



Sent via e-mail dmcmillian@ch.kendal.org
Sent via e-mail nalba@ch.kendal.org
May 8, 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 December 9, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
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: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

12/09/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 28

Secured Dementia Care Unit

In Home: Yes

Area: Entire Residence

Capacity: 36

Residents Served: 28

Hospice

Current Residents: 7/13

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 11/11/19, staff person A was witnessed by staff person B pushing a resident #1's feet with her own feet and saying "move" in a disrespectful manner. This incident was reported by the staff person B and confirmed in a face to face interview with a Bureau of Human Services Licensing (BHSL) Representative.

While investigating the above incident, staff person C stated she witnessed staff person A redirect a resident out of the dining area by pushing the resident on her back in an inappropriate way just a few days before. This staff person also provided a written witness statement during a face to face interview with the BHSL Representative.

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 (42c)

What was done immediately:

The home started and completed an investigation.

The staff person A was immediately placed on administrative leave and subsequently she was terminated.

Staff person C was immediately placed on administrative leave for one day until she was educated to how to report any concerns of abuse immediately to the PC Administrator. (attachment #1)

What is being done on going:

The home reviews resident rights (respect and dignity each month) at the staff meetings – See Attachment #2.

On 2/27/2020 The Chandler Hall Social Worker is scheduled to teach a resident rights class to the staff. The class is also being offered on March 4th in the event the staff cannot attend on 2/27.

On 3/4/2020 The Bucks County Area on Aging ombudsman will be teaching resident rights to the staff

The home's annual education calendar includes resident rights, abuse reporting and OAPSA by Bucks County on Aging – all staff must attend one session annually.

Legal Entity Representative

Nora Alba

Signature

Nora Alba PC Administrator 2/19/2020

Printed Name and Title

Date

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The above plan of correction is approved as of

5/8/20
(Date)

Plan of correction implementation status as of

5/8/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

MA
(Initials)

65f - Training Topics

Regulations

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 5. Personal care service needs of the resident.
 6. Safe management techniques.
 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments and personal care service needs of the resident during training year 2018.

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, personal care service needs of the resident and safe management techniques during training year 2018.

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 (65 F)

What was done immediately:

Staff A was placed on administrative leave and subsequently terminated.

Staff Person C: completed the following education for 2019 see attachment #2.

What will be on going:

The annual yearly education calendar will include all required education – if staff do not attend the class when scheduled within two weeks they will be removed from the schedule without pay until the education is complete.

Legal Entity Representative

Nora Albo

Signature

Nora Albo PC Administrator 2/19/2020

Printed Name and Title

Date

65f - Training Topics (*continued*)

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The above plan of correction is approved as of 5/8/20 Plan of correction implementation status as of 5/8/20
(Date) (Date)

The above plan of correction was approved by MS Implemented
(Initials) Not Implemented

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in falls and accident prevention during training year 2018.

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 (65G)

What was done immediately:

Staff A received education for falls and accident prevention on 12-4-2019.

Will be done on going:

The Annual Education Calendar includes all required training for 2020. See Attachment #3.

Legal Entity Representative

Nora Alba
Signature

Nora Alba PC Administrator
Printed Name and Title
5/19/2020
Date

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(Date) (Date)

- Implemented
- Not Implemented

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