

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

February 22, 2023

[REDACTED], EXECUTIVE DIRECTOR
1569 TEELS ROAD LLC
[REDACTED]

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 09/27/2022, 09/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: 1569 TEELS ROAD LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 02/29/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/28/2022

Inspection Dates and Department Representative

09/27/2022 On Site: [REDACTED]
 09/28/2022 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: 0 Have Physical Disability: 0

Inspections / Reviews

09/27/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/28/2022

Inspections / Reviews (*continued*)

11/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2022

12/29/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/05/2023

02/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at approximately [REDACTED], the home's narcotic count log was unlocked, unattended, and accessible on top of the evening medication cart. This narcotic count log contains residents' confidential medical information.

POC Submission

Accept [REDACTED] - 11/29/2022)

- 1. All med techs will be educated to lock up narcotic book in the med carts immediately after counting or documenting a medication administration
- 2. Mandatory in-service on keeping records confidential conducted by the Executive Director and Life and wellness director. We will meet with all med techs by 11-15-2022
- 3. The Executive Director will do random checks of the medication carts and nurses' station to check on compliance.

Licensee's Plan Completion Date: 11/15/2022

Implemented [REDACTED] - 12/29/2022)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A spray bottle of [REDACTED], and container of Disinfectant Spray Q, both with a manufacturer's label indicating to call poison control if swallowed, were unlocked, unattended, and accessible to residents in the cabinet located in the light green hallway shower room. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

POC Submission

Accept [REDACTED] - 11/29/2022)

- 1. Asbury Chandler Estate is purchasing new locked cabinets to store chemicals in the 5 main bathrooms.
- 2. In-service to be conducted with all staff to educate them on poisonous materials due to safety and regulations with our population along with proper storage by 11-15-2022
- 3. Executive Director will do random rounds weekly to assure compliance with locking up our chemicals.

Licensee's Plan Completion Date: 11/15/2022

Implemented [REDACTED] - 12/29/2022)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b Hot Water Temperature (continued)

Description of Violation

The hot water from the bathroom sink located in Resident #1's bedroom measured 121.1 degrees Fahrenheit at time of inspection.

POC Submission

Accept (█ - 11/29/2022)

1. Maintenance to do weekly rounds testing temperatures and rotating sites throughout the year.
2. Documentation will be kept weekly, and temperatures will be adjusted when needed.
3. Form attached to monitor and measure temperature. See attached

Licensee's Plan Completion Date: 10/27/2022

Implemented (█ - 02/22/2023)

126a - Furnace Inspection

4. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The inspection certificate for the home's boiler expired on 8/26/22.

POC Submission

Accept (█ - 11/29/2022)

1. The Executive Director will call to schedule boiler certificate 2 months in advance.
2. Presently the State has our boiler under a different address due to an old sale. The insurance company is working on getting this changed and scheduling someone to inspect our boiler. We hope to be compliant by 12 15 2022
3. We will attach the certificate once received.

Licensee's Plan Completion Date: 12/15/2022

Implemented (█ - 12/29/2022)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #2 self administers all of their medications. Per interviewing the resident, Resident #2 stores their medications in an unlocked container in their closet, and the resident does not always lock their bedroom door when they are not in their bedroom.

POC Submission

Accept (█ - 11/29/2022)

1. We will reeducate residents on our regulations and policies in reference to self administering their medications.
2. Director of Life and Wellness will interview residents that self administer their medications monthly to be sure we stay compliant. This has been started immediately following our inspection.

Licensee's Plan Completion Date: 10/27/2022

Implemented (█ - 12/29/2022)

183e - Storing Medications

6. 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

There was a loose small white medication tablet with the inscription "R179" located in the home's evening medication cart.

POC Submission

Accept () - 11/29/2022

1. Each shift will clean and examine their carts after each med pass.
2. We will create a form that each med tech will sign for their cart check.
3. In-service with all med techs to be completed by 11-15-2022

Licensee's Plan Completion Date: 11/15/2022

Implemented () - 02/22/2023

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

The medication administration record for Resident #2, documenting the prescribed treatments and times as specified below, was missing documentation that the treatments were completed:

- [REDACTED] to be administered daily, missed on [REDACTED];
- [REDACTED], to flush catheter 3x weekly on Monday, Wednesday, and Friday, missed on [REDACTED] and [REDACTED];
- [REDACTED] to be applied to affected area daily, missed [REDACTED], and [REDACTED].

POC Submission

Accept () - 11/29/2022

1. HomeHealth agencies will be educated on signing for their treatments and or medications they administer.
2. Director of Life and Wellness will run weekly reports to maintain on-going compliance
3. Reports run from QMAR will be given to the Executive Director weekly to review.

Licensee's Plan Completion Date: 10/27/2022

Implemented () - 12/29/2022