



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: July 13, 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' licensing inspection on May 8, 2017 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,

  
Sandra Wooters  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary



Violation Report: 12987 - 05/08/2017 - Colon, Lissette  
 PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

**1. REGULATION 56 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1's Lexapro was filled on 12/20/16, however on 5/8/17, there was still five pills left in the bottle. The home does not have a documentallon of the receipt of prescription medications or an accountability of medications given.

**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 attached POC.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Anda Newso*

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

*Anda Newso, PC Administrator*

Date

*6/23/17*

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

The above plan of correction is approved as of

*7/12/17*  
 (Date)

Plan of correction implementation status as of

*7/12/17*  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 12987 - 05/08/2017 - Lissette Colon

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**

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- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications, and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's Lexapro was filled on 12/20/16, however on 5/8/17, there was still five pills left in the bottle. The home does not have a documentation of the receipt of prescription medications or an accountability of medications given.

**3. PLAN OF CORRECTION (POC)**

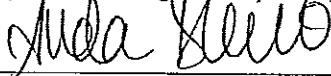
-What caused the violation? Resident #1 uses an outside pharmacy. [REDACTED] daughter refills the medications and brings the vials to Chandler Hall. Resident #1's daughter changed pharmacies, therefore changing manufacturer of Lexapro. When she delivered the medications in December, she took a vial of pills she already had from her old pharmacy, and combined it with the new one. This resulted in the December 2016 vial of Lexapro containing an extra 5 pills, which were oval, versus the round pills which were in there before.

-What can be done right away to fix the violation? The December 2016 vials of Lexapro was discarded and the medication was wasted as per protocol by the nurse. In May 2017 Chandler Hall implemented a form for residents and their responsible parties who utilize outside pharmacies. This "Medication Receipt" form, which is attached to this plan of correction, is used to document medications received from outside pharmacies. Chandler Hall staff count the medications, sign off as the person receiving the meds, and then the person delivering them (whether it is a family member or a delivery person) signs off on the form as well.

-What can be done to prevent future violations of this nature? Charts were audited to determine which residents use outside pharmacies. These families were sent "Outside Pharmacy" agreements which outline their obligations should they choose to use a pharmacy other than Omnicare. The "Medication Receipt" form is also being used for all deliveries, accounting for what is delivered, how much and by whom.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The PC nurse, administrator or designee will conduct random audits of 10% of the resident medications and match them up against the delivery sheets. Results will be reviewed during Quality Management meetings.

Signature of Legal Entity Representative



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

Date: 6/23/17

Ⓢ 7/2/17