREET, NEWTOWN, PA 18940		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Working Staff: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/12/2015: Keppel, Autumn; Braswell, Natasha 05/13/2015: Keppel, Autumn; McIlvain, Shawn		
Off-Site Inspection Dates and Inspectors, If Applicable 06/10/2015: Keppel, Autumn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60	Number of Residents who:	
Number of Residents Served: 42	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 41	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 8	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 8		

Violation Report: 12989 - 05/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The homes abuse policy reads that the "Personal Care Administrator shall be notified immediately of all suspected resident abuse."

On 4/26/15, Resident #1's family reported to Staff Member A that they did not want anyone in the resident's room to give medications or for any other reason. They informed Staff Member A that someone had hurt the resident the night before. Staff Member A sent a text message to the administrator stating that a family member had called and was upset, and did not want anyone to go into the resident's room for any reason because something had happened the previous night. Staff Member A did not include in their message to the administrator that someone had tried to hurt the resident.

On 4/27/15, Resident #2 reported to Staff Member A that Staff Member B had been rough with them, did not know how to put them to bed, and had hurt their big toe. Staff Member A did not report this to the homes administrator.

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.

Attachment "A"

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Maureen Casey, COO</i>	Date <i>8/10/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>8/15/15</i></u> (Date)	Plan of correction implementation status as of <u><i>8/15/15</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

VA^K

Staff Member A received disciplinary counseling.(See Attachment 2). He was suspended for 3 days and required to attend our Employee Assistance Program. He participated in the next Abuse and Reporting training which was held on June 3, 2015.(See Attachments 1).Staff Member A is current with hi annual Relias Abuse Training Requirements -Abuse and Neglect Prevention Program(8/2015), Abuse and Neglect of the Elderly-An Overview(8/2015), Preventing, Recognizing and Reporting Resident Abuse(2/2015), The Elder Justice Act-What You Need To Know(4/2015).

OAPSA will be provided during the new employee orientation program within their first 40 scheduled hours-2600.65b. (Presentation/Online-Effective August 7, 2015)Current employees are required to participate in the online training Self Study program about Act 79- Older Adult Protective Service Act- OAPSA). (A printed version will also be available for staff to reference). Contents includes Act 13(Mandatory Reporting) and Act 169(Criminal History Background Checks).(Completion of all current staff training by August 31, 2015)Abuse Policy has been updated to include that immediate notification to the supervisor/alternate or the Administrator must be a verbal report. (Completion August 7, 2015)


Laureen Casey COO 8/6/15

Violation Report: 12989 - 05/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

According to Resident #1's assessment, dated 2/12/15, they are independent with transferring in and out of bed. Their support plan, dated 2/24/15, documents that they use a bed cane to sit up. The assessment also indicates that the resident is slow to swallow, and the support plan directs that staff offer and allow time for the resident to take fluids as tolerated. On 4/26/15, Resident #1 was asleep in bed when they were approached by Staff Member B. Staff Member B did not wake the resident but proceeded to put their hands under the resident's calves and then lift and swing their legs to the side of the bed. They quickly removed their hands which caused the resident's feet to hit the floor hard. The resident was yanked out of bed where they were forced to remain standing despite being afraid of falling. The resident attempted to sit down but was told to stand up. While standing, Staff Member B attempted to administer medication by pressing a pill against the resident's teeth saying, "Open your mouth, open your mouth." The resident was not fully awake so Staff Member B began slapping the resident in the face to wake them up. Staff Member B stated to someone else in the room, "See this is the way you have to do it if they don't take their pills." After forcing the resident to take the pill, Staff Member B put a cup of water up to the resident's mouth. When Resident #1 did not drink it, the water was thrown in their face. The resident was then shoved back into bed. The resident did experience pain in their back during the incident. Resident #1 has a medical diagnosis which affects the nerves in their back and causes chronic burning and leg pain. Muscle weakness and back pain is also associated with this condition. Due to the treatment provided by Staff Member B, this pain was significantly increased and the resident was seen by a physician who ordered physical therapy.


According to Resident #2's assessment and support plan, dated 1/26/15, the resident needs help with proper positioning using a bed cane and bed pad, and staff are to provide physical assistance. On 4/26/15, Staff Member B helped the resident get ready for bed. The resident's head and back need to be supported when being assisted, and Staff Member B did not do this. Instead, the Staff Member B grabbed the resident by the ankles and swung their legs into bed. While removing the resident's socks one got stuck. Staff Member B ripped the sock off causing a great deal of pain to the resident's toe. The resident cried out "Owww! You hurt my foot!" The resident experienced significant pain as a result of the rough care that was provided by Staff Member B.

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.

Attachment "B"


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
Maureen Casey COO	8/6/15

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

The above plan of correction is approved as of <u>8/2/15</u> (Date)	Plan of correction implementation status as of <u>8/2/15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Each resident (Resident 1 and Resident 2) assessment and support plan indicated individualized needs which were not followed. Staff member B had been immediately removed from the schedule until the investigation was completed. Given the findings of the investigation Staff member B was terminated from Chandler Hall employment.

The current Staff Training Plan includes the following topics:

- Preventing, Recognizing and Reporting Abuse (February)
- The Elder Justice Act (April)
- Abuse Neglect Prevention (July)
- Abuse and Neglect of the Elderly (July)
- Resident Rights (August)
- Revised Addition: OAPSA-Older Adult Protective Service Act (August)


Additionally the Chandler Hall Training Plan for all direct care staff had been revised(5/15) to include the following subject matter:

- 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(RASP).
- (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.

Individualized summaries on resident needs are shared daily (verbally or written in daily report books) by Resident Care Coordinators. The shift report binder is required to be read by the care partners prior to the delivery of care on their shift. (Review of this requirement at next staff meetings (8/2015)and instituting updated care plan summaries by 9/2015)

The administrator of the home will arrange for the training of ALL staff on OAPSA, treating Residents with Dignity and Respect by an outside agency such as the County AAA, Alzheimer's Association, CARIE or other outside agencies that specialize in the training of care of Older Adults, within 30 days of receipt of this plan of correction.[SW 8.12.15]

The administrator or designee will schedule a training on the required administration of medications for all staff that administer medications to residents within 30 days of receipt of this plan of correction. [SW 8.12.15]


Maureen Casey 000 8/16/15

At monthly staff meetings, for the next 6 months, the administrator will review the proper treatment, respect and dignity and abuse of Older Adults, with all staff members starting within 30 days of receipt of this plan of correction. [SW 8.12.15]

The administrator or designee will conduct unannounced supervision of the staff of the home on the evening and night shifts on a monthly basis, to ensure that the staff are caring for the residents with dignity and respect for the next 6 months, starting within 30 days of receipt of this plan of correction. [SW 8.12.15]

Violation Report: 12989 - 05/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER.HALL.HEALTH.SERVICES.INC. JORDANS.PHELPS

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 4/26/15, Resident #1 was asleep in bed when they were approached by Staff Member B. Staff Member B did not wake the resident but proceeded to put their hands under the resident's calves and then lift and swing their legs to the side of the bed. They quickly removed their hands which caused the resident's feet to hit the floor hard. The resident was yanked out of bed where they were forced to remain standing despite being afraid of falling. The resident attempted to sit down but was told to stand up. While standing, Staff Member B administered medication by pressing a pill against the resident's teeth saying, "Open your mouth, open your mouth." The resident was not fully awake so Staff Member B began slapping the resident in the face to wake them up. Staff Member B stated to someone else in the room, "See this is the way you have to do it if they don't take their pills." After forcing the resident to take the pill, Staff Member B put a cup of water up to the resident's mouth. When Resident #1 did not drink it, the water was thrown in their face. The resident was then shoved back onto the bed and shoved again to lie down. The resident was extremely upset by this encounter, and felt as if they were a "victim of training."

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.

Attachment "C"

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) Maureen Casay COO Date 8/6/15

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

The above plan of correction is approved as of

8/7/15
 (Date)

Plan of correction implementation status as of

8/7/15
 (Date)

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

The above plan of correction was approved by


 (Initials)

"C"

Each resident (Resident 1 and Resident 2) assessment and support plan indicated individualized needs which were not followed. Staff member B had been immediately removed from the schedule until the investigation was completed. Given the findings of the investigation Staff member B was terminated from Chandler Hall employment.

The current Staff Training Plan includes the following topics:


- Preventing, Recognizing and Reporting Abuse (February)
- The Elder Justice Act (April)
- Abuse Neglect Prevention (July)
- Abuse and Neglect of the Elderly (July)
- Resident Rights (August)
- Revised Addition: OAPSA-Older Adult Protective Service Act (August)

Additionally the Chandler Hall Training Plan for all direct care staff had been revised(5/15) to include the following subject matter:


- 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(RASP).
- (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.

In addition, a lifting and transferring inservice was held in May. Additional lifting and transferring inservices will be intermittently scheduled in the future and as needed. As an ongoing practice our therapists give individual instruction to staff if there is a specific resident need. We have asked that in the future, that the therapist should direct the information and training to the Resident Care Coordinator so that the technique can be shown to any staff who may care for the resident.(Train the Trainer approach).(Resident Care Coordinator and Administrator)

Individualized summaries on resident needs are shared daily (verbally or written in daily report books) by Resident Care Coordinators. The shift report binder is required to be read by the care partners prior to the delivery of care on their shift. (Review of this requirement at next staff meetings (8/2015)and instituting updated care plan summaries by 9/2015).(Monitored by Personal Care Administrative Assistant and Administrator)

The administrator of the home will arrange a training for all staff on the OAPSA, dignity and respect by an outside agency such as the County AAA, Alzheimer's Association, CARIE or any agency that specializes in training for the care of Older Adults, within 30 days of receipt of this plan of correction. 

At monthly staff meetings, for the next 6 months, the administrator will review the proper treatment, respect and dignity and abuse of Older Adults, with all staff members starting within 30 days of receipt of this plan of correction. [SW 8.12.15]


Maureen Casey COO 8/6/15

The administrator or designee will conduct unannounced supervision of the staff of the home on the evening and night shifts on a monthly basis, to ensure that the staff are caring for the residents with dignity and respect for the next 6 months, starting within 30 days of receipt of this plan of correction. [SW 8.12.15]

Violation Report: 12989 - 06/12/2015 - Keppel, Autumn
 FCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPS

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 for direct care Staff Member A, Staff Member C, and Staff Member D for the 2014 training year does not include (2) instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, and medical evaluation and 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.

"E"

Plan of Correction Page 6 of 9 Violations Report 12989 May 12, 2015


The Chandler Hall Training Plan for all direct care staff had been revised to include the following subject matter outlined in 2600.187(a) (See Attachment 5)
 Personal Care Administrator/Designee will monitor training compliance by all Personal Care staff. Monitoring will include but not be limited to the Relias 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 6 and 7)

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) Maureen Casey COO	Date 8/10/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/7/15</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/7/15</u> (Date) <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
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Violation Report: 12989 - 05/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDAN'S PHELPS

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care Staff Member A, Staff Member B, and Staff Member D, did not receive training in (4) the Older Adult Protective Services Act during the 2014 training year.

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 5).
 Personal Care Administrator/Designee will monitor training compliance by all Personal Care staff. Monitoring will include but not be limited to the Relias 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 6 and 7)

Staff A and D will complete OAPSA training within 30 days of receipt of the plan of correction. The administrator or designee will review all current staff training records to ensure that all of the staff have received the OAPSA training within 30 days of receipt of the plan of correction. [SW 8.12.15]

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 8/6/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/2/15</u> (Date)	Plan of correction implementation status as of <u>8/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 05/12/2015 - Kappel, Autumn
 PGH Name: CHANDLER HALL HEALTH SERVICES INC - JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 has an order for Acetaminophen 325mg as needed. On 4/26/15, the resident requested this medication but did not receive it because it 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.

A memo was distributed to all care partners outlining the importance of having all prescribed medications available for the resident at all times/following the directions of the prescriber. If a medication is within 10 days of need for refill, care partner is notify pharmacy or family for refill. Family will be informed that should medication not be available, Chandler Hall will obtain medication and charge family for a short term supply until medications are provided. Staff failing to follow this procedure will receive disciplinary measures up to and including termination. Staff training covering this topic will be contained In Medication Training/Self Administration.(See Attachment 8)

The nursing supervisor or designee will review the medication carts for all residents on a bi-weekly basis to ensure that all medications prescribed are available for administration at all times.

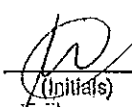
The nursing supervisor or designee will check all medications prescribed for all of the residents of the home to ensure that all medications are available to be administered to the residents within 30 days of receipt of this plan of correction.[SW 8.12.15]

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) Maureen Caselli COO Date 8/16/15

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

The above plan of correction is approved as of <u>8/15/15</u> (Date)	Plan of correction implementation status as of <u>8/15/15</u> (Date)
The above plan of correction was approved by  (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 - 05/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #2's assessment, dated 1/26/15, indicates that the resident needs assistance with turning and positioning in bed, specifically that they need help with proper positioning using a bed cane and bed pad. The support plan, dated 1/26/15, documents that staff are to provide physical assistance with proper positioning. Resident #2 requires support of the back and head when being assisted which is not indicated in the residents 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.

Resident Care Coordinator or designee is responsible to update the support plan within 30 days upon completion of the annual assessment or upon changes in the residents needs. The update to the support plan should include what happened to cause the changes, interventions required by the care partner and any outlined information for staff including any demonstration by the RCC/LPN or therapist involved in the care plan. The information will also be available in the Care Plan Summary/Shift Report binder for staff review prior to all shifts. Staff training topics involving this subject is covered in Personal Care Services- Needs of the Resident, Tools to Meet Resident Needs.

Compliance Audit by Personal Care Administrative Assistant/Administrator to monitor chart documentation compliance. (Dates of RASP, Medical Evaluation, etc) (Monthly-Quarterly)

Review of resident care in Collaboration meetings occur weekly, where notations of changes can be made to support plan. (Weekly on Firdays)

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)

Maureen Casey COO

Date 8/6/15

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The above plan of correction is approved as of <u>8/7/15</u> (Date)	Plan of correction implementation status as of <u>8/7/15</u> (Date)
The above plan of correction was approved by  (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