



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to 1569 TEELS ROAD LLC

LEGAL ENTITY

To operate ASBURY CHANDLER ESTATE

NAME OF FACILITY OR AGENCY

Located at 1569 TEELS ROAD, PEN ARGYL, PA 18072

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 1, 2021 until October 1, 2022,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230510**

Janette Biderup
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: September 30, 2021



1569 Teels Road, LLC
5285 Westview Drive, 2nd Floor
Frederick, Maryland 21703

RE: Asbury Chandler Estate
1569 Teels Road
Pen Argyl, Pennsylvania 18072
License #: 230510

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 29, 2021 and June 30, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,


Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *THE CHANDLER ESTATE IV* License #: 23998 License Expiration Date: 07/31/2021
Address: 1569 TEELS ROAD, PEN ARGYL, PA 18072
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6108631569 Email: [REDACTED]

Legal Entity

Name: *THE CHANDLER ESTATE, INC.*
Address: 1569 TEELS ROAD, PEN ARGYL, PA, 18072
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 02/29/1996 Issued By: *PAL I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 06/30/2021

Inspection Dates and Department Representative

06/29/2021 - On-Site: [REDACTED]
06/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 Residents Served: 38

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/30/2021*

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/02/2021*

9/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The record of financial transactions for Resident 1 was incorrectly calculated due to a math error. The transaction record indicated a balance of \$68.10 but the actual balance on hand was \$70.10.

Plan of Correction**Accept**

Administration staff will double check math and count that the figure on the financial record matches the amount in the resident envelope with every transaction.

Completion Date: 08/23/2021

Document Submission**Implemented**

attached is training review of our protocol with office staff

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

There was an uncovered trash receptacle in the kitchen. The trash receptacle was not being actively used.

Plan of Correction**Accept**

1. Kitchen staff were reeducated on this regulation.
2. New trash cans with lids were purchased.
3. The administrator will do weekly random checks that we are in compliance with this regulation

Completion Date: 08/01/2021

Update - 08/25/2021

Please send/Attach proof of staff training. 8-25-2021 - MM

Document Submission**Implemented**

see attached

93b - Railings

1. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The door exiting the building from the light mauve hallway leads to a porch with several missing spindles and exposed screws that present a hazard.

93b - Railings (*continued*)**Plan of Correction****Accept**

1. Exposed screw were removed on the day of inspection (06/29/2021)
2. Maintenance to replace spindles by 08/27/2021

Completion Date: 08/27/2021

Update - 08/25/2021

Please send/Attach photo's of compliance. 8-25-2021 - MM

Document Submission**Implemented**

see attached

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a cloth found on the exhaust vent of the dryer located in the main floor laundry room.

Plan of Correction**Accept**

1. Housekeeping will check vents daily.
2. Maintenance will check vents weekly on their rounds.

Completion Date: 08/01/2021

Update - 08/25/2021

Upon receipt of this plan of correction:

The administrator shall monitor for compliance with this regulation weekly X's 5 months. 8-25-2021 - MM

Document Submission**Implemented**

I added to my calendar to check behind dryers weekly for the next 5 months along with following up with the other departments on their check system.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Repeat Violation

On 6/29/2021, the menu was posted only up until 7/3/2021.

Plan of Correction**Accept**

1. Kitchen staff were reeducated on the menus that need to be hanging for resident review.
2. Kitchen staff have to remove completed menu weekly on a Saturday and replace with the following weeks menu which leaves the present week and following week up at all times.
3. The removed menu is given to the Administrator and The administrator checks compliance weekly.

Completion Date: 08/01/2021

162c - Menus Posted (*continued*)

Update - 08/25/2021

Please send/Attach proof of staff training. 8-25-2021 - MM

Document Submission

Implemented

see attached

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 2 has a medication order to take one 20mg tablet of Furosemide as needed. The bottle on the medication cart had a label that read take two 20mg tablet of Furosemide as needed.

Plan of Correction

Accept

- 1. 11/7 shift is now assigned a few MAR/Medication reviews nightly to catch any possible errors more quickly.
- 2. The Administrator doing weekly random medication reviews to check compliance

Completion Date: 08/15/2021

Document Submission

Implemented

already started checks

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

The Glucometer of Resident 3 was not calibrated with the correct date. The glucometer read 1/24 and 8:04pm on 6/29 at 1:56pm.

Plan of Correction

Accept

- 1. The Director of wellness check's glucometer compliance weekly. The Director of wellness will check the glucometer date matches up with the glucometer machine numbers and the MAR

Completion Date: 08/01/2021

Document Submission

Implemented

started weekly checks prior