Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

September 2, 2026

CHANDLER HALL HEALTH SERVICES INC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2026 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CHANDLER HALL HEALTH SERVICES, INC. - HICKS* **License #**: *12987* **License Expiration**: *02/28/2027*

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: *2158604000* **Email**: *JWHITMAN@CHANDLERHALL.ORG*

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**: *48* **Waking Staff**: *36*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *07/09/2026*

Inspection Dates and Department Representative

07/09/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *24*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *36* **Residents Served**: *24*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *24*

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

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

07/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2026*

08/07/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/28/2026*

Reviewer: *Claire Mendez* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/12/2026*

Inspections / Reviews *(continued)*

08/10/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/28/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

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

183e - Storing Medications

1. 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 [redacted] is prescribed [redacted] apply to bare skin (back of neck) topically every four hours as needed for anxiety. On [redacted] at 3:04am and again at 11:58pm, the [redacted] was administered to the resident. The medication expired [redacted].

Repeat Violation.[redacted]

Plan of Correction ***Accept [redacted] - 08/10/2026)***

On 6/29/2026 the medication was immediately removed from the cart, disposed of and the medication was re-ordered.
This incident was reported to DHS on 6/29/2026 via email.
A medication cart audit was conducted on 6/29/2026 by LPN to identify any other residents with expired medications.
Upon notification, room rounds were conducted by [redacted], MCC on 6/29/2026 to ensure all resident rooms are free from improper disposal of medication.
The two staff members who last gave the medication and left the empty syringes in the residents' room have been identified and given a written warning on 6/29/2026.
An in-service for all med-techs was provided on 6/29/2026 on Expired Medications in the cart and Improper storage/disposal of medications.
The Memory Care LPN/Designee will conduct weekly cart audits beginning the week of 8/2/2026 and will be concluded the week of 8/30/2026 to ensure maintained compliance.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/02/2026)

184b - Labeling OTC/CAM

2. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] a bottle of [redacted] belonging to Resident [redacted] was observed in the home's medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept [redacted] - 08/10/2026)***

On 6/29/2026 the medication was immediately labeled with the resident's name.
A medication cart audit was conducted on 6/29/2026 by LPN to identify any other residents with unlabeled medications in the cart.
All med-techs will be in-serviced on Labeling OTC/CAM meds starting on 8/4/26.
The Administrator/Designee will conduct weekly cart audits beginning the week of 8/2/2026 and will be concluded the week of 8/30/2026 to ensure maintained compliance.

184b Labeling OTC/CAM (continued)

The Administrator/designee will conduct random audits each week of the med carts to ensure that all meds are properly labeled. These random audits will begin the week of 8/2/2026 with a conclusion date of 8/30/2026. Following the completion of the weekly and random audits, the Administrator/Designee will conduct monthly audits and any discrepancies will be documented and reviewed internally for correction.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ***- 09/02/2026)***

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident is prescribed instill two drops in both eyes one time a day for dry eyes, chew give one tablet orally one time a day for , give one capsule orally one time a day for 1 spray in both nostrils one time a day for , tab give 1 tablet orally one time a day for supplement and apply to sacrum and b/a buttocks topically every shift for incontinent care. These medications were not administered as prescribed on

Repeat Violation:

Plan of Correction ***Accept*** ***- 08/10/2026)***

On 8/4/2026, all med techs and LPN's will be re educated on Following the Prescribers orders. This in service will stress the importance of ensuring all medication is given as prescribed and are signed out properly.
The Administrator/Designee will conduct daily MAR audits to ensure that all meds are given as prescribed and documented. This audit will begin 8/1/2026 and will conclude the week of 8/30/2026.
The administrator/designee will complete random MAR Audits to ensure compliance with this regulation. Following the completion of the weekly and random audits, the administrator will conduct monthly audits with no end date, to ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ***- 09/02/2026)***