

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

February 27, 2024

[REDACTED], ADMINISTRATOR  
[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 12/05/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** ASBURY CHANDLER ESTATE **License #:** 23051 **License Expiration:** 10/01/2024  
**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]

**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:** 37 **Waking Staff:** 28

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 12/05/2023

**Inspection Dates and Department Representative**

12/05/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 48 **Residents Served:** 35

**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:** 35  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 2 **Have Physical Disability:** 0

**Inspections / Reviews**

12/05/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/22/2023

01/08/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 02/27/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/10/2024

Inspections / Reviews (*continued*)

## 01/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/17/2024

## 02/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/25/2024

## 02/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

The hot water temperature of the sink in bathrooms located in rooms 305 and 802 measured 139 degrees Fahrenheit. Repeat violation from 9/27/22.

Plan of Correction

Accept ( [REDACTED] /08/2024)

- 1. Top Mechanical Engineer evaluating system. Quote for work to correct or change our system to be received by January 15th, 2024.
- 2. Maintenance will do weekly temperature checks to 6 areas throughout the facility to capture fluctuations ( see attached form for documenting)
- 3. The Executive Director will check 2 random temperatures the day after maintenance does their temp checks to follow up with ongoing compliance of temperatures to not exceed 120 degrees until the new system is installed or current system fixed ( see attached form)

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented ( [REDACTED] - 02/27/2024)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the home's kitchen was open during the initial walk through and also during the afternoon physical site inspection. The window did not have a screen in it.

Plan of Correction

Accept ( [REDACTED] - 01/08/2024)

- 1. Maintenance will do a walk through the building checking to see that no screens got displaced or are in need of repair monthly ( see attached sheet)
- 2. The Executive Director will do a monthly walk through of the building assessing all screens are intact and not in need of repair to assure compliance ( see attached form)
- 3. The window in the kitchen was under repair from our kitchen remodel. Once the window is complete the screen will be put back in. Will attach the picture once the construction is complete.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented ( [REDACTED] - 02/20/2024)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d Evacuation (continued)

Description of Violation

According to the home's fire drill logs, the fire drill that was held on 1/7/23 took 8 minutes and 2 seconds for evacuation. The home's maximum safe evacuation time is 8 minutes according to the fire safety inspection letter dated 7/1/22.

Plan of Correction

Accept [redacted] - 01/08/2024)

1. We will continue to complete fire drills monthly to meet our state requirements and time allowed for a safe evacuation.
2. The Executive Director will work with residents, staff and families to have a good understanding of the importance of protocols and timing to be sure we are in compliance with our evacuation time.

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented [redacted] - 02/27/2024)

183e - Storing Medications

4. 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

The [redacted] pen belonging to resident #1 was not dated when opened for use.

Plan of Correction

Accept [redacted] - 01/08/2024)

1. This insulin pen was destroyed on [redacted].
2. Med techs to be reeducated on proper dating of medications per regulation.
3. Nurse consultant scheduled for 12/28/2023 to educate med techs on proper storage of medications.
4. The Executive Director will do med audits to ensure compliance of our regulations pertaining to medication storage.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [redacted] - 02/27/2024)

184a - Resident's Meds Labeled

5. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
  2. The name of the medication.
  3. The date the prescription was issued.
  4. The prescribed dosage and instructions for administration.
  5. The name and title of the prescriber.

Description of Violation

The [redacted] pen belonging to resident #1 was stored in the medication cart with no pharmacy label.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept ( ) - 01/12/2024

1. This insulin pen was destroyed on 12/05/2023.
2. Med techs to be reeducated on proper labeling and storage of medications.
3. Nurse Consultant scheduled for 12/28/2023 for a med cart audit and training with the med techs on proper medication storage.
4. Sam Hower, Wellness supervisor will do monthly cart audits. This started on 12/28/2023
5. Tina Jarrell The Executive Director will conduct monthly cart audits to ensure on-going compliance with medication safety and storage. started audit on 1-02-2024

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ( ) - 02/27/2024

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The Medication Administration Record (MAR) for resident #2 did not include a diagnosis or purpose for the following medications: [REDACTED].

Plan of Correction

Accept ( ) - 01/08/2024

1. All diagnosis were added on 12/05/2023
2. Med techs to be educated on checking for diagnosis for each medication.
3. We updated our order form to include checking for a diagnosis ( see attached sheet)
4. Our pharmacy updating their associates on checking for diagnosis for each medication per their protocol.
5. The executive Director will do MAR audits monthly to ensure compliance with all medications have a diagnosis attached to the order.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented ( ) - 02/27/2024

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident #3 has an order for [REDACTED] tablets to be held if the systolic blood pressure (SBP) is less than [REDACTED] or Heart rate (HR) is less than [REDACTED]. From [REDACTED] staff were not taking the resident's blood pressure in order to determine if the medication should be administered as per the physician's orders.

Also, on the following dates and times the medication was not administered or held in accordance with the physician's orders:

[REDACTED] the SBP was [REDACTED]-medication held; [REDACTED] medication held;

## 187d - Follow Prescriber's Orders (continued)

## Plan of Correction

Accept ( ) - 01/08/2024

1. This residents MAR was updated immediately on 12/05/2023.
2. Med techs reeducated on double checking orders get transcribed correctly.
3. Pharmacy was notified about their system to double check when they transcribe orders.
4. Nurse Consultant scheduled on 12/28/2023 to educate med techs on proper checks to ensure resident safety with doctor orders.
5. The Executive Director will do monthly MAR audits to ensure on going compliance with proper documentation on the MAR.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( ) - 02/27/2024

## 227d - Support Plan Medical/Dental

## 8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

Resident #4 requires assistance of 1 staff for safe transfer due to mobility issues. The resident's support plan dated ( ) was not updated to accurately reflect the resident's current need for assistance with transfers.

## Plan of Correction

Accept ( ) - 01/08/2024

1. This resident's support plan was updated immediately on ( ).
2. The director of Life and Wellness Was reeducated on the importance of documenting all changes in the resident support plan.
2. The Executive Director will pull 2 charts monthly to audit support plans to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( ) - 02/27/2024