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. - HICKS**
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 Human Services 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 28, 2017** until **February 28, 2018**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **129870**

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 – 12/16

pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 8 2017

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' annual licensing inspections on December 12, 2016 and December 13, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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



| | |
|---|---|
| PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS | License Number: 12987 |
| Address: 99 BARCLAY STREET, NEWTOWN, PA 18940 | County: Bucks |
| Administrator: Anda Durso | 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
09/29/1986
Commonwealth of PA

**Staffing Hours**

Resident Support: 30 | Total Daily Staff: 90 | Waking Staff: 68

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

**Reason(s) for Inspection(s)**

Renewal

**On-Site Inspections Dates and Department Representatives On-Site**

12/12/2016: Kazimer, Lauren; Parker, Shawn
12/13/2016: Kazimer, Lauren; Parker, Shawn

**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: 30 | Receive Supplemental Security Income: 0 |
| Secured Dementia Care Unit in Home: No | Are 60 Years of Age or Older: 30 |
| 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: 30 |
| Number of Current Hospice Residents: 2 | Have a Physical Disability: 1 |
| Number of Hospice Residents in past year: 11 | |

**Violation Report:** 12987 - 12/12/2016 - Kazimer, Lauren
**PCH Name:** CHANDLER HALL HEALTH SERVICES INC HICKS

**1. REGULATION 55 Pa.Code §2600**
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**
Resident # 1 last medical evaluation was completed on 09-22-16, previous was 07-22-15. Exceeds 1 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.*

See pg 1 of attached POC

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

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

**Printed Name and Title of Legal Entity Representative** (Required on EVERY Page) Anda Lluso, PC Administrator — **Date** 1/4/17

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

The above plan of correction is approved as of 1/10/17 (Date)

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

Plan of correction implementation status as of 1/10/17 (Date)

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

Violation Report: 12987-12/12/2016 – Lauren Kazimer

PCH Name: CHANDLER HALL HEALTH SERVICES, INC. HICKS RESIDENCE License Number: 12987

Address: 99 Barclay Street, Newtown, PA 18940 County: Bucks

| |
|---|
| 1. REGULATION 55 Pa. Code §2600<br>2600.14(b)(1)- A resident shall have a medical evaluation at least annually. |
| 2a. DESCRIPTION OF VIOLATION<br>Resident #1 last medical evaluation was completed on 09-22-16, previous was 07-22-15. Exceeds 1 year. |
| 3. PLAN OF CORRECTION (POC)<br><br>**-What caused the violation?** Resident #1 has an outside physician. In June 2016 the Personal Care team (Administrative Coordinator and Resident Care Coordinator) notified resident's daughter via phone that her [redacted] was due for [redacted] annual medical evaluation. The daughter cancelled the appointment [redacted] had scheduled for July, wasn't available in August, and took her [redacted] to the medical evaluation in September.<br><br>**-What can be done right away to fix the violation?** In October 2016 Chandler Hall implemented a letter to remind residents and their responsible parties of their upcoming annual medical evaluations. This reminder letter, which is attached to this plan of correction, is sent out to the responsible party 60 days in advance of the medical evaluation being due.<br><br>**-What can be done to prevent future violations of this nature?** Chart audits were performed in October for all residents, at which point Resident #1 was identified as having an overdue medical evaluation. However, because the medical evaluation was performed late, we could not have the situation rectified. The reminder letter was developed as a result of the self-audit. Upcoming medical evaluations will be reviewed during the weekly "Collaboration Meeting" on Fridays at 12 pm.<br><br>**-Who will be responsible for ensuring the POC is implemented and that future violations are prevented?** In the first week of each month, the PC Administrative Coordinator, will utilize the Chart Audit file for the Hicks building and send out the reminder letters to residents whose medical evaluations are due within the next two months. Any responsible party who has not responded within 14 days of receiving the reminder letter will be contacted by the Resident Care Coordinator and be informed that Chandler Hall will make the appointment and arrangements for the resident to attend the appointment at the responsible party's cost. The Personal Care Administrator will review the outstanding medical evaluations and inform the family of the appointment date and arrangements. |
| Signature of Legal Entity Representative<br>Anda C. Durso |
| Printed Name and Title of Legal Entity Representative<br>ANDA DURSO, PERSONAL CARE ADMINISTRATOR<br>Date: 1/4/17 |

Violation Report: 12987 - 12/12/2016 - Kazimer, Lauren
PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

**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**
Resident # 2 Glucose 15gm oral 40% gel PRN not in 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.*

See page 2 of attached POC

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

Signature of Legal Entity Representative (Required on EVERY Page) Linda Burso

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Burso, PC Administrator — Date 1/4/17

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The above plan of correction is approved as of 1/10/17 (Date)

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

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PCH Name: CHANDLER HALL HEALTH SERVICES, INC. HICKS RESIDENCE License Number: 12987

Address: 99 Barclay Street, Newtown, PA 18940 County: Bucks

| |
|---|
| 1. REGULATION 55 Pa. Code §2600<br>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<br>Resident #2 Glucose 15 mg oral 40% gel PRN not in home. |
| 3.PLAN OF CORRECTION (POC)<br><br>-What caused the violation? Resident #2 was admitted from skilled nursing with a diabetes treatment which included Metformin twice a day and an emergency glucose gel. When the resident was admitted to our Personal Care Home and seen by our doctor, the treatment was changed to diet control rather than Metformin and the emergency glucose gel. Both the Metformin and the Glucose gel were discontinued and removed from the cart. However, the order for the Glucose gel was not removed from the Medication Administration Record and Physician Order Sheet.<br><br>-What can be done right away to fix the violation? The Resident Care Coordinator (nurse) spoke to the physician the same day of the inspection and received clarification that the Glucose gel was indeed meant to be discontinued. A written order was obtained to discontinue the Glucose gel and subsequently the order was removed from the Medication Administration Record and Physician Order Sheet. A copy of the discontinued order was provided to the inspectors the day of the inspection.<br><br>-What can be done to prevent future violations of this nature? Medication changes (new orders, changes or discontinuation of orders) will be transcribed by a nurse or designee within 24 hours. MAR to medication cart audits will be completed weekly by the night nurses or designee to ensure consistency between the MAR and the medications available in the cart.<br><br>-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? MAR to medication cart audits will be submitted weekly to the Resident Care Coordinator or the PC Administrator for review, identifying any discrepancies promptly. |
| Signature of Legal Entity Representative<br>Anda Durso |
| Printed Name and Title of Legal Entity Representative<br>ANDA DURSO, PERSONAL CARE ADMINISTRATOR<br>Date: 1/4/17 |