



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]
September 16, 2022

[REDACTED]
Chandler Hall Health Services, Inc.
[REDACTED]
[REDACTED]

RE: Chandler Hall Health Services, Inc.
Jordan-Phelps
License #: 12989

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 03/23/2022, 03/25/2022, 03/29/2022, 04/04/2022, 04/08/2022, 04/21/2022, 05/06/2022, 05/20/2022, 06/03/2022, 06/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *03/01/2023*

Address: *99 BARCLAY STREET, NEWTOWN, PA 18940*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name:



Phone: *2158604000 x2311*

Email:



Legal Entity

Name: *CHANDLER HALL HEALTH SERVICES INC*

Address: *99 BARCLAY STREET, NEWTOWN, PA, 18940*

Phone: *2158604000*

Email:



Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/29/1986*

Issued By: *COPA*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *44*

Waking Staff: *33*

Inspection Information

Type: *Partial*

Notice: *Unannounced*

BHA Docket #:

Reason: *Incident*

Exit Conference Date: *06/15/2022*

Inspection Dates and Department Representative

03/23/2022 - On-Site:

03/25/2022 - Off-Site:

03/29/2022 - Off-Site:

04/04/2022 - Off-Site:

04/08/2022 - Off-Site:

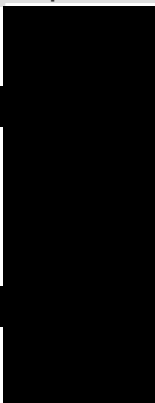
04/21/2022 - Off-Site:

05/06/2022 - Off-Site:

05/20/2022 - Off-Site:

06/03/2022 - Off-Site:

06/15/2022 - Off-Site:



Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 40

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

Inspections / Reviews

03/23/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/04/2022

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident #1 was last seen by the home at 5:00 A.M. Staff Member B and C briefly looked for the resident at 10:00 A.M. and 12:30 P.M. but did not locate the resident. The resident missed breakfast, lunch and morning medications. The home assumed Resident #1 had left with family without notifying the home. The home reached out to the resident's [REDACTED] at 10:45 A.M., but was not able to reach the resident's [REDACTED]. The resident's [REDACTED] did call the home at approximately 1:30 P.M. stating that the resident was not with family. The home completed another search for the resident, this time going all the way into the resident's room, and there finding the resident at approximately 1:35pm, 8 1/2 hours after [REDACTED] was last seen. Staff Member A found Resident #1 sitting upright between the bed and the bedside table on the floor trembling, with [REDACTED] shoulders slumped down and head stuck between the bed and the nightstand. [REDACTED] was not visible from the door. Present was a small abrasion on the right side of the head, and a red area on the right upper arm. The resident was conscious but pale, with rapid breathing, pulse oxygen level of 81 - 84%, and brown vomit covering the front of the resident's shirt. Staff Member A sat Resident #1 upright and stretched the resident's legs out straight, then obtained the resident's vital signs while Staff Member B and C obtained the resident's facesheet and called 911. The resident was admitted to St. Mary Medical Center for aspiration pneumonia, rhabdomyolysis, and renal failure.

Correction**Directed****Directed Plan of Correction 8/8/22 CM:**

By 8/15/22, the administrator will develop and implement a policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure will include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations and a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines. All staff shall be trained on the new policy by no later than 8/31/22.

By 8/31/22, all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept.

By 8/31/22, the administrator or designee shall ensure that all resident rooms are furnished and arrange in a manner that prevents residents from becoming entrapped between walls, dressers, doorways, other furniture, and/or other hazards should a resident experience a fall. Rooms shall be evaluated monthly for the first three months, and then quarterly thereafter to ensure safety.

Starting 8/8/22 and continuing daily, if a resident is not located in the facility, and staff is not aware of the resident's precise location, staff will immediately attempt to locate the resident to include entering the resident's room and looking throughout the entire room, calling family, physicians, and transport, and checking the building and grounds for the resident. The home shall report instances of resident elopements to the Department.

Implemented 9/8/22 CM

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.

Description of Violation

On 3/23/22, there was no qualified administrator present in the home. The prior administrator resigned on 3/12/22 and the home did not have a replacement following the resignation.

Correction

Directed

Directed Plan of Correction 8/8/22 CM:

The home shall immediately retain a designated administrator that meets all of the qualifications of an administrator of regulation 2600.64a. The administrator will be in the home and perform the duties of an administrator for at least an average of 20 hours a week. Documentation of the administrator qualifications will be provided to the Department.

Implemented 9/8/22 CM

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed the following medications administered at 9:00A.M.:

1. Aspirin Low Dose 81 mg 1 tablet 1 x daily by mouth
2. Cyanocobalamin 1000 mcg sublingual 1 tablet 1 x daily by mouth
3. Docusate sodium 100 mg 1 tablet 1 x daily by mouth
4. Lisinopril 40 mg 1 tablet 1 x daily by mouth
5. Galantamine 12 mg 1 tablet 2 x daily by mouth
6. Omega 3-dha-apa-fish oil 1000 mcg 1 tablet 1 x daily by mouth
7. Saw Palletto fruit 450 mg 1 tablet 1 x daily by mouth
8. Sertraline 50mg 1 tablet 2 x daily by mouth
9. Primidone 50 mg 1 tablet 2 x daily by mouth
10. Buspirone 10 mg 1 tablet 2 x daily by mouth
11. Depakote 250 mg 1 tablet 2 x daily by mouth
12. Loratadine 10 mg 1 tablet 1 x daily by mouth
13. Cognitive health with cognzin citicoline 50 mg 1 tablet 1 x daily
14. Lasix 20 mg 1 tablet 1 x Mondays, Wednesdays, and Fridays
15. Eliquis 2.5 mg 1 tablet 2 x daily

However, Resident # 1 was not administered the above listed medications on 3/14/22 at 9:00 A.M.

Correction

Directed

Directed Plan of Correction 8/8/22 CM:

187d - Follow Prescriber's Orders (continued)

By 8/21/22, the administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures by 8/31/22. Documentation of education shall be provided to the Department.

By 8/31/22, all staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education will be kept.

Implemented 9/8/22 CM

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed several medications. However, on 3/14/22 resident #1 did not receive the 9am prescribed medications. The medication error was not reported to the resident's physician.

Correction

Directed

Directed Plan of Correction 8/8/22 CM:

Starting 8/8/22 and continuing for four months, the administrator or medication train-the-trainer will monitor medication administration at least twice a week and monitor all resident MARs at least weekly to ensure any medication errors are properly reported.

By 8/15/22, all staff persons administering medications will be educated on the policy and procedures for medication errors including proper reporting. Documentation of training will be provided to the Department.

Implemented 9/8/22 CM

Department of Human Services
Bureau of Human Service Licensing

September 8, 2022

[REDACTED]
CHANDLER HALL HEALTH SERVICES INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/01/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: CHANDLER HALL HEALTH SERVICES, INC. - JORDANS- PHELPS License #: 12989 License Expiration: 03/01/2023

Address: 99 BARCLAY STREET, NEWTOWN, PA 18940

County: BUCKS

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: 267-291-2311

Email: [REDACTED]

Legal Entity

Name: CHANDLER HALL HEALTH SERVICES INC

Address: 99 BARCLAY STREET, NEWTOWN, PA, 18940

Phone: 267-291-2200

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: 52

Waking Staff: 39

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 09/01/2022

Inspection Dates and Department Representative

09/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 39

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 0

Inspections / Reviews

09/01/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: Exception

Follow-Up Date:

NO DEFICIENCIES FOUND