

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

March 2, 2026

[REDACTED]
CHANDLER HALL HEALTH SERVICES INC
[REDACTED]

RE: CHANDLER HALL HEALTH SERVICES,
INC. - HICKS
99 BARCLAY STREET
NEWTOWN, PA, 18940
LICENSE/COC#: 12987

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/27/2025 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. - HICKS **License #:** 12987 **License Expiration:** 02/28/2026
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: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 10/27/2025

Inspection Dates and Department Representative

10/27/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 22

Secured Dementia Care Unit

In Home: Yes **Area:** Hicks **Capacity:** 36 **Residents Served:** 22

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 22
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

10/27/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/29/2025

12/02/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/19/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/07/2025

Inspections / Reviews (*continued*)

12/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2025

03/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [redacted] for Resident [redacted] indicates the resident requires total physical assistance with toileting. The support plan also indicates that Resident [redacted] is a fall risk and will attempt to walk and transfer without assistance. On [redacted] at 10:00am, the resident did not receive this assistance as required during toileting. Staff Member A left the resident alone on the toilet while they went to assist another resident with toileting. While Resident [redacted] was left unattended, they fell to the ground in the bathroom and remained on the floor until staff member A returned. Resident [redacted] was assessed and complained of head and hip pain, was sent to the emergency room and returned to the home with a closed head injury.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] - 12/08/2025)

Staff member A was re-educated on the importance of ensuring that residents are not left alone if requiring assistance during toileting. The administrator or designee will educate all staff on ensuring that each resident receives the assistance with ADL's as indicated in the resident's assessment and support plan by 12/15/25. PCHA or designee will evaluate residents and their support plans to ensure items that each resident requires are current and being provided. PCHA or designee will compare each RASP to the resident's service plan to ensure they match. Each care partner will be required to review each service plan to determine any discrepancies and sign it that it is the care they are providing. Any discrepancies will be reflected on the RASP by the PCHA or designee and entered into electronic documentation system for acknowledgement by care partners. This will be done 5 residents a week for the next 4 weeks. Documentation of completion of tasks will be monitored weekly for the next 6 weeks to ensure assistance is being provided.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] 03/02/2026)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for Resident # [redacted] was not signed by the resident.

The resident-home contract, dated [redacted] for Resident [redacted] was not signed by the resident.

The resident-home contract, dated [redacted], for Resident [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 12/02/2025)

An audit of all current resident contracts will be completed by the administrator by 12/5/25. All those staff

25b Contract Signatures (continued)

members who are responsible for the review of the admission contract will be inserviced by 12/7/25 on the requirement of the resident's signature on the contract. The Admissions coordinator or designee will ensure to attempt to have all contracts without a signature, signed by the resident or indicating if resident is unable to sign by 12/12/25. On a monthly basis for the next three months, the administrator or designee will review all contracts of residents admitted during the month to ensure that they are completed.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] - 03/02/2026)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident [REDACTED]'s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident [REDACTED]'s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] 12/02/2025)

An audit of all current resident records will be completed by the administrator by 12/5/25 to determine those who residents who have not acknowledged receipt of a copy of their resident rights and complaint procedures. All those staff members who are responsible for the review of the rights and complaint procedures will be inserviced by 12/7/25 on the requirement of the resident's signature on the receipt of the resident rights and complaint procedures. The Admissions coordinator or designee will ensure to attempt to have all current receipts of a copy of resident rights and complaint procedures without a signature, signed by the resident or indicating if resident is unable to sign by 12/12/25. On a monthly basis for the next three months, the administrator or designee will review all receipts of a copy of the resident rights and complaint procedures of residents admitted during the month to ensure that they are completed.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] - 03/02/2026)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] requires total physical assistance with toileting per their support plan dated [REDACTED]. The support plan

42b - Abuse (continued)

also indicates that Resident [REDACTED] is a fall risk and will attempt to walk and transfer without assistance. On [REDACTED] at 10:00am, Staff Member A took Resident [REDACTED] to the bathroom to assist with their toileting. Staff Member A left Resident [REDACTED] alone on the toilet while they went to assist another resident with toileting. While Resident [REDACTED] was left unattended, they fell to the floor in the bathroom and remained on the floor until staff member A returned. Resident [REDACTED] was assessed and complained of head and hip pain, was sent to the emergency room and returned to the home with a closed head injury.

Plan of Correction

Directed ([REDACTED] - 12/08/2025)

Staff member A was suspended while the incident was under investigation. Staff member A was re-educated on how a resident is not to be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The administrator or designee will educate all staff on ensuring that each resident is not to be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by 12/12/25. All staff will be educated on neglect and abuse upon hire and annually by PCHA or designee.

Proposed Overall Completion Date: 12/15/2025

Directed Plan of Correction ([REDACTED] - 12/8/2025)

Starting immediately, the administrator shall observe staff performing resident care at least three times per week for four weeks, then once per week for two months, and monthly thereafter. The administrator shall ensure that staff are performing proper care to residents during these interactions. Documentation shall be maintained.

Starting immediately, the administrator shall review the staffing schedule weekly to ensure that sufficient staff is scheduled to meet the residents' needs according to the residents' support plans. The administrator shall adjust the schedule daily, as needed, to ensure sufficient staff is present and available.

Directed Completion Date: 12/15/2025

Implemented ([REDACTED] - 03/02/2026)

191 - Resident Right to Refuse

5. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED] admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident [REDACTED], admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident [REDACTED] admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction**Accept** (████ - 12/02/2025)

An audit of all current resident signatures regarding their right to question or refuse a medication will be completed by the administrator by 12/5/25. All those staff members who are responsible for the review of this right with the residents will be inserviced by 12/7/25 on the requirement of the resident's signature documenting this education. The Admissions coordinator or designee will ensure to attempt to have all those without a signature, signed by the resident or indicating if resident is unable to sign by 12/12/25. On a monthly basis for the next three months, the administrator or designee will review all documentation of this education of residents admitted during the month to ensure that they are completed.

Licensee's Proposed Overall Completion Date: 12/15/2025**Implemented** (████ - 03/02/2026)