



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: FEB 26 2018**

Ms. Carol Luther,  
Interim Executive Director  
Chandler Hall Health Services, Inc.  
99 Barclay Street  
Newtown, Pennsylvania 18940

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

Dear Ms. Luther

As a result of the Department of Human Services' licensing inspection on November 22, 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,

A handwritten signature in black ink that reads "Patricia Adams" with a stylized flourish at the end.

Patricia Adams  
Southeast Regional Director

Enclosure  
Licensing Inspection Summary



Violation Report: 12987 - 11/22/2017 - Gray, Dean  
PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
- On 11/05/17, the 3-11 staff members A, B, C and D blocked an exit door with furniture and chairs. Several witness statements detail the blocked egress from the home's first floor exit door to prevent Resident #1's attempts to exit the building.  
- On 11/22/17, during this investigators walk through, a chair was positioned in front of an exit door in the dining area preventing use of the door.

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.

Violation 2600.121a as noted above

What was done immediately to correct the violation  
11/6/2017 The PC Administrator (PCA) and another staff person immediately unblocked the exit.  
11/22/2017 Staff unblocked the exit.  
11/6/2017 The home immediately placed the staff involved on administrative leave  
11/6-11/10/17 The PCA educated the remaining staff in the unit that at no time can an exit egress be blocked.

What will be done to prevent this from happening again.  
11/23/17 and on going: The PCA/Resident Coordinators are monitoring all exits to ensure that all exits are not being blocked daily at random times.  
11/29/17 thru 1/31/2018 The PCA will meet with all staff and review the regulation #2600.202 and 121a. The PCA is having staff sign a letter that

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nora Alba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nora Alba PC Administrator Date 11-5-2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/15/18 (Date)

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

Plan of correction implementation status as of 2/15/18 (Date)

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

Chandler Hall Health Services, Inc. Hicks

2600.121 (a)

Continued:

Is a condition of their employment. (See attachment #1)

**Ongoing** All annual training for Fire safety will be taught with an emphasis on regulation 2600.121 (a) and 2600.202

**Ongoing** The personal care administrator/Coordinator will educate all new employees regarding regulation 121 (a) as part of the orientation conducted on the first day.

11/29/17 and 12/5/17 was training required by DHS that all staff involved in the incident attend training by the fire safety expert or the Newtown Fire Department prior to returning to work.

Violation Report: 12987 - 11/22/2017 - Gray, Dean  
PCH Name: CHANDLER HALL HEALTH SERVICES INC HICKS

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 11/05/17, staff members A, B, C and D barricaded one of the first floor exit doors using a dresser, two chairs and a shopping cart in order to prevent Resident #1 from eloping through that door.

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.

Violation 2600.202 as noted above  
 What was done immediately  
 11/6/2017 - the PC Administrator and another staff member unblocked the egress.  
 11/6/2017 - Resident's physician & POA notified  
 11/6/2017 all staff involved were placed on administrative leave.  
 What will be done to address this from happening again?  
 11/15/17 DHS was notified for a plan of supervision to allow staff involved to come in for training only - Plan of Supervision approved.  
 11/17/17 mandatory Dementia Training offered for the staff involved. Given by [redacted] attachment #3  
 12/15/17 @ 12/18/2017 additional Dementia Training offered for staff

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nora Alba*


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nora Alba PC Administrator* Date *1-3-2018*

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

The above plan of correction is approved as of 2/15/18 (Date)

Plan of correction implementation status as of 2/15/18 (Date)

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

The above plan of correction was approved by  (Initials)

Chandler Hall Health Services, Inc. Hicks

2600.202

Continued:

**Ongoing** All annual training for Fire safety and Dementia training will include an emphasis on regulation 2600.121 (a) and 2600.202