



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

DEC 02 2015

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

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

Dear Ms. Killen:

As a result of the Department of Human Services' licensing inspection on August 12, 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.

Sincerely,



Patricia Adams
Regional Licensing Administrator

Enclosure
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 Detter		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: 45	Waking Staff: 34
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/12/2015: Keppel, Autumn; McHale, Christine		
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: 41 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: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 12989 - 08/12/2015 - Keppel, Autumn
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

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
 The home's medication procedures have not been updated to reflect the new pharmacy procedures. The home is currently using a new pharmacy which delivers two day supplies of medications. The homes procedures discuss the receipt of thirty day supplies.

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.

Steps to correct Violation/Completion/Responsibility

Correction- Administrator revised current/developed policies for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff reflecting the new Pharmacy's system and practices.(Effective September 1, 2015)

Staff Training- Review of revised and developed policies will done at October staff meeting, ongoing as policies change, in staff orientation training to position and are available to staff in Policy and Procedure Manuals at Care Partner areas.(Effective September 22, 2015)

Ongoing Plan to ensure Compliance -Policies will be reviewed/updated as needed(at least annually) or when policies/procedures change by the Administrator and presented for approval to the CEO/committees for review/approval.(Effective September 1, 2015)


Staff will be informed of changes in policies at staff meetings/ other training sessions scheduled to review policies in order to ensure compliance.

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 Date 9/22/15

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

The above plan of correction is approved as of <u>10/23/15</u> (Date)	Plan of correction implementation status as of <u>10/23/15</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