

Department of Human Services  
Bureau of Human Service Licensing

August 31, 2021

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

RE: CHANDLER HALL HEALTH SERVICES,  
INC. - JORDANS-PHELPS  
99 BARCLAY STREET  
NEWTOWN, PA, 18940  
LICENSE/COCC#: 12989

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2021 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. - JORDANS- PHELPS* License #: *12989* License Expiration Date: *03/01/2022*  
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*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/15/2021*

**Inspection Dates and Department Representative**

*07/15/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *39*

**Secured Dementia Care Unit**

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>39</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>4</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

07/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2021*

8/31/2021 - Document Submission

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

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/15/21 at 1:15pm there was a 1/4 full, uncovered, unattended trash can in the Phelps building service kitchen area. Additionally, there was a smaller trashcan 1/2 full uncovered and unattended in the same area next to the refrigerator.

Plan of Correction

Accept

Immediate Actions:

1. During the physical site inspection of the Phelps Manor House, the Personal Care Administrator picked up the cover that was placed next to the round trash receptacle in the service kitchen area, and put it back in it's proper place, securing it on top of the receptacle.
2. Following the inspection, the smaller trashcan was removed from the Phelps Service Kitchen area, as the lid was broken.

Completed 07/15/2021

Actions to Prevent this from Happening Again:

1. A Memo has been posted in the Phelps and Jordans Service Kitchen Areas by the Personal Care Administrator (PCA), specific to regulation 2600.85d, as a constant reminder for all staff.
  2. The PCA submitted a Work Order (#18667) through our WorxHub system, requesting that a small chain with a hook be added to the receptacle to allow the lid to be attached to the trash receptacle at all times, as a visual reminder for staff to replace the lid after each use.
  3. New smaller trash receptacles were ordered to replace the smaller broken receptacle, and will be put into place upon arrival.
  4. The PCA and Resident Care Coordinator will continue to conduct random checks in the Phelps and Jordans service kitchens to promote on-going compliance.
  5. The PCA and the Resident Care Coordinator will facilitate a Mandatory Meeting on 08/24/2021 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 the opportunity to ask questions and make suggestions.
- Attachments Included.

Completion Date: 08/20/2021

Document Submission

Implemented

As stated above, a MEMO was posted in the Phelps Service Kitchen Area and also in Jordan Manor House. The Work Order to attach the trash receptacle lids to the trash cans was completed, and the Personal Care Staff and Support Staff Meetings were held as planned on 8/24/2021 at 2:30pm and 9:30pm.

\*Please see the following attachments:

2600.85d - Word Document - Memo for All Staff- Posted in Phelps and Jordans Service Kitchen areas

2600.85d- PDF File - Work Order 18667 - Completed

2600.85d - Photo - Secured Lid

PDF File - Sign In Sheets-Regulatory Compliance Review-Education Session

## 103f - Refrigerator/Freezer Temps

### 1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

### Description of Violation

*There was no thermometer in the refrigerator in the county kitchenette in the Jordans Building. .*

### Plan of Correction

Accept

*Immediate Actions:*

*1. A new thermometer was placed in the refrigerator in the country kitchenette in the Jordans Manor House building, following inspection.*

*Completed 7/16/2021*

*Actions to Prevent this from Happening Again:*

*1. The Personal Care Administrator (PCA) met with the Director of Community Support Services, and together they made a plan for the country kitchenettes in both Jordans and Phelps to be monitored daily.*

*2. A notice was posted in each kitchenette area, on the refrigerator, to make everyone aware of the information specific to regulations 2600.103 f and 103 i.*

*3. The housekeeping team members will be responsible to monitor the areas, and check the refrigerators when they report to their assigned location each day.*

*4. If the thermometers need to be replaced, the Housekeeping Team will notify the PCA or Resident Care Coordinator.*

*5. The PCA and the Resident Care Coordinator will facilitate a Mandatory Meeting on 08/24/2021 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 the opportunity to ask questions and make suggestions.*

*Attachments Included.*

**Completion Date:** 08/20/2021

### Document Submission

Implemented

*As stated above, a new thermometer was placed in the refrigerator, and a notice was posted on the country kitchen refrigerators to provide regulatory information to all those using the area. The Personal Care Staff and Support Staff Meetings were held as planned on 8/24/2021 at 2:30pm and 9:30pm.*

*\*Please see the following attachments:*

*- 2600.103f -Thermometer in Jordans Refrigerator*

*- 2600.103 f and 103 i - Posting for Jordans and Phelps Country Kitchenette Areas*

*- PDF File - Sign In Sheets-Regulatory Compliance Review-Education Session*

## 103i - Outdated Food

### 1. Requirements

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

### Description of Violation

*On 7/15/21 two containers of Chobani yogurt with expiration of 5/19/21 found in refrigerator of the Country Kitchenette in the Jordan Building.*

103i - Outdated Food (*continued*)

**Plan of Correction**

**Accept**

*Immediate Actions:*

1. At the time of the inspection of the physical site, the Director of Community Support Services, immediately removed the two containers of Chobani yogurt with the expiration date of 5/19/21 from the refrigerator in the Country Kitchenette in the Jordan Building.

Completed 07/15/2021

*Actions to Prevent this from Happening Again:*

1. The Personal Care Administrator (PCA) met with the Director of Community Support Services, and together they made a plan for the country kitchenettes in both Jordans and Phelps to be monitored daily.

2. A notice was posted in each kitchenette area, on the refrigerator, to make everyone aware of the information specific to regulations 2600.103 f and 103 i.

3. The housekeeping team members will be responsible to monitor the areas, and check the refrigerators when they report to their assigned location each day.

4. If food is not properly labeled, is outdated, or spoiled, it will be discarded by the Housekeeping Team per the posted notice.

5. The PCA and the Resident Care Coordinator will facilitate a Mandatory Meeting on 08/24/2021 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 the opportunity to ask questions and make suggestions.

*Attachments Included.*

Completion Date: 08/20/2021

**Document Submission**

**Implemented**

As state above, the notice was posted on the country kitchen refrigerators to provide regulatory information to all those using the area. The Personal Care Staff and Support Staff Meetings were held as planned on 8/24/2021 at 2:30pm and 9:30pm.

*\*Please see the following attachments:*

- 2600.103 f and 103 i - Posting for Jordans and Phelps Country Kitchenette Areas
- PDF File - Sign In Sheets-Regulatory Compliance Review-Education Session

183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 7/15/21, 1/2 of a large oval white tablet found loose in 1st drawer of the Jordans "B" Medication cart.

183e - Storing Medications (continued)

**Plan of Correction**

**Accept**

*Immediate Actions:*

1. Following our inspection, the Resident Care Coordinator (RCC), went to investigate Jordans "B" Medication cart to determine where the 1/2 of the large oval white tablet found loose in the 1st drawer came from. She discovered that the Pharmacy had packed the Residents 1 plus 1/2 tablets in the Blister Cards together in the individual "bubbles," and the card had started to split at the bottom.
2. The RCC then taped the spot across the bottom of the blister card, to prevent it from splitting further.
3. The RCC made the Med Care Partners aware of the situation, and contacted the Pharmacy to make them aware that the pills packaged together had caused the card to split.

Completed 07/15/2021

*Actions to Prevent this from Happening Again:*

1. The RCC checked the new blister card received from the Pharmacy, when it arrived and the packaging appeared to be stronger/more secure.
2. The RCC spoke to the Med Care Partners about the importance of moving the blister cards to check the bottom of their carts at the beginning and end of their shift, in addition to monitoring the carts as they are assisting the Residents with their medications.
3. The PCA and the Resident Care Coordinator will facilitate a Mandatory Meeting on 08/24/2021 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 the opportunity to ask questions and make suggestions.

Attachments Included..

Completion Date: 08/24/2021

**Document Submission**

**Implemented**

As stated above, the RCC did follow-up to seal the blister card, contacted the pharmacy, and spoke to the Med Care Partners. The Personal Care Staff and Support Staff Meetings were held as planned on 8/24/2021 at 2:30pm and 9:30pm.

\*Please see the following attachments:

- 2600.183e - Split Package Medications 2 jpg
- 2600.183e - Split Package Medication jpg
- 2600.183 - Correct Medication Packaging 2 jpg
- PDF File - Sign In Sheets-Regulatory Compliance Review-Education Session

185a - Implement Storage Procedures

**1. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #1's glucometer is not calibrated to the correct date and time. on 7/15/21 at 2:05pm the glucometer is set to 7/15/21 at 11:35am.

Resident #2 has an order for [REDACTED] apply 4 grams to right knee 1 time per day as needed for pain. On 7/15/21 this medication is not present on the medication cart

185a - Implement Storage Procedures (continued)

**Plan of Correction**

**Accept**

*Immediate Actions:*

1. The LPN pulled the glucometer for Resident #1's to check and calibrate it, making sure the time was set correctly. Completed 07/16/2021
2. The Resident Care Director immediately ordered Resident #2's [REDACTED] Gel when it was realized that it was not on the cart. It did arrive later the same day, on the date of inspection. Completed 07/15/2021

*Actions to Prevent this from Happening Again:*

1. The Resident Care Coordinator (RCC) or the LPN are responsible to conduct weekly audits of the Glucometers.
2. The RCC did follow-up with Med Care Partners in regard to reporting back to her or the LPN if the time on the glucometer is not correct in between audits, so it can be adjusted immediately.
3. The PCA and the Resident Care Coordinator will facilitate a Mandatory Meeting on 08/24/2021 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 the opportunity to ask questions and make suggestions.
4. Effective 8/25/2021, Med Care Partners are held responsible to conduct bi-weekly Med Cart Audits utilizing updated forms, to be reviewed by the PCA / RCC to ensure ongoing compliance for this regulation.

*Attachments Included..*

Completion Date: 08/25/2021

**Document Submission**

**Implemented**

As stated above, the glucometer was calibrated for Resident #1, and the medication for resident #2 was ordered and delivered. The PCA met with the RCC and the Staff to facilitate the meeting on 8/24/2021. The Cart Audit form was reviewed .

*\*Please see the following attachments:*

- 2600.185a - Resident 1 Calibrated Glucometer
- 2600.185a - Glucometer Audit Log
- 2600.185a - Glucometer Audits Binder
- 2600.185a - Resident 2 Volatren Gel Order
- 2600.185a - Med Cart Audit Form

252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.

**Description of Violation**

Resident #3's record does not include a photograph of the resident that is no more than 2 years old.

252 - Record Content (continued)

**Plan of Correction**

**Accept**

*Immediate Actions:*

- 1. The Resident Care Coordinator (RCC) immediately removed the out dated photograph of Resident #3 from the Resident's record.*
- 2. The RCC took a new photograph of Resident #3, uploaded it to our system, and then placed a copy of the updated photo in the Resident's file.*

*Completed on 7/15/2021 during the licensing inspection.*

*Actions to Prevent this from Happening Again:*

- 1. The Resident Care Coordinator maintains a Resident Records Compliance Binder, to prompt timely updates to be completed for each Personal Care Resident, when their Annual DME and RASP is due.*
  - 2. Going forward, we will also update the Resident's Photo Annually, to ensure regulatory compliance.*
  - 3. The Binder Cover and the Binder Pages have been revised to include the Resident's annual photograph update.*
- Attachments included.*

**Completion Date:** 08/20/2021

**Document Submission**

**Implemented**

*As stated above, the RCC updated the photo for Resident #3 and a plan was put into place to update photos annually.*

*\* Please see the following attachments*

- 2600.252 - Resident 3 - Updated Photo 07/15/2021*
- 2600.252 - Photo for Resident 3 Record jpg*