



**Sent via e-mail dmcmillian@ch.kendal.org
Sent via e-mail nalba@ch.kendal.org
July 1, 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 inspection on April 24, 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 must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: CHANDLER HALL HEALTH SERVICES INC HICKS

License Number: 129870

Address: 99 BARCLAY STREET, NEWTOWN, PA 18940

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Nora Alba

Phone: 2158604000

Email: nalba@chikendal.org

Legal Entity

Name: CHANDLER HALL HEALTH SERVICES INC

Address: 99 BARCLAY STREET, PA, 18940

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 66

Waking Staff: 50

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/24/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 33

Secured Dementia Care Unit

In Home: Yes

Area: Whole

Capacity: 36

Residents Served: 33

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 33

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 33

Have Physical Disability: 0

225c - Additional Assessment

Regulations

2600. 225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated 12/5/18, does not include Resident's pattern of wandering into other resident's rooms. Resident #1's assessment, dated 12/5/18, does not include the incident where Resident #1 slapped another resident.

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 as noted above: 225.c

What was done immediately - RASP was updated at time of inspection. Staff informed of changes to the RASP at Crossover.

What will be done on going - all resident changes will be discussed at the stand up meetings (Monday through Friday) with the Resident Care Coordinators. The Resident Care Coordinators will review with Direct Care Staff at crossover daily and add information to the RASP. If it is a significant change for the resident, the Physician will be notified for a new DME and a new RASP will be developed.

On going monthly:

At each monthly staff meeting starting 7/29/2019, The Personal Care Administrator will review the importance of having the assessments and support plans up to date and to read the RASP's daily.

On 6/19/19, 7/10 and annually: Classes held to educate the staff the importance of accurate person centered care plans. (Attachment #1). Please see attached.....

Legal Entity Representative

Nora Alba

Nora Alba PC Administrator 6/28/19

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 06-28-19 (Date)

Plan of correction implementation status as of 06-28-19 (Date)

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

- Plan of correction implementation status as of 06-28-19 (Date)
[] Fully Implemented
[X] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

2600.225 c

Administrator or designee will ensure all Resident Assessment Support Plans (RASP), are completed within timeframes specified in 2600.225c. Within 30 days receipt of this POC all RASP will be audited to ensure they are updated to reflect residents needs. Home did send in verification staff was trained in RASP, DME's and prescreens forms on 06-19-19.

SP 06-28-19