



**Sent via e-mail dmcmillian@ch.kendal.org
Sent via e-mail nalba@ch.kendal.org
February 10, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *CHANDLER HALL HEALTH SERVICES, INC. - HICKS*

License Number: *12987*

Address: *99 BARCLAY STREET,, NEWTOWN, PA 18940*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *Nora Alba*

Phone: *2158604000*

Email: *NALBA@CH.KENDAL.ORG*

Legal Entity

Name: *CHANDLER HALL HEALTH SERVICES INC*

Address: *99 BARCLAY STREET, NEWTOWN, PA, 18940*

Certificate(s) of Occupancy

Type: *1-2*

Date: *08/13/2018*

Issued By: *Newtown Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *60*

Waking Staff: *45*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/13/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36*

Residents Served: *30*

Secured Dementia Care Unit

In Home: *Yes*

Area: *The Whole Unit*

Capacity: *36*

Residents Served: *30*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *30*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *30*

Have Physical Disability: *0*

Nora Alba R Administrator
12/3/19

11/13/2019

1 of 2

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/13/19, Mucinex 600 mg prescribed for Resident # 1, was in the home's medication cart; however, the medication was discontinued on 8/24/19.

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:

What was done immediately:

11/13/2019 - The medication was removed from the cart on day of inspection

12/9/2019 - Both Carts were audited for discontinued medications by the Lead Care Partners (LCP).

On Going: Cart Audits will be done Monthly by the 15th of each month by the LCP/nurse.

12/15/2019 All nurses will be educated to remove any discontinued med when the order is transcribed to discontinue the medication.

12/16 -12/23 Classes are scheduled for all Medication Care Partners to attend a class to review Medication Management which will include when to remove medications from the cart.

Legal Entity Representative

Nora Alba

Signature

Nora Alba PC Administrator

Printed Name and Title

Date *12/10/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/6/2020
(Date)

Plan of correction implementation status as of 2/10/2020
(Date)

Implemented

Not Implemented

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