



May 14, 2019

Ms. Dakia McMillian  
Executive Director  
Chandler Hall Health Services, Inc.  
99 Barclay Street  
Newtown, Pennsylvania 18940

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

Dear Ms. McMillian:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 28, 29, and 30, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

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](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,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 12887 - 01/28/2019 - Heinberg, Jennie  
 PCH Name: Chandler Hall Health Services, Inc Hick

1. REGULATION 58 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 # 3 was scheduled an blood sugar reading at 4:30pm on 1/1/19. The resident never received the blood sugar check.

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.

2600.185a - Violation as noted above

What was done Immediately:

The PCP was notified and the resident did not have a negative outcome.

The missed accucheck was noted by the night nurse (C.K.) and reported to the Administrator.

The nurse (L.L.) responsible for not doing the accucheck as ordered was terminated.

On Going:

The night nurse (C. K.) continues to do weekly audits of all of glucometers that are scheduled for accuracy. (Attachment #1)

On 4/29 and monthly: The Medication Care Partners/Nurses have been instructed to check for any missing documentation at the end of the med pass and immediately report any missed medications, treatments and accuchecks to the Coordinator/Nurse.

On 5/8/19 and annually: At the annual Competency Health Fair: The diabetic trainer will have the Medication Care Partners/Nurses review the use of the glucometers and review the documentation of results.

Administrator or designee will ensure all residents receive blood sugar checks at prescribed times.  
 Weekly glucometer audit log to be maintained for Department review. SP 05-01-19.

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) <i>Nora Alba PC Administrator</i>	Date <i>4-29-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>05-01-19</u> (Date)	Plan of correction implementation status as of <u>05-01-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (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: 12987 - 01/28/2019 - Heinberg, Jennie  
 PCH Name: Chandler Hall Health Services, Inc Hlok

1. REGULATION 58 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  
 During a narcotic count on 12/16/18, the staff realized resident #7 was missing one dose of Lorazepam. The home started an investigation but weren't able to establish what happened to the lost dose of Lorazepam.

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.*

2600.185(b) : Violation as noted above:

What was done immediately:

The resident was monitored and appeared to be in her normal state.  
 The PCP was notified  
 The home completed an investigation and the medication was not found.  
 The nurse was placed on a suspension during the investigation subsequently terminated for medication errors.  
 The cost of the medication was reimbursed to the resident.  
 12/18/18: The home reviewed the proper steps for doing a narcotic count. (Attachment #2)

On going :

4/29/18 and monthly: The home will review the narcotic count policy with the Medication Care Partners at each staff meeting.  
 The home will determine if the Medication Care Partner / nurse will be sent for a drug screening if a narcotic is missing.

Please see attached.....

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) <i>Nora Alba PC Administrator</i>	Date <i>4-29-19</i>
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2600.185 (b)

Staff who administer medication will be in serviced on regulation 2600.185(b) relating to distribution of narcotics and controlled substances. Documentation to be maintained for Department review.

SP 05-01-19.

Violation Report: 12987 - 01/28/2019 - Heinberg, Jennie  
 PCH Name: Chandler Hall Health Services, Inc Hick

1. REGULATION 56 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION  
 On 12/4/18, resident #1 was administered Duocolax that was prescribed for another 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.

2600.186(b) Violation report as noted above:

What was done immediately:

The PCP were notified of the error.

An investigation was completed and the nurse that administered the wrong medication was subsequently terminated for medication errors.

What will be done on going:

Steps that the home will follow if a Medication Care Partner (MCP) /nurse has a medication error as follows:

When a MCP/nurse has a first time medication error, the MCP/nurse will be educated by the Train the Trainer immediately as long as the resident did not have a negative outcome.

If the MCP/nurse has another medication error within 3 months of the first med error. MCP/nurse will be educated prior to administering medications and will have additional medication observations weekly for a month as long the resident did not have a negative outcome.

If a MCP/nurse had a third medication error, the MCP/nurse will be removed from administering medications. If the home determines the person cannot be a MCP/nurse they will only provide care or be required to take the medication class again. The Staff person may be terminated depending on the circumstances.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nora Albe - PC Administrator* Date *4-29-19*

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2600.186 (b)

Staff who administer medication will be in serviced on regulation 2600.186(b) immediately to ensure prescribed medication is only used by resident intended for. Documentation to be maintained for Department review.

SP 05-01-19.

Violation Report: 12987 - 01/28/2019 - Heinberg, Jennie  
 PCH Name: Chandler Hall Health Services, Inc Hick

1. REGULATION 85 Pa.Code §2800  
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the prescriber's order in prepping resident #1 for a colonoscopy exam.  
 The home failed to administer Tramadol on 12/6/18 at 9pm for resident #2 per prescriber's order.  
 The home failed to follow prescriber's order by not completing a scheduled Accucheck reading at 4:30pm on 1/1/19 for resident #3.  
 The home failed to administer Alprazolam on 9/28/18 at 7pm for resident #4 per prescriber's order.  
 The home did not administer scheduled minineb treatment with brovana solution at 9pm on 7/23/18 per prescriber's order for resident #5.  
 The Resident #6 was administered the incorrect dosage of Alprazolam Tab on 12/17/18. The prescriber's order was to administer 2 Alprazolam tablets of 0.25mg; the home administered one tab of Alprazolam 0.25mg tab.  
 Resident #6 received an incorrect dosage of xanax on 12/31/18, the prescriber's order was 0.25 mg of xanax twice a day and the resident was only given 0.25 mg of xanax once a day.

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) <i>Nora Alba</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nora Alba PC Administrator</i>			Date <i>4-22-19</i>
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2600.187(d) The violations as noted above

What was done immediately regarding the staff not following the prescribers directions:

The POA's and PCP's were notified.

Two of the nurses (K.B. and L.L ) were terminated. Medication Care Partner (MCP). MCP responsible for the 7/28/18 is not employed here. MCP from the incident on 12/17/18 has been removed from medication administration

What will be done on going:

On 4/29/2019 and monthly: The Train the Trainer will review best practices at the monthly staff meeting regarding transcriptions of orders and the administration of medications (review the 5 rights and three checks).

All new orders will receive a second check by a nurse to confirm the directions placed on the Medication Log are correctly transcribed. (The orders will have a red check with the nurses initials and date that the second check took place).

The MCP/ nurse who have a medication error will immediately be educated by the Medication Train the Trainer prior to being permitted to give medication again or transcribe orders again.

If the MCP/nurse has a second medication error within three months of the first medication error, The MCP/nurse will have weekly medication observations done for a month, provided the resident did not have a negative outcome.

If the MCP/nurse has a third medication error the staff person will not be permitted to give medication again until they attend the class Medication training class again if appropriate or will be terminated.

*Norm. DUB PCA 4/2/19*