



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

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

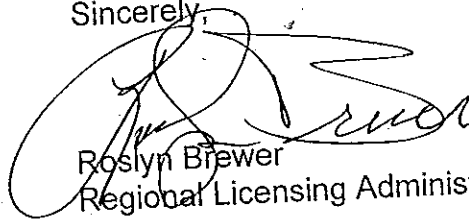
RE: Chandler Hall Health Services, Inc  
Hicks  
License#129870

Dear Ms. Killen:

As a result of the Department of Human Services' licensing inspection on 11/27/2015 on which we conducted on-site inspections] 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,



Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: CHANDLER HALL HEALTH SERVICES JNC· HICKS		License Number: 12987
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		
<b>Staffing Hours</b>		
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 10/27/2016: Kazimer, Lauren; Keelty, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60	Number of Residents who:	
Number of Residents Served: 25	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 25	
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: 20	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 11		

Violation Report: 12987 - 10/27/2015 - Kazimer, Lauren  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600

2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for resident #1 indicates that the resident is to be positioned an arm's length away from other residents. On 10/27/2015, the resident was observed by the Department sitting within arm's length of resident #2, who the resident had an incident with two days prior.

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.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Maureen Casey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Maureen Casey

Date

2-10-16

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

The above plan of correction is approved as of

*2/11/16*  
 (Date)

Plan of correction implementation status as of

*2/11/16*  
 (Date)

The above plan of correction was approved by

*JB*  
 (Initials)

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

Chandler Hall Hicks Residence License #129870  
Violation Page 2 of 3

Plan of Correction

**RECONSIDERATION OF VIOLATION**

Administrator had asked for reconsideration of this violation after an immediate investigation of the alleged violation after DHS exit interview had concluded. Please see attached email sent to the surveyor October 27, 2015 @5:32PM.

**Actions taken to correct Violation**

Care Plan was modified to instructed staff to position resident a safe distance away from other residents at all times and monitor resident position in order to ensure that [REDACTED] maintains a safe distance from others.

**Step by Step Plan of Correction for Compliance(Change Made/Person Responsible for change/when change will be implemented/training)**

Review of Resident #1 RASP had been conducted by Resident Care Coordinator. Staff knowing Resident #1 over an extended period is very much aware(from RASP and Plan of Care) of how to approach resident and where to position resident in a program situation due to her behavioral misperceptions with others (residents and staff). RASP will reflect that the resident will be at a safe distance from other residents at all times.

During group programs, Program Specialist/designee will assess/monitor Resident #1 positioning to others. Any need for repositioning will be immediately addressed and altered for others safety.

**Supporting Documentation**

Copy of Email to request reconsideration of violation to Surveyor October 27, 2015 #1

Copy of Plan of Care

#2

*Maureen Casey 2/10/16*  
Maureen Casey

Violation Report: 12987 - 10/27/2015 - Kazimer, Lauren  
 PGH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's RASP, finalized on 12/20/2014, contained a handwritten update that was not signed or dated by the staff person who made the entry. The update indicates, "Resident to be positioned out of arm reach of other residents."

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.

SEE ATTACHED

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</i>	Date <i>2-10-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *[Signature]*  
 (Date)

Plan of correction implementation status as of *[Signature]*  
 (Date)

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

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

Chandler Hall Hicks Residence License #129870  
Violation Page 3 of 3

Plan of Correction

**Actions taken to correct Violation**

Personal Care Administrator will review RCG 2600.251(Resident Records) with all Wellness Center(NP) and Personal Care Administrative staff who may document or submit an entry in a resident record.

**Step by Step Plan of Correction for Compliance(Change Made/Person Responsible for change/when change will be implemented/training)**

Personal Care Administrator met individually with Wellness Center NP's and Personal Care Administrative Staff to review and share a handout outlining Regulation 2600.251/Resident Records. (October 30, 2015)

Personal Care Administrator will add regulation review to new orientation for professional staff. (February 12, 2016)

**Supporting Documentation**

Sample Handout RCG 2600.251/Resident Record #3

Sample Orientation Outline #4

*Maureen Casey* 2-10-16  
Maureen Casey