



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 28 2017

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 September 23, 2016, October 5, 2016, and October 14, 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.

Sincerely,



Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 6

PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS		License Number: 12989
Address: 99 BARCLAY STREET, NEWTOWN, PA 18940		County: Bucks
Administrator: Vicki Deters		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:	Total Daily Staff: 43	Working Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/23/2016: Adams, Patricia 10/05/2016: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 10/05/2016: Adams, Patricia 10/14/2016: Adams, Patricia 10/14/2016: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 33 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: 3 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 0	

Violation Report: 12089 - 09/23/2016 - Adams, Patricia
 PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 55 Pa.Code §2800
 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
 On [redacted] 16, resident #1 was found in the shower, sitting on a stool unresponsive. The resident [redacted] self inflicted wounds from a utility knife found on the shower floor. The resident's support plan dated 10/1/15 states "History of suicide attempt. Suicide attempt following death of [redacted]" Resident #1 had unsupervised access to the utility knife for hobby carving.

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.

Please see pg 1 of attached POC.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Anda C. Swiso*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda C. Swiso, PCHA* Date *4/20/2017*

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

The above plan of correction is approved as of <i>5/2/17</i> (Date)	Plan of correction implementation status as of <i>5/2/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</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: 12989-09/23/2016 – Adams, PatriciaPCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPSLicense Number: 12989Address: 99 Barclay Street, Newtown, PA 18940County: Bucks**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

On [REDACTED] 16, resident #1 was found in the shower sitting on a stool unresponsive. The resident [REDACTED] self-inflicted wounds from a utility knife found on the shower floor. The resident's support plan dated 10/1/15, states "history of suicide attempts. Suicide attempt following death of [REDACTED]" Resident #1 had unsupervised access to the utility knife for hobby carving.

3. PLAN OF CORRECTION (POC)

****Chandler Hall Health Services would like to appeal deficiency 42(b), as resident #1 was not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Resident and [REDACTED] family were very happy with the care [REDACTED] received here, and [REDACTED] suicide was not caused by any abuse, neglect, mistreatment, punishment or discipline. Resident #1 chose to take [REDACTED] own life in a very calculated manner, without sharing [REDACTED] wishes with anyone, due to [REDACTED] life-long battle with depression. Resident #1 received timely and quality medical, physical and psychiatric care at Chandler Hall.**

-What caused the violation? Resident #1 suffered from depression [REDACTED] entire life. During the admission process, resident's family shared that the resident had previously attempted to kill [REDACTED] by overdosing on medication following the death of [REDACTED]. Resident #1's [REDACTED] had brought [REDACTED] the utility knife as crafting was calming for the resident, especially when [REDACTED] felt depressed and anxious. The resident was admitted to Chandler Hall's Hicks Residence, which has the highest staffing ratio in Personal Care as it houses residents with memory loss of high care needs. Because the resident did so well in Hicks, [REDACTED] and [REDACTED] family advocated for [REDACTED] to move to our Phelps Manor House, where [REDACTED] could have better cognitive stimulation and social interactions. Resident #1 never shared [REDACTED] death wish with anyone at Chandler Hall. [REDACTED] was evaluated by the psychiatrist numerous times, whose notes stated that [REDACTED] was not suicidal. On September 13, 2016 Resident #1 was evaluated by [REDACTED] primary care physician and received a good report. Because the resident had a wish to die, this was unwelcome news as that meant [REDACTED] would live indefinitely.

-What was done right away to fix the violation? Chandler Hall management and the resident's family met with all staff and residents in the Phelps Manor House where the resident lived and discussed the incident, answered questions and used the time to reminisce about their time with [REDACTED]. Grief counseling was offered through social workers and the Employee Assistance Program for all staff. A suicide training plan was developed over the next few months to educate staff on how to better identify at risk residents. Detailed and repeated RASP training was provided to all staff members.

-What can be done to prevent future violations of this nature? All new residents are screened for possible at risk behaviors by administering the Global Depression Scale during the pre-admission process. Assignment sheets were developed to provide readily accessible info for all residents, especially at risk behaviors. "At a glance" introductory overviews are developed for each resident prior to or day of admission outlining important info such as at risk behaviors, ADL needs and diagnoses. Policy "of intent to harm" was reviewed and approved at ethics meeting on 12/14/16. Ongoing staff training regarding suicide prevention is taking place regularly for staff.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented?
The PC Administrator, Social Worker or designee will conduct quarterly resident chart audits to ensure compliance. New admissions and at risk residents will be reviewed at collaboration meetings with the interdisciplinary team. Results will be reviewed during Quality Management meetings.

Signature of Legal Entity Representative



 Printed Name and Title of Legal Entity Representative
 ANDRA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

4/20/2017

Violation Report: 12989 - 09/29/2016 - Adams, Patricia
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 58 Pa.Code §2600

2800.85(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

Resident #1, admitted [redacted] 16, was found in the shower on [redacted] 16, sitting on a stool unresponsive. The resident [redacted] self inflicted wounds. The staff who provided care to Resident #1 were interviewed and none could recall any of the home's training on suicide.

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.

Please see page 2 of attached POC.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ainda C. Nuro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ainda C. Nuro* Date *4/26/2017*

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

The above plan of correction is approved as of 5/2/17 (Date)

Plan of correction implementation status as of 5/2/17 (Date)

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

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

Violation Report: 12989-09/23/2016 – Adams, PatriciaPCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPSLicense Number: 12989Address: 99 Barclay Street, Newtown, PA 18940County: Bucks**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 pre-admission screening form, assessment tool, medical evaluation, and support plan.
3. Care for residents with dementia and cognitive impairments
4. Infection control and general principals of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and hydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness of mental retardation, or both if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted [REDACTED] 15 was found in the shower on [REDACTED] 16 sitting on a stool unresponsive. The resident [REDACTED] self-inflicted wounds. The staff who provided care to resident #1 were interviewed and none could recall any of the home's training on suicide.

3. PLAN OF CORRECTION (POC)

-What caused the violation? The violation was caused by inadequate and lack of Integrating training already received regarding the RASP. Prior to this incident, Chandler Hall did not have a suicide prevention training program. Suicide prevention is not a mandatory topic in DHS's annual training for direct care staff.

-What was done right away to fix the violation? Suicide Policy Discussion Group reviewed existing "self-harm" policies and initiated a plan for a suicide training program. A suicide training plan was developed over the next few months to educate staff on how to better identify at risk residents and is now being offered in Chandler Hall's annual training topic rotation. Bereavement support counseling was offered on campus and through existing Employee Assistance Program to any staff requesting support.

-What can be done to prevent future violations of this nature? Ensure that training encompassing components and utilization of RASP, mental health warning signs/suicide are afforded to staff in orientation, as needed and annually.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The PC team including Administrator, Administrative Coordinator, and SW will monitor compliance with training requirements. The PC Administrator will conduct quarterly audits of staff files to ensure compliance with training. Results of audits will be reviewed at the Quality Management committee.

Signature of Legal Entity Representative



 Printed Name and Title of Legal Entity Representative
 ANDRA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

4/20/2017

Violation Report: 12989 - 09/23/2016 - Adams, Patricia
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 65 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

An assessment was completed for resident #1 on 10/1/16. The home assessed the resident's judgement as being no problem; specifically the Resident's decisions are not harmful to self or others. On [redacted]/16 the resident was found in the shower, sitting on a stool unresponsive. The resident [redacted] self inflicted wounds.

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.

Please see page 3 of attached POC.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda C. Duroso*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda C. Duroso, PCHA* Date *4/20/2017*

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The above plan of correction is approved as of *5/2/17* (Date)

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

Plan of correction implementation status as of *5/2/17* (Date)

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

Violation Report: 12989-09/23/2016 – Adams, Patricia

PCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPS

License Number: 12989

Address: 99 Barclay Street, Newtown, PA 18940

County: Bucks

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 in the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #1 on 10/1/15. The home assessed the resident’s judgement as being no problem; specifically the resident’s decisions are not harmful to self or others. On [redacted] 16, the resident was found in the shower sitting on a stool unresponsive. The resident [redacted] self-inflicted wounds.

PLAN OF CORRECTION (POC) An assessment was completed for resident #1 on 10/1/15. The next annual would have been 10/1/16. Chandler Hall had this resident admitted to our higher level of Personal Care for supervision based on [redacted] suicide attempt prior to admission. While [redacted] was moved to the Phelps Manor House on October 13, 2015, it was not due to a significant change rather the resident had done so well, [redacted] and [redacted] family asked for a move to an environment with residents who were less cognitively impaired so that the Resident could have better social stimulation. The interdisciplinary team including the PCP and psychiatrist agreed that the Resident did not show any signs of being suicidal and granted the request for a move. Resident received frequent, routine and sick visits by PCP/NP, as well as follow-up by Gero-Psych. None of these professional evaluations, nor the resident’s behavior indicated that resident’s judgement was impaired or that the resident’s decisions were harmful to self or others. On 12/9/15 resident was administered the Global Depression Scale, scoring an 8, which indicates probable depression, for which [redacted] was being treated with medications and support from family and staff. On 7/19/16, resident had a mini mental examination performed on which [redacted] scored 27/30, indicating normal cognitive function.

Prior to this Resident’s death, there were no significant changes therefore we respectfully request for this violation to be retracted

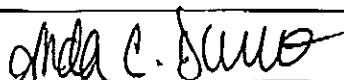
-What caused the violation? Resident #1 did not share any of [redacted] suicidal ideations, nor did [redacted] behavior indicate increased depression prior to the suicide. Resident was alert and oriented and had no cognitive impairment. The Documentation of Medical Evaluation completed by Dr. [redacted] from admission, dated [redacted] /15 stated that the resident can use or avoid poisonous materials, that there were no special needs, nor that [redacted] needed a secured dementia unit. The psychiatrist evaluated [redacted] on [redacted] 15 prior to admission, notes that “[redacted] is able to make [redacted] own decisions....not psychotic. Psychiatric evaluation on 10/1/15 stated “Not acutely suicidal, can move to Manor House.” On 12/10/15, the psychiatrist saw Resident #1 again noting “resident stable, denies any further suicidal ideation...”. On [redacted] 16, psychiatrist saw Resident #1 again because [redacted] reported [redacted] was displaying increased agitation, anger and outbursts following an illness (acute URI). Note states “minor neurocognitive disorder, depression, PTSD. Clearly ill with acute upper respiratory symptoms and not at baseline from prior visits.” Based on all available information and reports from the resident [redacted] as well as [redacted] family, there were no indications that the resident had any suicidal ideations during or after [redacted] admission to Chandler Hall.

-What was done right away to fix the violation? Resident #1’s RASP and assessment were up to date. A change in condition update to the RASP was not required in this case. The PC team performs quarterly audits to ensure assessments, RASPs and DMEs are up to date.

-What can be done to prevent future violations of this nature? Chandler Hall would not discriminate against someone with a history of depression or suicidal attempts. The assessment process at Chandler Hall is very thorough and will continue to be followed. Ongoing suicide prevention programs will be provided to staff on an annual basis.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Personal Care team will continue following the assessment process and screening residents. Residents at risk for suicide will be discussed at inter-disciplinary collaboration meetings, ethics committee, quarterly quality management plan meetings.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative
ANDRA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

4/20/2017

Violation Report: 12988 - 09/23/2016 - Adams, Patricia
PCH Name: CHANDLER HALL HEALTH SERVICES INC JORDANS PHELPS

1. REGULATION 88 Pa.Code §2600
2600.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
Resident #1's support plan dated 10/1/16 states "History of suicide attempt. Suicide attempt following death of [redacted] Staff made aware of resident's history and monitor for changes in mood or behavior." The information is listed in Section 3: Mental Health, and Cognitive Functioning Needs. The direct care staff assigned to provide care were all unaware of Resident #1's history of suicide attempt. The information was relayed during a meeting held by the family to assist the staff in dealing with their grief and sudden loss of the resident.

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.

Please see page 4 of attached POC.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda C. Duvoo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda C. Duvoo* Date *4/20/2017*

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

The above plan of correction is approved as of *5/2/17*
(Date)

Plan of correction implementation status as of *5/2/17*
(Date)

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

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

Violation Report: 12989-09/23/2016 – Adams, PatriciaPCH Name: CHANDLER HALL HEALTH SERVICES, INC. JORDANS PHELPSLicense Number: 12989Address: 99 Barclay Street, Newtown, PA 18940County: Bucks**2. REGULATION 55 Pa. Code §2600**

2600.227(l) – The support plan shall be accessible to direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan dated 10/1/15 states "History of suicide attempts. Suicide attempt following death of [REDACTED] Staff made aware of resident's history. Monitor for changes in mood or behavior." The information is listed in section 3: mental health and cognitive functioning needs. The direct care staff assigned to provide care were all unaware of resident #1's history of suicide attempts. The information was relayed during a meeting held by the family to assist the staff in dealing with their grief and sudden loss of the resident.

6. PLAN OF CORRECTION (POC)

-What caused the violation? Resident did not share [REDACTED] suicidal ideations, with staff, family, friends, psychiatrist nor primary care physician. The violation was also caused by inadequate and lack of integrating training already received regarding the RASP as well as a lack of suicide prevention training. Although the RASPs are readily available to staff, it became apparent after the incident that some staff members had not been reading the residents' RASPs as they were trained to do.

-What was done right away to fix the violation? Staff were retrained on RASPs. The importance of reading RASPs, especially those of new residents, was reiterated during meetings and training with the staff. The PC management team stressed that PC staff members are expected to display knowledge of job specific training.

-What can be done to prevent future violations of this nature? New PC staff are being oriented on the location of RASPs in each house. Assignment sheets were developed to provide readily accessible information for all residents, especially at risk behaviors. "At a glance" introductory overviews are developed for each resident prior to or day of admission outlining important info such as at risk behaviors, ADL needs and diagnoses. Training encompassing components and utilization of RASP, mental health warning signs/suicide are being afforded to staff in orientation, as needed and annually.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The PC team including Administrator, Administrative Coordinator, and SW will monitor compliance with training requirements. The PC Administrator will conduct quarterly audits of staff files to ensure compliance with training. Results of audits will be reviewed at the Quality Management committee.

Signature of Legal Entity Representative



 Printed Name and Title of Legal Entity Representative
 ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

4/20/2017