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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **February 29,** **2016** until **March 1,** **2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129890

Robert E. Robinson
ISSUING OFFICER

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.

HS 628 – 12/14

pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 9 2016

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 inspections on December 14, 2015 and February 2, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License 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

C-2 LP	C-2 LP
04/08/1999	06/29/2000
PA L&I	PA L&I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 50 | Waking Staff: 38

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Provisional, Incident

On-Site Inspections Dates and Department Representatives On-Site

12/14/2015: McHale, Christine; Kazimer, Lauren

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 who:
Number of Residents Served: 40	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 40
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: 10
Number of Current Hospice Residents: 0	Have a Physical Disability: 1
Number of Hospice Residents in past year: 2	

Violation Report: 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
- On 12/14/15, there was no thermometer in the refrigerator in the second floor country kitchen of the Jordans building.

- On 12/14/15, there was no thermometer in the refrigerator in the second floor country kitchen of the Phelps building.

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)	Lynette M. Kullen			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Lynette M. Kullen CEO	Date 1/15/16		

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Actions taken to correct Violation (Page 2 of 8)

Upon surveyor identifying that there was a missing thermometer in the refrigerator in the second floor country kitchen of the Jordans building, a thermometer was immediately placed into the refrigerator prior to the surveyors exit interview.

Upon surveyor identifying that there was a missing thermometer in the refrigerator in the second floor country kitchen of the Phelps building, a thermometer was immediately placed into the refrigerator prior to the surveyors exit interview.

Administrator is asking for reconsideration if this violation as the thermometers were immediately replaced/corrected.

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

Work order was submitted to the Community Support Department to securely affix the existing thermometer to the inside of each country kitchen refrigerator/freezers (January 18, 2016)

Audit will be conducted each evening during the 11P-7A shift to check if thermometer is in place in country kitchen refrigerators/freezers. Form will be completed by on duty care partner. Any irregular findings will be called in to the Personal Care Administrative Coordinator/or designated alternate for remedy.

Training of Audit Form to 11P-7A care partner by Administrator (January 18, 2016)

Reviewed thermometer requirement/procedure at next Staff Meeting (January 21, 2016)

Supporting Documentation

Thermometer Audit Form

Lynette M. Kilen

Lynette M. Kilen CEO 1/15/16

Violation Report: 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:
(1) Contact information for each resident's designated person.
(2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
(3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
(4) Means of transportation in the event that relocation is required.
(5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
(6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

On 11/3/15, ancillary staff person A observed smoke in the Phelps kitchen that appeared to be coming from the steam table. Ancillary staff person A had the fire department called to respond to the situation. The home's training for fire safety and disaster preparedness instructs staff to follow the acronym RACE when they discover smoke or fire. The 'A" stands for Alarm and instructs staff to sound the alarm and "Don't ever hesitate to sound the alarm with any suspicion of fire!" Despite having a suspicion of fire, ancillary staff person A did not sound the fire alarm.

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) Lynette M. Killen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette M. Killen CEO

Date 1/15/16

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 3/3/16 (Date)

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

Correction for Page 3 of 8

Administrator is requesting reconsideration/removal of this violation based on the supporting information/documentation. Administrator contacted Newtown Township EMS- Chief [redacted]. According to the report that the Chief referenced and provided to me, The squad was dispatched and it took them less than 2 minutes to arrive on the scene at Phelps Manor House. During the call you can see the following "TXT: UNK IF CARELESS COOKING OR NOT, THEY ARE EVACUATING. 1. EMS arrived under two minutes at that point staff followed directions of first responders. 2. DHS RCG Page 206- Actual Fire Events states, " Homes must follow their evacuation plans unless emergency responders arrive in scene and direct otherwise. Homes that follow the direction of first responders will not be cited for failure to follow their evacuation plan"

Supporting Documentation

Fax from Newtown EMS (2 pages)

Actions taken to correct Violation

Pre-Fire Alarm/Smoke Detector Communication System/Fire Policy Review Training Sessions will be conducted by the Senior Director of Community Support (Fire Safety Expert)/designee to all Personal Care staff(including any ancillary staff working in Personal Care areas) by February 1, 2016. The purpose of the review is to ensure staff understanding that they are to implement RACE-Rescue, Alert, Contain, Call, Extinguish, Evacuate in the event of a fire/ or suspected fire when there is a delay in the fire alarm/smoke detectors which have not yet become operable.

Compliance to Regulation: DHS 2600.107b

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

Senior Director of Community Support (Fire Safety Expert)/designee to review Policy FAC 04-07 and Policy 01-07 with all Personal Care staff by February 1, 2016.

Effective February 2016, all new hire orientation sessions and annual Fire Safety Training sessions will highlight/include the Pre-Fire Alarm/Smoke Detector Policy.

Supporting Documentation

Policy FAC 04-07- Pre-Fire Alarm/Smoke Detectors Communication System

Policy FAC 01-07 Fire Policy

Mandatory Notice of Training

Revised Power Point Training

Revised Staff Affirmation of Fire Safety Training

Lynette M. Kellen

Lynette M. Kellen CEO 1/15/16

Violation Report: 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 6/30/14, does not include an immunization history, body positioning/movement, health status, cognitive functioning, mobility needs assessment, and special diet.

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) Lynette M. McKellen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette McKellen — Date 1/15/16

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

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

Actions taken to correct Violation

Resident #1 Medical Evaluation missing information was completed by PCP at time of survey.

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

Organizational meeting scheduled with Wellness Center Staff in order to ensure proper completion of Medical Evaluation. Participants- Personal Care Nurse Coordinators, Personal Care Administrator, Nurse Practitioners, Office Manager. Review Medical Evaluation and directions for completion. Meeting scheduled (January 20, 2016).

Personal Care Administrator/designee will conduct an audit of all Medical Evaluations prior to being filed in resident chart. This process will be conducted for 3 months and reevaluated for compliance. If 100% compliance is met, audit frequency will reduce to a sample of Medical Evaluations for a 3 month period and reevaluation.(January 18, 2016)

Supporting Documentation

Audit of Medical Evaluation

Lynette M. Keller

Lynette M Keller CEO 1/15/16

Violation Report: 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
(1) Vehicle registration.
(2) Valid driver's license for each vehicle operator.
(3) Vehicle insurance.
(4) Current inspection.
(5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION
The home's E-450 #15 vehicle's inspection expired November 2015. This vehicle is used to transport 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):			

Signature of Legal Entity Representative (Required on EVERY Page) Lynette M. Keller

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette M Keller — Date 1/15/16

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

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

Correction for Page 5 of 8

Actions taken to correct Violation

Vehicle E-450 #15 was Inspected on December 15, 2015.

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

To eliminate the possibility of a Chandler Hall vehicle passing its inspection and registration dates without being re-inspected and re-registered the transportation department will implement the following procedures.

1. A spreadsheet has been created with all dates of re- inspection and re- registration for all transportation vehicles. Implementation date 01/01/16, completion date, ongoing
2. The manager of the department and the lead driver will review the spreadsheet on Monday's of each week to ensure inspection/registration due dates are not missed. Implementation date 01/01/16, completion date, ongoing
3. Each driver will be re-trained on the daily inspection of the vehicle which includes checking the due dates of inspection and registration. Implementation date 01/01/16, completion date 01/18/16.

Supporting Documentation

Invoice from Inspection

Transportation Spreadsheet

Lynette M. Killen

Lynette M Killen CEO 1/15/16

Violation Report: 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
Resident #2 self-administers Ketaconazole 2% cream. Resident #2 was not assessed by a physician, physician's assistant or certified, registered nurse practitioner to be able to self-administer medications.

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) Lynette M. Kiel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette M Kiel CEO

Date 1/15/16

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The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Correction for Page 4 of 8

Actions taken to correct Violation

Family brought cream in for resident to self administer. Cream was removed from resident room. Family contacted and reminded to bring any medications, creams, powders, OTC/CAM to the care partner area for safe storage.

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

Medication Management Information sheet updated and includes an affirmation of understanding regarding safe storage. January 15, 2016

Resident and families will be provided with a Medication Management Information Sheet at the time of admission instead of at the time of assessment. Effective all new admissions beginning January 18, 2016

Training- next Staff Meeting to review safe storage and routine checks of resident rooms January 21, 2016

Supporting Documentation

Revised Personal Care Medication Management Form

Lynette M. Killen
Lynette M Killen CEO 1/15/16

Violation Report; 12989 - 12/14/2015 - McHale, Christine
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 12/14/15, a container of Nystatin Powder 10000 units/GM was unlocked and accessible to residents in resident #1's room.

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) Lynette M. Mullen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynette M Mullen CEO

Date 1/15/16

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

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

Correction for Page 7 of 8

Actions taken to correct Violation

Care Partner left Nystatin Powder on counter in bathroom after assistance with application.

Care Partner received disciplinary action for not following policy and procedure for safe storage of medication.

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

Training- next staff meeting review of policy revision PCH 01-14 Medication Administration/Medication Management (January 21, 2016)

Policy 01-14 will be put in communication Binder for all PC staff.(January 21, 2016)

Supporting Documentation

Policy 01-14 Medication Administration/Medication Management

Lynette M. Killen
Lynette M Killen CEO 1/15/16

Violation Report: 12989 - 12/14/2015 - McHale, Christine
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
On 12/14/15, an unlabeled glucometer was found in the medication cart for the Jordans building.

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)	Lynette M Keller			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Lynette M Keller CEO	Date 4/15/16		

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

The above plan of correction is approved as of 2/3/16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2/3/16 (Date)

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

Correction for Page 8 of 8

Actions taken to correct Violation

Unlabeled Glucometer was labeled with label/or permanent marker with resident name December 15, 2015.

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

Resident Care Coordinator/ or Care Partner to label any medical equipment the day resident is admitted. Glucometers will be marked with a label or silver permanent marker. January 18, 2016

Training- next staff meeting review of policy revision PCH 02-07 Accountability/Disposal of Medication/Controlled Substances and Medical Equipment January 21, 2016

A weekly check of All Glucometers will be conducted by the Resident Care Coordinator, starting within 30 days of receipt of this plan of correction.

Supporting Documentation

Policy 02-07 Accountability/Disposal of Medication/Controlled Substances and Medical Equipment

Lynette M. Kelly
Lynette M Kelly CEO 1/15/16