

Department of Human Services
Bureau of Human Service Licensing

April 19, 2022

[REDACTED]
1569 TEELS ROAD LLC
5285 WESTVIEW DRIVE, 2ND FLOOR
FREDERICK, MD, 21703

RE: ASBURY CHANDLER ESTATE
1569 TEELS ROAD
PEN ARGYL, PA, 18072
LICENSE/COC#: 23051

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *ASBURY CHANDLER ESTATE* License #: *23051* License Expiration: *10/01/2022*
Address: *1569 TEELS ROAD, PEN ARGYL, PA 18072*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(610) 863-1569* Email: [REDACTED]

Legal Entity

Name: *1569 TEELS ROAD LLC*
Address: *5285 WESTVIEW DRIVE, 2ND FLOOR, FREDERICK, MD, 21703*
Phone: *6108634569* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Full* Reason: *Interim* Notice: *Unannounced* BHA Docket #:
Exit Conference Date: *12/07/2021*

Inspection Dates and Department Representative

12/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *39*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

12/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2022*

Inspections / Reviews *(continued)*

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2022*

04/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The landline telephone in Resident 1's room did not have emergency numbers posted near it.

Plan of Correction

Accept

Emergency phone tag was secured to resident 1 phone on 12/07/2021 within the hour of discovering it was missing. Administrative Assistant does monthly checks on all phones for continued compliance. All managers were educated to check for emergency numbers on their rounds.

Completion Date: 12/07/2021

Document Submission

Implemented

continue with sysytem

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The outside exit leading from the basement had a piece of plywood approximately 3ft by 4ft lying on the ground near the steps that would be a possible tripping hazard.

Plan of Correction

Accept

Plywood was thrown out on the same day it was discovered. Maintenance does daily rounds before starting their day to assess egresses and tripping hazards.

Completion Date: 12/07/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

If a hazard is discovered maintenance would report it to the Executive Director. Maintenance would be responsible to correct or fix the issue at the time of discovering the issue or within 24 hours.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have an operating light available near their bedside.

Plan of Correction

Accept

This resident has requested to not have a lamp. [redacted] fearful to trip on it. We put a push light on [redacted] wall to

101j7 - Lighting/Operable Lamp (continued)

respect [REDACTED] wishes to not have a lamp.

Completion Date: 12/08/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Please attach proof (picture) of compliance. 4-19-22 MM

Document Submission**Implemented**

All staff are responsible to notice if a resident has no lighting next to their bed. All staff educated that we will use wall push lights if a resident does not want the lamp so we can respect the resident right along with meeting the regulation. Findings will be reported to maintenance or the Executive Director. Maintenance has a stock of wall push lights and will put one up immediately if no lamp is reported.

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

A cloth towel was observed near the exhaust vent behind the dryer located on the lower level.

Plan of Correction**Accept**

We rearranged the laundry room that gives space for a person to step between the appliance after every load to be sure there are no items that fell behind the dryer.

Completion Date: 12/31/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission**Implemented**

Our housekeeping manager is responsible to check that all direct care and housekeepers that do laundry are complying with their checks after every laundry load. If our housekeeping manager discovers these checks are not being done [REDACTED] will report it to the Executive Director. The Executive Director will start a performance review and or write ups.

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 2 was calibrated with the incorrect time. On 12/7/2021 at 11:24am, the glucometer indicated that it was 12:24pm.

Plan of Correction**Accept**

Our Wellness Director checks glucometer compliance weekly for dates and that the right numbers and times are

185a - Implement Storage Procedures (continued)

being documented.

Completion Date: 12/14/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

Our Director of Wellness is responsible for the weekly checks. Our wellness Director will fix any issues found immediately and report her finding to the Executive Director.