

Department of Human Services
Bureau of Human Service Licensing

October 11, 2022

[REDACTED], C.O.O
[REDACTED]
[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 review on 08/17/2022 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: *03/01/2023*

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

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/29/1986*

Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *57*

Waking Staff: *43*

Inspection Information

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal*

Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *42*

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: *42*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *15*

Have Physical Disability: *0*

Inspections / Reviews

08/17/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/06/2022*

Inspections / Reviews (*continued*)

09/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

10/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on or about [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan and reporting reportable incidents and conditions.

Plan of Correction

Accept

A new form has been implemented to ensure that all new hires will complete all mandatory training topics within the first 40 scheduled working hours. All staff involved in the new hire process will be educated on the implementation of the form by 9/19/22. On or before new hire first scheduled working day, the administrator or designee will ensure that the form has been initiated for any direct care staff, ancillary staff, substitute personnel or volunteers.

For the next three months, the administrator/designee will review all forms on a weekly basis to ensure that training in all orientation topics has been completed within the first 40 scheduled working hours.

Completion Date: 09/30/2022

Document Submission

Implemented

A new form has been implemented to ensure that all new hires will complete all mandatory training topics within the first 40 scheduled working hours. All staff involved in the new hire process will be educated on the implementation of the form by 9/19/22. On or before new hire first scheduled working day, the administrator or designee will ensure that the form has been initiated for any direct care staff, ancillary staff, substitute personnel or volunteers.

For the next three months, the administrator/designee will review all forms on a weekly basis to ensure that training in all orientation topics has been completed within the first 40 scheduled working hours.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 8/17/22, Resident #1's bed sheet had a large stain that appeared to be urine.

Plan of Correction

Directed

Staff will be re-educated on the process for ensuring that all bed linens, blankets and pillows are clean and in good repair and how to obtain replacement items when needed by 9/30/22.

Weekly for the next three months, administrator or designee will randomly check at least 5 resident's beds to ensure that all linens, pillows and blankets are clean and in good repair.

101j3 - Bed/Linens/Pillows/Blankets (continued)

DPOC - SP - 09-14-2022

Resident #1 will be provided with clean bedsheet by close of business today

Completion Date:

Document Submission

Implemented

Staff will be re-educated on the process for ensuring that all bed linens, blankets and pillows are clean and in good repair and how to obtain replacement items when needed by 9/30/22.

Weekly for the next three months, administrator or designee will randomly check at least 5 resident's beds to ensure that all linens, pillows and blankets are clean and in good repair.

DPOC - SP - 09-14-2022

Resident #1 will be provided with clean bedsheet by close of business today

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 access to a source of light that can be turned on/off at bedside.

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Administrator/designee will ensure that all resident rooms are equipped with a light that can be turned on/off at bedside by 9/19/22. All resident rooms will be evaluated at time of admission and monthly for the first three months and then quarterly thereafter to ensure lights are in place and functioning properly.

Completion Date: 09/19/2022

Document Submission

Implemented

Administrator/designee will ensure that all resident rooms are equipped with a light that can be turned on/off at bedside by 9/19/22. All resident rooms will be evaluated at time of admission and monthly for the first three months and then quarterly thereafter to ensure lights are in place and functioning properly.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home last submitted written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency on 4/16/21. The home's census has increased since that time.

Plan of Correction

Accept

Letter was sent to the local fire department on 8/18/22. Administrator/designee will review the letter on a monthly basis to determine the necessity for an updated letter and ensure it is delivered. This will be ongoing.

Completion Date: 09/19/2022

124 - Notice to Fire Department (continued)

Document Submission **Implemented**

Letter was sent to the local fire department on 8/18/22. Administrator/designee will review the letter on a monthly basis to determine the necessity for an updated letter and ensure it is delivered. This will be ongoing.

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2022.

Plan of Correction **Accept**

Seven staff members participated in train the trainer fire safety education on 5/25/22 including the new Personal Care Home Administrator. Fire drills have occurred monthly since that time. The Administrator/designee will ensure that a fire drill has been completed each month on an ongoing basis.

Completion Date: 09/19/2022

Document Submission **Implemented**

Seven staff members participated in train the trainer fire safety education on 5/25/22 including the new Personal Care Home Administrator. Fire drills have occurred monthly since that time. The Administrator/designee will ensure that a fire drill has been completed each month on an ongoing basis.

183d - Prescription Current

1. Requirements

- 2600.
- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/17/22, [REDACTED] prescribed for Resident #3, was in the home's [REDACTED] medication cart; however, the medication was discontinued.

Plan of Correction **Accept**

*All staff persons administering medications will be educated on the medication discontinuation policy and procedures by 9/30/22.
Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that only current medications are maintained in the home.*

Completion Date: 09/30/2022

Document Submission **Implemented**

*All staff persons administering medications will be educated on the medication discontinuation policy and procedures by 9/30/22.
Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that only current medications are maintained in the home.*

184b - Resident's Meds Labeled

1. Requirements

- 2600.

184b - Resident's Meds Labeled (continued)

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 8/17/22, a bottle of [redacted] and a [redacted] belonging to resident #3 were in the Phelps A medication cart and was not labeled with the resident's name.

Plan of Correction

Accept

All staff persons administering medications will be educated on the policy and procedures for OTC medications and CAM by 9/30/22.

Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that all medications are available for all residents.

Completion Date: 09/30/2022

Document Submission

Implemented

All staff persons administering medications will be educated on the policy and procedures for OTC medications and CAM by 9/30/22.

Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that all medications are available for all residents.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #6 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept

A preadmission screening form had been completed for this resident on [redacted] but was located in another section of the resident's chart.

All staff completing preadmission screenings will be re-educated on timeliness of the preadmission screening form by [redacted].

All new admission paperwork will be reviewed by the administrator/designee for the next three months on or before the date of resident's admission to ensure all necessary paperwork has been completed in a timely manner.

Completion Date: 09/30/2022

Document Submission

Implemented

A preadmission screening form had been completed for this resident on [redacted] but was located in another section of the resident's chart.

All staff completing preadmission screenings will be re-educated on timeliness of the preadmission screening form by [redacted].

All new admission paperwork will be reviewed by the administrator/designee for the next three months on or before the date of resident's admission to ensure all necessary paperwork has been completed in a timely manner.

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #7's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

All staff completing preadmission screenings will be re-educated on ensuring that the determination has been indicated on the form.

All new admission paperwork will be reviewed by the administrator/designee for the next three months on or before the date of resident's admission to ensure the determination has been made and indicated on the form.

Completion Date: 09/30/2022

Document Submission

Implemented

All staff completing preadmission screenings will be re-educated on ensuring that the determination has been indicated on the form.

All new admission paperwork will be reviewed by the administrator/designee for the next three months on or before the date of resident's admission to ensure the determination has been made and indicated on the form.

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

On 8/17/22 at 10:52 am, the glucometer for Resident #4 was calibrated for the incorrect time. It read [REDACTED] am.

Repeat Violation: 7/15/21 et al.

Plan of Correction

Accept

The policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons will be reviewed and updated by 9/22/22.

All staff persons administering medications will be educated on the policy and procedures by 9/30/22.

All resident glucometers will be monitored at least weekly by the administrator/designee for three months beginning 9/12/22 to ensure that they are calibrated correctly.

Completion Date: 09/30/2022

Document Submission

Implemented

The policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons will be reviewed and updated by 9/22/22.

All staff persons administering medications will be educated on the policy and procedures by 9/30/22.

All resident glucometers will be monitored at least weekly by the administrator/designee for three months beginning 9/12/22 to ensure that they are calibrated correctly.

2. 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 #3 is prescribed [REDACTED] and [REDACTED] as needed. On 8/17/22,

185a - Implement Storage Procedures (continued)

these medications were not available in the home.

Resident #5 is prescribed [REDACTED] as needed. On 8/17/22, this medication was not available in the home.

Repeat Violation: 7/15/21 et al.

Plan of Correction

Accept

The policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons will be reviewed and updated by 9/22/22.

All staff persons administering medications will be educated on the policy and procedures by 9/30/22.

Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that all medications are available for all residents.

Completion Date: 09/30/2022

Document Submission

Implemented

The policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons will be reviewed and updated by 9/22/22.

All staff persons administering medications will be educated on the policy and procedures by 9/30/22.

Medication cart audits will be completed weekly by the administrator/designee beginning 9/12/22 and continuing for three months to ensure that all medications are available for all residents.