

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

January 21, 2026

[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 11/06/2025 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. - JORDANS-PHELPS License #: 12989 License Expiration: 03/01/2026  
 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: 04/08/1999 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 33 Waking Staff: 25

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 11/06/2025

**Inspection Dates and Department Representative**

11/06/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 60 Residents Served: 30  
 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: 30  
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

11/06/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2025

12/09/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/19/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/21/2025

Inspections / Reviews *(continued)*

01/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 16c Written Incident Report

### 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

#### Description of Violation

On [REDACTED] resident [REDACTED] fell and had an [REDACTED]. The home did not report this incident to the department until [REDACTED].

Resident [REDACTED] suffered a [REDACTED] in the [REDACTED] after falling. The incident report does not include the incident date and the report date.

#### Plan of Correction

Accepted [REDACTED] - 12/09/2025)

All staff members responsible for completing incident reports will be inserviced by the PCHA on or before 12/8/25 on ensuring completion of the incident report and submitting it timely. All incident reports will be submitted to the PCHA prior to sending to ensure that all information on the report is completed. For the next 4 weeks, the PCHA or designee will review all reportable incidents to ensure that they were submitted timely and completely and then monthly thereafter.

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

Implemented [REDACTED] - 01/21/2026)

## 42s Privacy

### 2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

#### Description of Violation

Video cameras are outside of the main entrances of both buildings; both video cameras are recording, according to the Director of Maintenance. The sign posted reads as follows: "Notice these premises are protected by closed-circuit TV." There is no indication on the notice that the video cameras are recording.

#### Plan of Correction

Accepted [REDACTED] - 12/09/2025)

New signs are being purchased to replace the current signs and are expected to be in place by 12/12/25. In the meantime, temporary signs stating that the video cameras are in use and are recording have been hung. Upon arrival, the new signage will be hung within 24 hours. PCHA or designee will monitor areas using video cameras for proper signage monthly for the next 3 months.

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

Implemented [REDACTED] - 01/21/2026)

## 85a Sanitary Conditions

### 3. Requirements

2600.

85a Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

The freezer in the small kitchen on the 2nd floor in the Phelps building has a large yellow stain at the bottom.

Plan of Correction

Accept ( [redacted] 12/09/2025)

The freezer was replaced on the day of the inspection. Housekeeping staff will be inserviced on checking and cleaning refrigerators and freezers in public areas on or before 12/10/25 by the Housekeeping Supervisor or designee. The Housekeeping Supervisor will perform random audits of the units to ensure cleanliness on a weekly basis for the next 4 weeks and then monthly thereafter.

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

Implemented [redacted] - 01/21/2026)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted], there was a water leak on the basement floor due to a defective sump pump.

Plan of Correction

Accept ( [redacted] 12/09/2025)

The sump pump will be repaired or replaced by 12/19/25. Maintenance staff will be inserviced on timely repairs of equipment on or before 12/9/25 by the Maintenance Supervisor. Maintenance Supervisor or designee will perform random audits to ensure that the sump pumps are operating weekly for the next 4 weeks and monthly ongoing thereafter.

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

Implemented [redacted] - 01/21/2026)

97 - Elevators/Lifting Devices

5. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

Elevator 001, for building Jordan, has not had a certificate of operation from the Department of Labor and Industry or appropriate local building authority since [redacted]

Elevator 005, for building Phelps, had its certificate of operation from the Department of Labor and Industry or appropriate local building authority expire on [redacted]

Plan of Correction

Accept [redacted] 12/09/2025)

Elevator inspectors have continued to sign expired elevator certificates indicating the dates of their inspections. The

97 - Elevators/Lifting Devices (continued)

Director of Facilities has reached out to National Elevator Inspection Services to request a letter stating that the elevators have passed inspection. An email was sent to the Pennsylvania Department of Labor elevator division by the Director of Facilities requesting current certificates of operation. An email will continue to be sent weekly by the Director of Facilities requesting the current certificates until they're received. The Director of Facilities will report inspections at QAPI and receipt of certificates on an ongoing basis.

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

Implemented [redacted] - 01/21/2026)

103c - Food Protected

6. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] there was an uncovered tray of fish stored in the main kitchen refrigerator.

Plan of Correction

Accept [redacted] - 12/09/2025)

Fish was covered at the time of the inspection. All staff responsible for food preparation will be educated by the Culinary Director or designee on ensuring that all food is protected from contamination while being stored, prepared, transported and served on or before 12/9/25. Culinary Director or designee will audit all food areas to ensure that all food is protected from contamination three times a week for the next four weeks and on an ongoing basis thereafter.

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

Implemented [redacted] - 01/21/2026)

103f - Refrigerator/Freezer Temps

7. 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 9:32 a.m., the temperature in the freezer on the 2nd floor of the Phelps building was 42 degrees Fahrenheit.

There was no thermometer in the refrigerator on the 2nd floor of the Phelps building.

Plan of Correction

Accept [redacted] - 12/09/2025)

The freezer was replaced on the day of inspection. A thermometer was placed in the refrigerator of the unit on the day of inspection. Housekeeping staff will be inserviced by the housekeeping supervisor by 12/10/25 to ensure thermometers are present in both refrigerators and freezers and that temperatures are within correct ranges. Housekeeping supervisor will audit for placement and temperatures weekly for four weeks and then monthly on an ongoing basis.

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

Implemented [redacted] - 01/21/2026)

103i - Outdated Food

8. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

*There was one unlabeled, undated tray of fish, a bag of sausage, and a bag of chicken in the main kitchen walk-in refrigerator.*

Plan of Correction

Accept [REDACTED] - 12/09/2025)

*All unlabeled and undated food was labeled and dated at the time of the inspection. All staff responsible for food handling will be educated by the Culinary Director or designee on ensuring that all food is labeled and dated on or before 12/9/25. Culinary Director or designee will audit all food areas to ensure that all food is labeled and dated three times a week for the next four weeks and on an ongoing basis thereafter.*

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

Implemented [REDACTED] - 01/21/2026)

123b - Emergency Procedures Posted

9. Requirements

2600.  
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

Plan of Correction

Accept [REDACTED] - 12/09/2025)

*Copies of the Emergency Procedures will be posted in a conspicuous and public place by 12/5/25. The PCHA or designee will inservice the Director of Facilities and relevant facilities staff on the proper posting of the Emergency Procedures by 12/10/25. The Director of Facilities or designee will monitor to ensure that the emergency procedures are in the determined conspicuous and public place weekly for four weeks and monthly thereafter.*

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

Implemented (CE - 01/21/2026)

183e - Storing Medications

10. 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

*[REDACTED] is prescribed for resident [REDACTED]. However, pill #23 was removed from the blister pack and put back and taped due to the resident's refusal.*

183e Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 12/09/2025)

All staff certified to administer medications will be inserviced by the PCHA or designee by 12/10/25 on the proper procedures of medication refusals and proper destruction of medications. A medication cart audit will be conducted weekly for the next four weeks by the PCHA or designee to determine if any medication has been improperly stored. The medication cart audits will continue monthly thereafter by PCHA or designee.

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

Implemented [REDACTED] - 01/21/2026)

185a - Implement Storage Procedures

11. 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

According to the home's medication policy, a pharmacy Controlled Substance Administration Record will be included with a controlled substance from the pharmacy. For narcotics delivered to the community by the resident or family member, an Individual Narcotic Control Record will be initiated.

[REDACTED] is prescribed for resident [REDACTED]. However, there were two different prescriptions dispensed on [REDACTED] and [REDACTED] that were documented on the same narcotic control record as one prescription.

[REDACTED] is prescribed for Resident [REDACTED]. However, there were two different prescriptions dispensed on [REDACTED] on the same narcotic control record as one prescription.

Plan of Correction

Accept [REDACTED] - 12/09/2025)

The morphine prescriptions were separated and placed on individual narcotic control records on the date of the inspection. All staff certified to administer medications will be inserviced by the PCHA or designee by 12/10/25 on the Controlled Substance policy. A medication cart audit will be conducted weekly for the next four weeks by the PCHA or designee to ensure that all narcotics have appropriate control records. The medication cart audits will continue monthly thereafter by PCHA or designee.

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

Implemented [REDACTED] 01/21/2026)