

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

January 17, 2024

[REDACTED]
CHANDLER HALL HEALTH SERVICES INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHANDLER HALL HEALTH SERVICES, INC. - JORDANS-PHELPS License #: 12989 License Expiration: 03/01/2024
 Address: 99 BARCLAY STREET, NEWTOWN, PA 18940
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: CHANDLER HALL HEALTH SERVICES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/29/1986 Issued By: L&I

Staffing Hours

Resident Support Staff: 44 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/30/2023

Inspection Dates and Department Representative

11/30/2023 - 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: [REDACTED]
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: 0
 Have Mobility Need: [REDACTED] Have Physical Disability: 0

Inspections / Reviews

11/30/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2023

12/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/10/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/10/2024

Inspections / Reviews (*continued*)

01/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2024

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 [redacted], a binder with support plans written on its spine was left unattended at the 1st floor nurse station of Jordan Manor.

Plan of Correction

Accept [redacted] 12/29/2023)

- The support plan binder was put away into a locked cabinet on [redacted] by the PCHA.
- An audit was completed by the PCHA to ensure that all resident record information is being kept in appropriate locked areas on [redacted].
- All Direct Care Staff will be educated on how to properly store all resident records and information by [redacted].
- PCHA or designee will monitor areas 3 times a week for two weeks and then conduct random audits thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/17/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person A (date of hire [redacted] and B (date of hire [redacted]) did not receive training in Emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2022.

Plan of Correction

Accept [redacted] - 12/29/2023)

- Staff persons A and B were trained on the emergency preparedness plan on [redacted] by the Community Support Supervisor.
- An audit was completed by the Community Support Supervisor of all staff persons' education to determine any other staff persons who have not been trained in the past 12 months on the emergency preparedness plan.
- All staff that have not been trained in the past 12 months on the emergency preparedness plan will be trained by the Community Support Supervisor by [redacted].
- The PCHA met with the campus Education Committee on [redacted] to ensure that the Emergency Preparedness Plan is included on the annual Staff Training Plan for all PC Support Staff as well as the Direct Care Staff.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] 01/17/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed in resident room [redacted] and [redacted] was equipped with an enabler which was covered but not securely attached to the bed. The enablers were wobbly, placing the residents at risk for injury.

Plan of Correction

Accept [redacted] - 12/29/2023)

- The bed enablers on resident beds in apartments [redacted] and [redacted] were secured by the maintenance technician on [redacted].
- All enablers are to be checked by maintenance technicians and secured by [redacted].
- All enablers will be checked weekly for one month by the maintenance technicians to ensure they are securely attached to the bed.
- Enablers will be checked at least monthly thereafter to ensure they are securely attached to the bed.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 01/17/2024)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] at [redacted] the temperature of the freezer in Phelps Manor kitchen was 9 degrees Fahrenheit.

Plan of Correction

Accept [redacted] 12/29/2023)

- It was determined that the freezer was in defrost mode during the date and time of the inspection. As the freezer is being actively utilized during that time of day the defrost mode timing needed to be adjusted.
- The appliance vendor was contacted and adjusted the defrost mode timing to occur during the nighttime hours on [redacted].
- Dietary staff will check the temperature of the freezer to ensure that the freezer is not in defrost mode. This will be checked weekly for one month and then once a month for 6 months by the Cullinary Director or designee.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/17/2024)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food (continued)

Description of Violation

There were two stainless steel containers, one with mixed fruits and the other with lettuce and tomato, which were not tightly sealed/covered, in the refrigerator in Jordan Manor kitchen.

Plan of Correction

Accept [redacted] - 12/29/2023)

- Containers were immediately sealed at the time of inspection by the Direct Care Staff.
- Dietary staff will be re-educated by the Culinary Director on ensuring that all containers are properly sealed and labeled by [redacted].
- The Culinary Director Assistant will check 3 times a week for 1 month and then monthly for 6 months to ensure that all containers are properly covered and sealed.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/17/2024)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were last submitted to the local emergency management on [redacted].

Plan of Correction

Accept [redacted] - 12/29/2023)

- The written emergency procedures were submitted to the local emergency management agency on [redacted] by the Community Support Supervisor. After review, the agency acknowledged submission on [redacted].
- The Community Support Supervisor will review the emergency preparedness plan on a quarterly basis at the campus safety meetings. Review will also include the date of the last submission to the emergency management agency.
- The Community Support Supervisor will submit the emergency preparedness plan on an annual basis at least 30 days prior to the anniversary of the last submission to the local emergency management agency. Follow-up contact will be initiated by the Community Support Supervisor weekly with the emergency management agency until submission is acknowledged.
- The Community Support Supervisor will report receipt of acknowledgement at the campus safety meeting.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/17/2024)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

Description of Violation

The fire drill records for the drills conducted between January 2023 and May 2023 do not include the number of residents in the home at the time of the drill and the number of residents evacuated.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

- A professional vendor was contracted with the facility in June 2023 in order to manage all monthly fire drills.
- Monthly fire drill documentation has indicated all required information since June of 2023.
- The Community Support Supervisor will review monthly fire drill documentation submitted by the vendor monthly to ensure that all required information has been documented.
- The Community Support Supervisor will report findings at the campus safety meetings beginning on [REDACTED].

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [REDACTED] - 01/17/2024)

183e - Storing Medications

8. 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

On [REDACTED] at [REDACTED], an opened [REDACTED] prescribed for resident [REDACTED] was in Phelps Manor medication cart A without an open/discard after date. Two opened [REDACTED] without an open/discard after date were in Jordan Manor medication cart. According to the manufacturer's instructions, these pens should be discarded 28 days after opening.

Tow opened bottles of [REDACTED] which were dated but were past the discard-after date were still in Jordan Manor medication cart.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

- All medications were reviewed by the PCHA to ensure that all were properly labelled with an open/discard date. Any expired medications were disposed of by the PCHA.
- The facility pharmacy was contacted in order to obtain open/discard labels for any medications that require them and will be placed by medication technicians by [REDACTED].
- All those administering medications will be inserviced by the PCHA on regulation 183e proper storage of medications especially open/discard and expiration dates by [REDACTED].
- All medications will be audited on a weekly basis by PCHA or designee to ensure that all medications are appropriately labeled and any expired or discontinued medications have been discarded.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [REDACTED] - 01/17/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 [redacted], the [redacted] for resident [redacted] and [redacted] were not calibrated to correct time. They were one hour off due to daylight saving time adjustment.

Resident [redacted] reading of [redacted] on [redacted] at [redacted] was not documented on the resident's November medication administration record (MAR).

Resident [redacted] reading was [redacted] on [redacted] at [redacted] while the resident's November MAR read [redacted].

Resident [redacted] is prescribed [redacted] every 6 hours. The resident's [redacted] dose on [redacted] was not logged on the controlled medication record sheet.

Repeat Violation: 08/17/2022

Plan of Correction

Accept [redacted] 12/29/2023)

- The PCHA adjusted all resident [redacted] to reflect the correct time.
- All medication care partners will be inserviced by the PCHA or designee by [redacted] on directions to adjust date and time on [redacted] and proper documentation of [redacted] readings.
- PCHA or designee will check [redacted] on a weekly basis in order to ensure that they reflect the correct date and time.
- All medication care partners will be inserviced by the PCHA or designee by [redacted] on ensuring that all medications are signed out on the medication administration record whenever administering a medication.
- MARs will be monitored for compliance three times a week by PCHA or designee for one month. They will then be audited on a random basis.
- Controlled medication record sheets will be monitored for complete documentation three times a week by PCHA or designee. They will then be audited on a random basis.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/17/2024)

187b - Date/Time of Medication Admin.

10. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] times a day. The resident's November MAR does not include the initials of the staff person who checked it on [redacted] at [redacted]. The same resident is prescribed [redacted] and [redacted] at [redacted] every day but the resident's November MAR does not include the initials of the staff person who administered them on [redacted]. The resident's [redacted] every 4 hours as needed (PRN) was signed out and administered on [redacted] at [redacted]; however, the resident's November MAR does not include the initials of the staff person who administered it.

Resident [redacted] is prescribed [redacted] every 6 hours. This medication was signed out and administered on

187b - Date/Time of Medication Admin. (continued)

██████████ at ██████████ but the resident's November MAR does not include the initials of the staff person who administered it.

Resident ██████████ is prescribed ██████████ and ██████████ at ██████████ every day. The resident's November MAR does not include the initials of the staff person who administered them on ██████████ at ██████████

Resident ██████████ is prescribed ██████████ once daily as needed. The resident's November MAR does not include the initials of the staff person who administered it on ██████████.

Plan of Correction

Accepted ██████████ - 12/29/2023)

- All medication care partners will be inserviced by the PCHA or designee by ██████████ on ensuring that all medication administration is appropriately documented on the EMAR.
- The PCHA or designee will monitor that all medications have been documented three times a week for one month through the EMAR dashboard to ensure compliance.
- The PCHA or designee will monitor that all medications have been documented on a random basis thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ██████████ - 01/17/2024)

251b - Record Entries Legible

11. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The controlled medication record for resident ██████████ every 4 hours PRN was written over on the time for the ██████████ entries.

The controlled medication record for resident ██████████ tab once daily was written over on the ██████████ (amount on hand), ██████████ (time), and ██████████ (date) entries.

Plan of Correction

Accepted ██████████ - 12/29/2023)

- The medication care partners responsible for the illegible marks have been identified and are in the process of being counseled by the PCHA on the correct method of making corrections on the controlled medication record.
- All medication care partners will be inserviced on the correct method of making a correction on the controlled medication record by ██████████.
- The controlled medication records will be reviewed twice a week for one month by the PCHA or designee to identify any illegible marks and have the staff rectify the illegible markings.
- Controlled medication records will be reviewed on a random basis thereafter by the PCHA or designee to ensure all notations are legible.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented ██████████ - 01/17/2024)

251b - Record Entries Legible (*continued*)