

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

February 21, 2025

[REDACTED], CEO
CHANDLER HALL HEALTH SERVICES INC
99 BARCLAY STREET
NEWTOWN, PA, 18940

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 11/14/2024 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: 03/01/2025
 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: 99 BARCLAY STREET, NEWTOWN, PA, 18940
 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: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/14/2024

Inspection Dates and Department Representative

11/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 33
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

11/14/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2024

12/30/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/03/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/03/2025

Inspections / Reviews (*continued*)

02/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2025

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 November 14, 2024, at 10:48 am, during the physical site inspection the agent of the Department observed the laptop on medication cart A in Jordan Manor, unlocked, unattended and accessible with the resident #1's information on the screen.

On November 14, 2024, at 10:52 am, during the physical site inspection the agent of the Department observed the laptop on medication cart B in Jordan Manor, unattended and accessible with the residents next upcoming appointments.

On November 14, 2024, at 1:28 pm, during the medication administration pass of resident #2 the agent of the Department observed the laptop unlocked, unattended and accessible with resident #2's information on the screen.

Repeat Violation: 11/30/2023, et al

Plan of Correction

Accept (█) - 12/30/2024)

- Staff reminded the day of inspection of the lock button which immediately hides the screen of all resident information immediately.
- Staff involved received counseling for not keeping resident records confidential and the repercussions of repeat offenses.
- All Med Tech staff will be re-educated by the Clinical Manager on resident record confidentiality by 12/20/24.
- The Clinical Manager or PCHA will formally monitor all med tech laptops weekly for one month and then conduct random audits thereafter to ensure compliance.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (█) - 02/21/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

There was no Carbon Monoxide detector for the main kitchen in the wright building which used gas in their equipment. The wright building is connected Jordan Manor and Phelps Manor. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet

18 - Compliance With Laws (continued)

from any fossil-fuel burning device or appliance.

Plan of Correction

Accept () - 12/30/2024)

- A carbon monoxide detector was ordered on 12/11/24 and will be installed near the main kitchen in the Wright building by 12/20/24 per the Care Facility Carbon Monoxide Alarms Standards Act of 6/23/16.
- The new carbon monoxide detector will be added to the weekly maintenance inspection log by 12/20/24.
- All maintenance staff will be educated by the Director of Facilities on the Care Facility Carbon Monoxide Alarms Standards Act by 12/20/24.
- The Director of Facilities will review the weekly inspection results for three months.

Proposed Overall Completion Date: 12/27/2024

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented () - 02/21/2025)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, date of hire (), did not receive orientation on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Plan of Correction

Accept () - 12/30/2024)

- Staff person A transferred from the skilled nursing department to Personal Care effective () therefore the personal care department was not in possession of 2023 trainings at the time of the inspection.
- The staff involved in transfers of staff within the community will be educated by the PCHA by 12/20/24 that the

65a - FS Orientation 1st Day (continued)

- same paperwork as a new hire is to be provided to the personal care department on or before their first day of work.
- Staff person A did complete Fire Safety training on 6/13/2023.
 - PCHA will ensure that all current employees that have transferred from other departments on campus within the last 2 years have the appropriate new hire paperwork for PC by 12/31/24.
 - PCHA will monitor all new hires and transfers for the next 6 months to ensure all fire safety trainings are completed prior to or during the first workday.

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented () - 02/21/2025

65b - Rights/Abuse 40 Hours**4. 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, date of hire [REDACTED], did not completed the following training during [REDACTED] 40th scheduled work hour:

- (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.

Plan of Correction

Accept () - 12/30/2024

- Staff person A had completed resident rights and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act prior to transferring to the personal care department but had not completed training on the emergency medical plan and the reporting of reportable incidents and conditions.
- PCHA will educate Staff person A on the emergency medical plan and reporting of reportable incidents and conditions by 12/20/24.
- PCHA will review all new hire staff training for the past year by 12/31/24 to ensure that all have completed the requirements of 65b and educate any who have not completed all requirements.
- PCHA will educate Staff Scheduler on Orientation requirements of 65b by 12/20/24 and that no new hire or transfer should be scheduled to work for more than 40 hours unless all orientation requirements are completed.
- PCHA will monitor all new hire and transfer hires for the next 6 months to ensure that all orientation requirements have been met in a timely manner.

65b - Rights/Abuse 40 Hours (continued)

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 02/21/2025)

65d - Initial Direct Care Training

5. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept () - 12/30/2024)

- Direct care staff person B, hired on [REDACTED] began training on the floor while supervised on [REDACTED] trained and practiced for 6 days while supervised for all job duties.
- A form will be developed and implemented to indicate the dates of new hire supervised training and practice by 12/20/24.
- The PCHA will review all new hires for the next 6 months to ensure that the supervised training and practice have been completed and documented on the newly developed form.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 02/21/2025)

65e - 12 Hours Annual Training

6. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A had zero hours of annual training in training year 2023.

Plan of Correction

Accept ([REDACTED] - 12/30/2024)

- Staff person A transferred from the skilled nursing department to Personal Care effective [REDACTED] and so the personal care department was not in possession of 2023 trainings at the time of the inspection.
- Staff person A did complete trainings in skilled nursing in 2023.
- PCHA will update list of PC staff and their Date of Hire provided by Human Services to include any relevant transfer of department date by 12/20/24.
- PCHA will review the updated list monthly for the next 6 months to ensure that any relevant transfer dates to the Personal Care department are indicated.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED] - 02/21/2025)

65f - Training Topics**7. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training the following training for 2023:

- (1) Medication self-administration training.*
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- (3) Care for residents with dementia and cognitive impairments.*
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*

65f - Training Topics (continued)

- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Plan of Correction

Accept (█) - 12/30/2024)

- Staff person A transferred from the skilled nursing department to Personal Care effective █ therefore the personal care department was not in possession of 2023 trainings at the time of the inspection.
- Staff person A did complete trainings in skilled nursing in 2023.
- PCHA will update list of PC staff and their Date of Hire provided by Human Services to include any relevant transfer date by 12/20/24.
 - PCHA will review the updated list monthly for the next 6 months to ensure that any relevant transfer dates to the Personal Care department are indicated.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented (█) - 02/21/2025)

65g - Annual Training Content

8. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive the following training during January to December 2023 training year:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

Repeat violation: 11/30/23, et al

Plan of Correction

Accept (█) - 12/30/2024)

- Staff person A transferred from the skilled nursing department to Personal Care effective █ therefore the personal care department was not in possession of 2023 trainings at the time of the inspection.

65g - Annual Training Content (continued)

- Staff person A did complete trainings in skilled nursing in 2023.
- PCHA will update list of PC staff and their Date of Hire provided by Human Services to include any relevant transfer date by 12/20/24.
- PCHA will review the updated list monthly for the next 6 months to ensure that any relevant transfer dates to the Personal Care department are indicated.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (█) - 02/21/2025)

81a - Accommodation

9. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The home's bedside mobility device policy states the need, the intended use, and risk associated with the use device and the resident's ability to use the device will be notated on the resident's support plan. Resident #1's support plan does not include the intended use, risk associated and the resident's ability to use the device.

Plan of Correction

Accept (█) - 12/30/2024)

- Resident #1 did have the information regarding the bedside mobility device as indicated on █ last support plan however, it was not carried over to █ current support plan.
- Resident #1's RASP was amended to include the need, the intended use the risk associated with the use and the resident's ability to use the device.
- All RASP's of residents with mobility devices will be reviewed to ensure that they include the intended use, risk associated and resident's ability to use the device by 12/20/24.
- All staff involved in the development of RASP's will be re-educated by 12/20/24 on ensuring that any resident with a mobility device has the intended use, risk associated and resident's ability to use the device.
- The Clinical Manager or PCHA, will review on a monthly basis for the next 6 months, the RASP of any resident with a bedside mobility device to ensure that it indicates the intended use, risk associated and resident's ability to use the device.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (█) - 02/21/2025)

171b4 - Staff Training

10. Requirements

2600.

171b4 - Staff Training (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff person C, date of hire [REDACTED] transports residents in the community. However, staff person C has not completed the initial new hire direct care staff person training, nor has any direct care certified staff that accompany residents.

Plan of Correction

Accept ([REDACTED]) - 12/30/2024)

- Staff person C completed the Direct Care Staff Training on 11/22/24.
- The files of all others involved in the transportation of residents were reviewed on 11/15/24 to ensure that they had completed the Direct Care Staff Training.
- All staff involved in the hiring of staff for the transportation of residents will be educated by 12/20/24 to ensure that they are aware that all new hires must complete the Direct Care Staff Training prior to transporting any resident.
- PCHA or designee will review all new hires in the transportation department monthly for the next 6 months to ensure that they have completed the Direct Care Staff Training prior to transportation of any resident.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED]) - 02/21/2025)

171b5 - First Aid Kit

11. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include a breathing shield.

Plan of Correction

Accept ([REDACTED]) - 12/30/2024)

- A breathing shield was added to the first aid kit in the van on the day of inspection.
- The first aid kits in all other facility vehicles were checked to ensure all required contents were included on 11/15/24.
- The drivers and all staff involved in the transportation vehicles will be educated by 12/20/24 on the required items of the first aid kits.
- The PCHA or designee will review the contents of the first aid kits in all facility vehicles on a monthly basis for the next 6 months to ensure that all items are present.

Proposed Overall Completion Date: 12/27/2024

171b5 - First Aid Kit (continued)

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented () - 02/21/2025

182c - Medication Administration

12. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On November 14, 2024, the agent of the Department observed staff person D administering medication to resident #1 at 10:42 am. The home did not document the medication administration until 10:50 am.

Plan of Correction

Accept () - 12/30/2024

- Staff involved received counseling regarding the matter and repercussions of repeat offenses.
- All Med Tech staff will be re-educated by the Clinical Manager on immediate documentation following administration of medication by 12/20/24.
- The Clinical Manager or designee will conduct medication administration observations of staff and review of documentation three times a week for one month and then once monthly for the next 6 months to ensure compliance.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 02/21/2025

183e - Storing Medications

13. 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 November 14, 2024, there was one loose pill in medication cart B in Phelps Manor.

Repeat violation: 11/30/23, et al

183e - Storing Medications (continued)

Plan of Correction

Accept () - 12/30/2024

- The loose pill was removed at the time of the inspection.
- All med tech staff will be re-educated on ensuring that all medications are stored in an organized manner under proper conditions in accordance with the manufacturer's instructions.
- The Clinical Manager or designee will audit all medication carts weekly for 4 weeks to ensure that all medications are stored in an organized manner and then monthly for the next 6 months.

Proposed Overall Completion Date: 12/27/2024

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented () - 02/21/2025

227d - Support Plan Medical/Dental

14. 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 #1 support plan dated [redacted] does not indicate the resident has a need for a bedside mobility device to help [redacted] out of the bed. The resident's support plan dated [redacted], does not include the intended use and any risks associated with use, the resident's ability to use the device safely or the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept () - 12/30/2024

- Resident #1 did have the information regarding the bedside mobility device as indicated on [redacted] last support plan however, it was not carried over to [redacted] current support plan.
- Resident #1's RASP was amended to include the need, the intended use, the risk associated with the use and the resident's ability to use the device.
- All RASP's of residents with mobility devices will be reviewed to ensure that they include the intended use, risk associated and resident's ability to use the device by 12/20/24.
- All staff involved in the development of RASP's will be re-educated by 12/20/24 on ensuring that any resident with a mobility device has the intended use, risk associated and resident's ability to use the device.
- The Clinical Manager or PCHA, will review, on a monthly basis, for the next 6 months, the RASP of any resident with a bedside mobility device to ensure that it indicates the intended use, risk associated and resident's ability to use the device.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 02/21/2025