

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 12/22/2025 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:** 38 **Waking Staff:** 29

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 12/22/2025

Inspection Dates and Department Representative

12/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 19

Secured Dementia Care Unit

In Home: Yes **Area:** Whole **Capacity:** 36 **Residents Served:** 19

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 19
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

12/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/23/2026

01/26/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/20/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/31/2026

Inspections / Reviews *(continued)*

02/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2026

03/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the date and length of each course.

Plan of Correction

Accept (████) - 02/03/2026)

As the Previous Administrator is no longer with the company, the new/current administrator will audit all direct care staff trainings from the previous year, each week, to ensure that they all have the dates and lengths of each course.

This weekly audit will begin from the week of 1/19/2026, to the week of 2/19/2026.

Starting in March, The Personal Care Administrator will audit all training records monthly for the next 6 months to maintain and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented (████) - 03/02/2026)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On █████ at 9:22 A.M. two large sections of fencing were missing from the secured unit patio area. The home used a black tarp to cover the areas of missing fence. The tarp can be easily lifted up or down. The area beyond this tarp appears woody with pinecones, branches, and loose dirt, posing a tripping hazard.

Plan of Correction

Accept (████) - 02/03/2026)

The Director of Facilities will in-service all maintenance staff on 1/23/2026 on keeping the grounds in good repair and free of hazards.

The Director of Facilities has ordered the new fence pieces. They will be delivered by 2/5/2026 and the fence will be fully repaired by the week of 2/19/2026.

Once the Fence is completely repaired, The Director of Facilities/designee will perform Monthly walk-throughs of the grounds to ensure the grounds remain in good repair and free of hazards.

These Monthly walk-throughs will go starting in March for the following 6 months to ensure continued compliance.

Any discrepancies will be documented, reported and reviewed internally.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented (████) - 03/02/2026)

227g -Support Plan Signatures

3. Requirements

2600.

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

Description of Violation

Resident █████ resident assessment and support plan completed on █████ was not signed by the resident and does not indicate if the resident declined or was unable to participate in the development of the support plan.

227g Support Plan Signatures (continued)

Resident [REDACTED] resident assessment and support plan completed on [REDACTED] was not signed by the resident and does not indicate if the resident declined or was unable to participate in the development of the support plan.

Plan of Correction**Accept [REDACTED] - 02/03/2026)**

The administrator in serviced the Memory Care Coordinator and the Unit Nurse on Support Plan Signatures on 1/19/2026.

The support plans for Resident [REDACTED] & Resident [REDACTED] have been signed/checked off.

The Memory Care Coordinator/Unit Nurse will conduct an audit on all support plans in order to identify others that are not signed by the resident and does not indicate if the resident declined or was unable to participate in the development of it.

This audit will begin the week of 1/19/2026, ending with all support plans signed / checked off by the week of 2/19/2026.

A weekly audit will be conducted for all initial, annual, or status change support plans to ensure that their support plans have signatures by the Memory Care Coordinator/Unit Nurse, from 1/19/2026 2/19/2026.

Following the weekly audit completion date, The Personal Care Administrator will conduct a monthly audit for the next 6 months of all initial, annual, or status change support plans to ensure maintained compliance with this regulation.

This monthly audit will go from March to September 2026.

Any discrepancies will be documented & reviewed internally.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] 03/02/2026)**231c - Preadmission Screening****4. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the Resident [REDACTED]s written cognitive preadmission screening was completed on [REDACTED]

Repeat Violation: [REDACTED]

Plan of Correction**Accept [REDACTED] - 02/03/2026)**

The administrator in serviced the Memory Care Coordinator and the Unit Nurse on Cognitive Screenings on 1/19/2026.

The administrator/designee will conduct an audit on all cognitive screenings to identify other ones that are out of compliance.

All screenings that are out of compliance will have an addendum attached to acknowledge that the administrator is aware that the Cognitive Screening was not completed timely and is out of compliance.

The administrator/designee will conduct an audit on all cognitive screenings for new admissions as well.

These audits will begin the week of 1/19/2026 and will conclude the week of 2/19/2026.

Following the completion of the weekly audit, the Personal Care Administrator/designee will conduct a monthly audit on all new admission to ensure cognitive screenings are being completed timely.

231c - Preadmission Screening (continued)

This audit will be ongoing for the next six months, from March - September.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented (redacted) 03/02/2026)

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 9:19 A.M., the directions for operating the home's locking mechanism were not conspicuously posted near the main dining room exit door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept (redacted) - 02/03/2026)

On 12/22/2025 The Personal Care Administrator immediately and conspicuously posted the directions for operating the key locking mechanism in the main dining room.

On 12/22/2025 the administrator completed rounds on all exits to ensure all directions were posted.

The Personal Care Administrator/designee will complete monthly audits of all exits to ensure continued compliance with this regulation.

The monthly audits will begin 2/2026, with a 6 month conclusion date of 8/2026.

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented (redacted) - 03/02/2026)

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident (redacted) was admitted to the Secure Dementia Care Unit (SDCU) on (redacted). However, the resident's initial support plan was completed on (redacted).

Plan of Correction

Accept (redacted) - 02/03/2026)

The administrator created an addendum to place in resident (redacted) record to acknowledge that the initial support plan was completed late.

The administrator in-serviced the Memory Care Coordinator as well as the Unit Nurse on Admission Support Plans on 1/19/2026.

The administrator/designee will complete an audit on all initial support plans for current residents to identify other support plans that were not completed timely. An addendum will be placed in the resident record for all initial support plans that are out of compliance.

The administrator/designee will audit the support plans of all new admissions to ensure continued compliance. These audits will begin the week of 1/19/2026, with a conclusion date the week of 2/19/2026.

Following the weekly audit completion date, The Personal Care Administrator/designee will conduct a monthly audit for the next 6 months of all new admissions to ensure that all initial support plans were completed timely.

234a - Admission Support Plan (continued)

*This monthly audit will go from March 2026 to September 2026.
Any discrepancies will be documented & reviewed internally.*

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 03/02/2026)