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

January 28, 2025

[redacted], ADMINISTRATOR
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 11/19/2024 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: *ASBURY CHANDLER ESTATE* **License #:** *23051* **License Expiration:** *10/01/2025*

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:** *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *34* **Waking Staff:** *26*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *11/19/2024*

Inspection Dates and Department Representative

11/19/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served:** *33*

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:** *33*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *1* **Have Physical Disability:** *0*

Inspections / Reviews

11/19/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/22/2024*

01/06/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/13/2025*

Inspections / Reviews *(continued)*

01/17/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/21/2025*

01/28/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

87 - Lighting

1. Requirements

2600.
87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The area by the emergency exit in the social hall was not properly lit due to the ceiling fixture being inoperable.

Plan of Correction ***Accept ([redacted] - 01/17/2025)***

1. The bulb was replaced on the day of inspection on 11/19/2024 by the maintenance Director
2. The maintenance Director will check all egress lighting monthly for compliance. and document on the form created by the 31st of every month.
3. The Executive Director will monitor on-going compliance by following up with the maintenance Director and collecting the form he fills out monthly.
4. See attached form that holds maintenance accountable

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented ([redacted] - 01/28/2025)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Cheerios and Raisin bran were located in the cabinet in the dry storage area. The bags they are being stored in were not properly sealed.

Plan of Correction ***Accept ([redacted] - 01/17/2025)***

1. On the day of inspection, 11/19/2024 the Dietary Director put the open cereal in storage containers.
2. We re-educated all dining staff on proper food storage procedures on 11/20/24 and 11/21/24
3. Our dining Director will do weekly checks to ensure compliance
4. The Executive Director will monitor on-going compliance by collecting The Dietary Directors weekly sheets that they are filling out.
5. See attached form

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented ([redacted] - 01/28/2025)

125a - Combustible Storage

4. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 11-19-24, the Licensing Representative observed in the first-floor laundry room, a crumbled-up paper towel on the floor in close proximity to the dryer's exhaust vent.

125a - Combustible Storage *(continued)*

Plan of Correction ***Accept (- 01/17/2025)***

1. The piece of paper was picked up on the day of inspection, 11/19/2024 by the associate and inspector that toured that day.
2. Our lint log form updated to include checking behind and around the dryers to ensure compliance. The form is completed by housekeeping or Direct care after every time the dryer is emptied.
4. The Executive Director will ensure on-going compliance by checking the form that hangs next to each dryer that associates are filling it out correctly.
5. New form attached

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented (- 01/28/2025)

132d - Evacuation

5. 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.

Description of Violation

The fire drill conducted on 6-30-24 at 11am had an evacuation time of 8 minutes and 1 second. The letter from the fire safety expert designating a safe evacuation time based on the construction of the home is 8 minutes.

Repeat 12-5-23

Plan of Correction ***Accept (- 01/17/2025)***

1. The Executive Director or Maintenance Director will run another fire drill if we go over our 8-minute limit of time to evacuate
2. The Executive Director or Maintenance Director will continue to run monthly fire drills with a time of 8 minutes and under for evacuation to be compliant.
3. The Maintenance Director will meet with the residents and staff monthly to talk about evacuation to help residents and staff stay educated on all aspects of evacuation for ongoing success of our drills.

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented (- 01/28/2025)

183b - Meds and Syringes Locked

6. 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

On 11/19/24 at approximately 10:30 am, a case with a residents glucometer was left on the desk in the office. The case included the residents' insulin pen. The case was not in a locked area and staff were not present at all times the case was unlocked.

183b - Meds and Syringes Locked (continued)

Plan of Correction ***Accept (- 01/17/2025)***

1. Med Techs were re-educated by The Executive Director on keeping medications locked up unless they are present and or administering the medications.
2. The Nursing supervisor will do cart audits monthly to ensure that all medications are locked up at appropriate times.
3. The Executive Director will maintain on-going compliance with random cart and room audits monthly

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented (- 01/28/2025)

183e - Storing Medications

7. 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

Resident # 1 has a Tresiba Flextouch 100 unit pen that was open. The pen did not have a date it was opened on the pen.

Repeat 12-5-23

Plan of Correction ***Accept (- 01/17/2025)***

1. On the day of the inspection the Med tech on duty threw out this insulin pen and ordered a new one and dated it for 11/19/24 when the md arrived.
2. Our wellness Supervisor will do a medication pass 3 times a week to be able to monitor the compliance regularly that all medications requiring dates, are dated.
3. Our nursing Supervisor will do random audits monthly to ensure on-going compliance.
4. The Executive Director will do random cart audits monthly to maintain compliance.

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented (- 01/28/2025)

185a - Implement Storage Procedures

8. 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 # 2 has an order for Albuterol Sul HFA 90 MCG, take 2 puff inhale every 6 hours as needed for wheezing. This medication was not available on site.

Plan of Correction ***Accept (- 01/17/2025)***

1. On 11/19/2024 The Director of Wellness discussed with the resident if needs this medication since we did

185a - Implement Storage Procedures (continued)

not have it in our building. [redacted] said [redacted] no longer needed it, so [redacted] threw it out. The Dr signed an order to discontinue these medications due to non-use.

2. The Wellness supervisor will do medication pass 3 times a week to monitor and check for on-going compliance.

3. The Executive Director will maintain on-going compliance with cart audits monthly.

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented ([redacted] - 01/28/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 2 has an order for Amlodipine Besylate Tablet 2.5 mg, 1 tablet by mouth one time a day, hold for Systolic Blood Pressure (SBP) less than 100, Heart Rate (HR) less than 60. On 11-2-2024, the resident had a SBP of 93/50 and a HR of 57 at 0800. The medication was administered and per the order should have been withheld.

Repeat 12-5-23

Plan of Correction ***Accept ([redacted] - 01/17/2025)***

1. A medication error report was faxed to the State on 11/19/2024 by The Nursing Supervisor.

2. Med Techs were re-educated on parameters by the Nursing Supervisor.

3. The Nursing Supervisor will do on-going MAR audits monthly to ensure compliance.

4. The Executive Director will maintain on-going compliance with random MAR checks monthly.

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented ([redacted] - 01/28/2025)

227g -Support Plan Signatures

10. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment and Support Plan for Resident #3, dated [redacted] was not signed by the resident. There was not a notation that the resident did not want to participate or was unable to sign.

Plan of Correction ***Accept ([redacted] - 01/17/2025)***

1. Resident number 3 signed the RASP on 11/19/2024 with the nursing supervisor.

2. The Wellness Supervisor will complete RASP on time with signatures.

3. Before locking the RASP the Nursing Supervisor will check that all signatures are present.

4. The Executive Director will ensure on-going compliance with Monthly checks on PCC to view completed RASP

5. See attached RASP with signature

227g -Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: *01/13/2025*

Implemented ([redacted] - 01/28/2025)