

Department of Human Services
Bureau of Human Service Licensing

August 27, 2021

[REDACTED], EXECUTIVE DIRECTOR
CHANDLER HALL HEALTH SERVICES INC
99 BARCLAY STREET
NEWTOWN, PA 18940

RE: CHANDLER HALL HEALTH SERVICES,
INC. - HICKS
99 BARCLAY STREET
NEWTOWN, PA, 18940
LICENSE/COC#: 12987

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021, 07/19/2021, 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CHANDLER HALL HEALTH SERVICES, INC. - HICKS* License #: *12987* License Expiration Date: *02/28/2022*
Address: *99 BARCLAY STREET, NEWTOWN, PA 18940*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2158604000* Email: [REDACTED]

Legal Entity

Name: *CHANDLER HALL HEALTH SERVICES INC*
Address: *99 BARCLAY STREET, NEWTOWN, PA, 18940*
Phone: *2158604000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/29/1986* Issued By: *COPA Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/20/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]
07/19/2021 - Off-Site: [REDACTED]
07/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *24*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *36* Residents Served: *24*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/25/2021*

8/27/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/7/2021 the home's License Inspection Summary, dated 12/9/2019, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Immediate Actions:

- 1. The home's Personal Care Administrator (PCA) posted a copy of the License Inspection Summary dated 12/09/2019 on the home's Bulletin Board, located on the wall in the main hallway, outside of the Dining Room. Completed on 07/08/2021.

Actions to Prevent this from Happening Again:

- 1. The PCA ordered an Enclosed Cork Bulletin Board, designated as our "Compliance Board," that locks with a key, to prevent items from being removed from the board. Order was placed on 08/06/2021 and expected delivery date is 08/09/2021.
- 2. The PCA submitted a Work Order (#18528) through our WorxHub system, requesting that the Enclosed Cork Bulletin Board be mounted to the wall in the main hallway, outside of the Dining Room, to replace the existing Bulletin Board. A Maintenance staff member will hang the Enclosed Bulletin Board when it arrives. Expected delivery is 08/09/2021. Completion date will be no later than 08/13/2021.
- 3. Going forward, the PCA and the Resident Care Coordinators (RCC) are responsible to keep the Enclosed (locked) Compliance Board updated. The keys will be kept in a designated location the Personal Care Office.

Attachments included

Completion Date: 08/13/2021

Document Submission

Implemented

As stated above, the Enclosed Cork Bulletin Board was ordered, and was mounted to the wall in the main hallway, outside of the dining room. A copy of the License Inspection Summary dated 12/09/2019 is posted.

*Please see the following attachments:

- 2600.3c And 2600.123b PDF file - Staples Order Confirmation
- 2600.3c And 123.b Photo - New Enclosed Cork Bulletin Board
- 2600.3c Photo - Hicks Licensing Report from 12/09/2019 Posted

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A Criminal History Check for Staff A, hired on [REDACTED], was not completed until [REDACTED].

51 - Criminal Background Check (continued)

Plan of Correction

Accept

Immediate Actions:

1. On the day of the licensing inspection, the Personal Care Administrator met with the Human Resources Generalist to discuss this area of noncompliance. Staff A is an ancillary team member and the criminal background check had not been completed timely due to an oversight related to scheduling. As soon as it was realized at that time, it was corrected. Although Staff A did not work on the floor in [redacted] department until the background check was completed, noncompliance was the result.

Actions to Prevent this from Happening Again:

- 1. Going forward from 08/06/2021, the New Hire Checklist has been updated, and now includes two signature lines that must be completed before the new staff member can be entered into the payroll system. The Human Resources Generalist will sign off on the checklist to confirm it has been completed, and either the Human Resources Director, or the hiring Department Manager will complete a follow-up review before completing the final sign off. A two check system will ensure compliance.
- 2. Effective 08/06/2021 going forward, the PCA or designee, will review files for staff hired for the Personal Care Department.

Attachment Included

Completion Date: 08/05/2021

Document Submission

Implemented

As stated above, the New Hire Checklist was updated/revised and now includes two signature lines that are signed off before the new staff member can be entered into the payroll system.

* Please see the following attachment:

2600.51 Word Document - Initial Hire Paperwork Checklist Updated 08-2021

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/7/21, the home's kitchen had cleaning solution stored in the food pantry closet. The cleaning yellow solution with a manufacture's label indicating " Hazard", was unlocked, unattended, and accessible to residents. This home is entirely a secured dementia unit.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept

Immediate Actions:

1. The cleaning solution with the manufacturer's label indicating "Hazard" that was stored in the food pantry closet, was immediately removed from the closet by the Director of Culinary Services, as soon as it was discovered during our inspection. Completed 07/07/2021
2. Staff members from both Personal Care and the Dining Services area were made aware of this violation on the day of our inspection. Staff were advised to check the food pantry closet after each meal, as well as frequently throughout the day, to ensure that there are only food items stored in that closet. Staff were reminded that ALL poisonous materials shall be kept locked and inaccessible to Residents in the home, specifically because it is a Secured Dementia Care Unit. Staff are aware that there are multiple locked cabinets, located in the same area, that they can access for safe storage. Completed 07/07/2021.

Actions to Prevent this from Happening Again:

1. A Memo has been posted in the Hicks kitchen by the Personal Care Administrator (PCA), specific to all components of regulation 2600.82, as a constant reminder for all staff.
2. The PCA submitted a Work Order (#18529) through our WorxHub system, requesting that a lock be installed on the closet, and the staff will move the food items to the kitchen cabinets. Completion date 08/09/2021.
3. The Personal Care Administrator along with the Resident Care Coordinator will facilitate a Mandatory Personal Care Staff/Personal Care Support Staff Meeting on 8/24/2021 offering two meeting times (2:30pm and 9:30pm) to conduct a Regulatory Compliance Review/Education Session. At this time, noncompliant areas will be reviewed, and staff will have an opportunity to ask questions, and make suggestions.
4. The Dining Room Care Partner is responsible to clean up and conduct daily safety checks of the Hicks kitchen Monday through Friday following Breakfast and Lunch, and a Meal Support Partner from the Culinary Team is responsible to clean up and conduct safety checks of the Hicks kitchen following dinner, and for all three meals on the weekends. This group of support staff will attend the Mandatory Meeting scheduled on 8/24/2021.

Attachment Included

Completion Date: 08/09/2021

Document Submission

Implemented

As stated above, the Memo with specific information related to regulation 2600.82 (a) (b) (c) was drafted and posted, the work order for the lock on the closet was completed, and the Personal Care Staff/Support Staff Meeting took place as scheduled on 8/24/2021 at 2:30pm and 9:30pm.

*Please see the following attachments:

2600.82c Word Document - Memo for All Staff

2600.82c PDF File - Completed Work Order

2600.82c Photo - Lock Top Left Corner

2600.82c -95-101r Word Document - PC Staff-Support Staff Meeting 8-24-2021

PDF File - 8-24-2021 Sign In Sheets - Regulatory Compliance Review Education Sessions 2:30pm and 9:30pm

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Closet doors were missing in bedroom 503.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept

Immediate Actions:

1. Upon entering the Resident's bedroom in Apartment #503, during the Physical Site portion of the inspection, both the Personal Care Administrator (PCA) and the Department Representative noted the bi-fold closet doors were missing. The Resident stated that the bi-fold door had broken the previous day, 07/06/2021. The PCA immediately contacted the Maintenance Director, and [redacted] did confirm that the closet door had come off the track the previous day, and was removed immediately so it would not pose a safety concern for the Resident. When the Maintenance Assistant inspected the bi-fold door, it needed to be repaired. A screw at the top of the door had to be replaced, and the fix also required glue and a hinge.
2. The Maintenance Director checked in with the staff member who repaired the door to confirm that the repair was completed and the door could be returned to the room and put back in place.
3. Prior to the end of the Physical Site tour during the inspection, the Maintenance Assistant returned the bi-fold closet door and put it back in place. The repair was successful. Completed 07/07/2021.

Actions to Prevent this from Happening Again:

1. There is a procedure already in place, that must be followed. Staff in the Personal Care area have access to our "Facilities Work Order Request Form" that is filled out, when furniture or equipment needs a repair or cleaning, or to be free of hazards. The PCA and Resident Care Coordinator are responsible to replenish the forms for staff and to enter the Work Order Request into the WorxHub system. Once entered the Maintenance Director or one of the Assistants completes the work order. Once completed, the work order is closed out in the system. Staff are educated regarding the need to report any safety concern immediately.
2. The procedure and best practices related to the need for furniture and equipment to be maintained in good repair, clean and free of hazards will be reviewed at the next Safety Committee Meeting scheduled on Monday, 8/23/2021.
3. The procedure will be reviewed, at the Mandatory Personal Care Staff/Personal Care Support Staff Meeting on 8/24/2021. Staff will have an opportunity to ask questions and make suggestions.

Attachment Included

Completion Date: 07/07/2021

Document Submission

Implemented

As stated above, the Work Order for Apt. #503 was completed and the closet door was repaired, a review of the procedures/best practices regarding this regulation were reviewed at the Safety Committee Meeting on 8/23/2021, and was also addressed at the Personal Care Staff/Support Staff Meeting that was held on 8/24/2021 at 2:30pm and 9:30pm

*Please see the following attachments:

2600.95 Photo - Apt 503

2600.95 and 2600.101r Word Document - Work Order Request Form

2600.95 Photo - Repaired Bi-Fold Door

PDF File - Safety Committee Meeting Info 08-23-2021

PDF File - 8-24-2021 Sign In Sheets - Regulatory Compliance Review Education Sessions 2:30pm and 9:30pm

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101r - Bedroom - shades/drapes/window covering (continued)

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom 410 had adhesive shades, which one end of the shade had peeled off the window frame.

Plan of Correction

Accept

Immediate Actions:

1. Upon entering the Resident's bedroom in Apartment #410, during the Physical Site portion of the inspection, both the Personal Care Administrator (PCA) and the Department Representative noted that one end of the shade on the window was coming away from the window frame.
2. The PCA immediately contacted the Maintenance Director, and he sent a Maintenance Assistant over to the Apartment to repair the window shade. Completed 07/07/2021.

Actions to Prevent this from Happening Again:

1. There is a procedure already in place, that must be followed. Staff members including support services such as housekeeping, dining, etc., have access to our "Facilities Work Order Request Form" that is filled out, when any repair or cleaning is needed. The PCA and Resident Care Coordinator are responsible to replenish the forms for staff and to enter the Work Order Request into the WorxHub system. Once entered the Maintenance Director or one of the Assistants, or housekeepers complete the work order. Once completed, the work order is closed out in the system. Staff are educated regarding the need to report any safety concern immediately.
2. The procedure and best practices related to keeping window coverings in good repair, as well as clean, will be reviewed at the next Safety Committee Meeting scheduled on Monday, 8/23/2021.
3. The procedure will also be reviewed, at the Mandatory Personal Care Staff/Personal Care Support Staff Meeting on 8/24/2021. Staff will have an opportunity to ask questions and make suggestions.

Attachment Included

Completion Date: 07/07/2021

Document Submission

Implemented

As stated above, the Work Order for Apt. #410 was completed and the window shade was repaired, a review of the procedures/best practices regarding this regulation were reviewed at the Safety Committee Meeting on 8/23/2021, and was also addressed at the Personal Care Staff/Support Staff Meeting that was held on 8/24/2021 at 2:30pm and 9:30pm

*Please see the following attachments:

2600.101r Photo - Apt 410

2600.95 and 2600.101r Word Document - Work Order Request Form

2600.101r Photo - Repaired Shade

PDF File - Safety Committee Meeting Info 08-23-2021

PDF File - 8-24-2021 Sign In Sheets - Regulatory Compliance Review/Education Sessions 2:30pm and 9:30pm

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Description of Violation

The home's 2019 and 2020 written emergency procedures submitted annually to the local emergency management agency could not be measured as compliant as the home has no evidence that 2019 and 2020's written emergency procedure were submitted in a timely manner.

Plan of Correction

Accept

Immediate Actions:

1. On the day of our licensing inspection, our Maintenance Director did produce the written Emergency Procedures Manuals, along with letters from the department head of the local emergency management agency; however, neither he nor the former Personal Care Administrator (PCA) had written documentation to show evidence of the date of submission. The Maintenance Director and the Department Head of the local emergency management agency meet in person to conduct the review. The current PCA and the Maintenance Director agreed at the time of the licensing inspection on 07/07/2021, that going forward they will set up the appointment, by sending a letter or an email request.

Actions to Prevent this from Happening Again:

1. The PCA sent the Maintenance Director an email 08/09/2021 confirming their decision to have the PCA set up the meeting via written request, either by letter or email, so there is documented evidence that the written emergency procedures were submitted in a timely manner.
2. The written correspondence will be sent no later than 8/24/2021 to the department head of the Newtown Emergency Services Department, and the meeting date and time will be confirmed in writing, as our plan needs to be submitted in September 2021 per our last review. Completion by 08/24/2021

Attachment Included

Completion Date: 08/24/2021

Document Submission

Implemented

As stated above, the Personal Care Administrator (PCA) did send an email to the Maintenance Director on 08/09/2021 to document their conversation, regarding the decision to send a written request to set up the appointment with our local emergency management official representative. On 8/24/2021, the Maintenance Director did send an email to our local emergency management official, to request a meeting date, so we can submit our emergency procedures for the annual review, due in September 2021. The PCA was copied on the email, and replied, in order to clarify the need for regulatory compliance.

*Please see the following attachments:

2600.107D PDF File - Email Follow-up dated 08-09-2021

PDF File - Email request to Local Emergency Management dated 08-24-2021

123b - Emergency Procedures Posted

1. Requirements

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The emergency procedures were not posted in a conspicuous and public place in the home.

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept****Immediate Actions:**

1. The home's Personal Care Administrator (PCA) posted a copy of the Emergency Procedures on the home's Bulletin Board, located on the wall in the main hallway, outside of the Dining Room. Completed on 07/08/2021.
2. In addition to posting the copy of the Emergency Procedures, the PCA also posted a notice offering an additional copy for review, which is located in the Hicks Office, along with her contact information should anyone have questions. Completed on 08/09/2021.

Actions to Prevent this from Happening Again:

1. The PCA ordered an Enclosed Cork Bulletin Board, designated as our "Compliance Board," that locks with a key, to prevent items from being removed from the board. Order was placed on 08/06/2021 and expected delivery date is 08/09/2021.
2. The PCA submitted a Work Order (#18528) through our WorxHub system, requesting that the Enclosed Cork Bulletin Board be mounted to the wall in the main hallway, outside of the Dining Room, to replace the existing Bulletin Board. A Maintenance staff member will hang the Enclosed Bulletin Board when it arrives. Expected delivery is 08/09/2021. Completion date will be no later than 08/13/2021.
3. Going forward, the PCA and the Resident Care Coordinators (RCC) are responsible to keep the Enclosed (locked) Compliance Board updated. The keys will be kept in a designated location the Personal Care Office.

Attachment Included

Completion Date: 08/13/2021

Document Submission**Implemented**

As stated above, the Enclosed Cork Bulletin Board was ordered, and was mounted to the wall in the main hallway, outside of the dining room. A copy of the Emergency Procedures was posted, along with a notice offering an additional copy for review located in the Hicks Office. The PCA included her contact information on the notice in the event anyone has additional questions.

*Please see the following attachments:

2600.3c And 2600.123b PDF file - Staples Order Confirmation

2600.3c And 123.b Photo - New Enclosed Cork Bulletin Board

2600.123 Word Document - Posted Notice for Emergency Procedures

2600.123b Photo - Emergency Booklet and Memo Posted