pennsylvania
DEPARTMENT OF HUMAN SERVICES

May 17, 2019

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

RE: Chandler Hall Health Services, Inc.
Jordan-Phelps
License #: 129890

Dear Ms. Luther:

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.

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

Enclosure
Violation Report

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

PCH Name: Chandler Hall Health Services, Inc Jordan/Phelps	License Number: 12989
Address: 99 Barclay Street, Newtown, PA 18940	County: Bucks
Administrator: Nora Alba	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, L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site
01/28/2019: Heinberg, Jennie; Thomas, Tahesia
01/29/2019: Heinberg, Jennie; Thomas, Tahesia
01/30/2019: Heinberg, Jennie; Thomas, Tahesia

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: 36	Number of Residents who:
Number of Residents Served: 29	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0
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: 29
Number of Current Hospice Residents: 1	Have a Physical Disability: 0
Number of Hospice Residents in past year: 7	

nora alba 5/1/19

Violation Report: 12989 - 01/28/2019 - Heinberg, Jennie
PCH Name: Chandler Hall Health Services, Inc Jordan/Phelps

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 8/29/2018, at approximately 6:00 am, staff members on the overnight shift discovered a medication cup with 2 pills in the bedroom of resident #.1. Resident # 1 was scheduled to take Doxazosin and Tamsulosin at bedtime. The home failed to assure resident # 1's medications were administered properly.

On 11/7/2018, at approximately 6:00 pm, Resident # 2's family found morning medications in a medication cup in the residents bedroom. The home failed to assure resident # 2's medications were administered properly.

On 12/13/2018, at approximately 3:55pm, three morning medications (I vite Protect, Calcium, and Glipizide) were found in resident # 3's coffee table. Staff believed resident 3 spit-out the medications due to the evidence of bioresorbance coating residue found on the medications. The home failed to make sure resident # 3 ingested the medication.

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) Nora Albo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nora Albo PC Administrator | Date 5-2-19

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

The above plan of correction is approved as of 05-03-19 (Date)

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

Plan of correction implementation status as of 05-03-19 (Date)

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

2600.182c : The violation as noted above:

What was done immediately:

The residents were monitored and did not have a negative outcome.

The POA's and PCP's were notified.

The PC Administrator investigated the medication errors and the Medication Care Partners were educated to the proper procedure for administering medications.

What will be on going:

On 4/29/19 and monthly the Medication Train the Trainer will review the proper procedures to follow for administering medications/treatments at each staff meeting.

If a Medication Care Partner(MCP)/nurse has a medication error moving forward the following steps will be followed:

The Medication Train the Trainer will educate the MCP/nurse when they have a first medication/treatment error. They will review the medication error and educate the MCP/nurse on the proper procedure.

If the MCP/nurse has a second med error within three months, the MCP/nurse will be educated and receive additional medication observations of administration each week for 4 weeks.

If the MCP/nurse has a third medication/treatment error within three months the MCP/nurse will be removed from administering medications until they attend the Medication Train the Trainer class again or be removed from administering medications.

At any time if the resident has a negative outcome the MCP/nurse will be immediately removed from administering medication/treatments and may lead to termination.

By 5/15/19: The Administrator/ Medication Train the trainer will interview the residents in the home and investigate how the residents are receiving their medications (attachment #1). The results will be discussed at the monthly QAPI meeting to address the results and to develop a plan based on the results of the investigation and followed monthly.

5/2/19

Violation Report: 12989 - 01/28/2019 - Heinberg, Jennie
PCH Name: Chandler Hall Health Services, Inc Jordan/Phelps

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 8/29/2018, at 8:00 pm, Resident # 4 was scheduled to get 0.5mg tab of Lorazapam orally. The medication care partner administered Xanax 0.5mg tablet instead of the Lorazapam.

Resident # 5 has a prescription for Eucerin for dry skin which is to be applied 2x times daily. On 9/10/2018, the home conducted an audit and it was discovered that the staff failed to apply the eucerin on 5/27/18, 5/29/2018, 5/30/2018, and 5/31/2018 in the evening. The eucerin was not applied on 6/1/2018, 6/4/2018 and 6/6/2018, In-home investigation determined that staff did not apply the Eucerin Cream because staff thought medication was not available to apply.

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) Nora Alba

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nora Alba PC Administrator

Date 5-2-19

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

2600.187(d) Violation as noted above

What was done immediately:

The residents were monitored and did not have a negative outcome

The POA's and PCP's was notified

2/5,2/7 and 2/9/19: The Medication Train the Trainer held Medication Management Meetings with the Medication Care Partners/nurses to review the proper process for the medication program (see attached #2).

What will be done on going:

4/29/19 and monthly:

Each month at the staff meeting the Medication Train the Trainer will review the medication management process

The Medication Train the Trainer will continue to follow the following steps regarding med errors as long as the resident did not have a negative outcome:

The Medication Train the Trainer will meet with the Medication Care Partner (MCP)/nurse when they have a medication error for the first time in order to educate the MCP/nurse to the proper steps to follow.

If The MCP/nurse has a second medication error within three months the Medication Train the Trainer will counsel and educate the MCP/nurse on the proper steps and the MCP/nurse will have a weekly medication observation of med administration for a month.

If the MCP/nurse has a third medication error the MCP/ nurse will be not be permitted to administer medications until they take the Medication Train the Trainer program again.

In the event the resident has a negative outcome the MCP/nurse will be removed from administering medications again and may lead to termination.

On going: The Medication Program will be reviewed monthly at the QAPI meeting.

Tara Allen 5/1/19

Newtown Emergency Services Department
55 Municipal Drive
Newtown, Pennsylvania 18940
(215) 968-2800 Ext. 255 * Fax (215) 504-2204
http://www.twp.newtown.pa.us

August 9 2018

Chandler Hall Health Services, Inc.
99 Barclay Street
Newtown, PA 18940

Re: Evacuation of Chandler Hall Health Services – Jordan's, Phelps & Wright Personal Care Residents

To Whom It May Concern:

Chandler Hall Health Services, Inc. – The building is a two story, fire resistive type construction. Exit access is arranged so that exits are readily accessible at all times. All doors in fire separations assemblies are held open with devices that are designed to release upon activation of any automatic fire protection system. All exit egresses are lighted with dual illumination that is tied to emergency power supplies. Corridors are constructed to meet the 30-muinute fire resistance rating. Magnetic fire door hold open devices are used on doors connected to the fire alarm system. Stairways, elevator shafts, light and ventilation shafts, chutes and other vertical openings between floors are enclosed with a fire resistive construction to give at least a 1 hour fire rating. ABC type fire extinguishers are located throughout the building. A Notifier AFP 200 fire alarm system is installed and smoke detectors cover all common areas; local smoke detectors are located in the resident personal rooms. Smoke detectors are positioned within 25 feet of each additional smoke detector and within 15 feet of bedroom areas. The fire alarm pull stations are located by every exit and at key points within the building.

The facility is equipped with built-in passive fire protection to accommodate internal evacuations. The entire building is fully sprinkled. In addition there are strobe-light signaling devices installed which are connected to the fire alarm control panel. These units are used for residents with hearing impairment.

In the event of a fire, the personal care residents can be evacuated to either the enclosed fire rated internal stairways or the designated fire safe area on the outside of the building, based on the location of the fire. When the personal care residents are evacuated to the outside of the building, the area in the far right corner of the parking lot, on the corner of Barclay & Sycamore Street has been identified as the meeting place (Safe Area).

It is recommended by this writer that the total time for evacuation of the assisted living area shall be twelve (12) minutes.

Should you have any further question, please do not hesitate to contact me at my office 215-968-2800 Ext. 255.

Yours in Public Safety,

John Gundy
Fire Fighter In Charge
Newtown Emergency Services