



September 04, 2014

Linda Lanning, Director
Chandler Hall Health Services
- Adult Day Health Program
190 South Sycamore Street
Newtown, PA 18940

RE: Chandler Hall Health Services
- Adult Day Health Program
License # 290030 - Regular

Dear Ms. Lanning:

As a result of the Department of Aging's licensing inspection of the above named facility on 07/17/2014, one area of non-compliance was identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to CHANDLER HALL HEALTH SERVICES, INC.
LEGAL ENTITY

To operate CHANDLER HALL HEALTH SERVICES - ADULT DAY HEALTH PROGRAM
(NAME OF CENTER)

Located at 190 SOUTH SYCAMORE STREET NEWTOWN, PA 18940
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 42
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 01, 2014 until September 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 290030 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: September 04, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 290030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2014
NAME OF PROVIDER OR SUPPLIER Chandler Hall Health Services - Adult Day Health Program		STREET ADDRESS, CITY, STATE, ZIP CODE 190 SOUTH SYCAMORE STREET NEWTOWN, PA 18940		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on 7/17/14 and it was determined that Chandler Hall Health Services - Adult Day Health Program was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11610	11.102(c) Client physical examination and med report The medical report shall include: (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray. (5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.	11610	Plan of Correction is required (See Attached) – Have obtained copy of PPD indicating negative test results, test was given and read prior to client #1's start of ADHP. Henceforth, will require PPD in lieu of client chest x-ray results. Henceforth, as per requirement listed under regulation 11.102 (c) (4), <u>Client physical examination and medical report</u> : Physicians submitting chest x-ray results in lieu of PPD will be required to provide proof of positive PPD history. If there is no history of positive PPD test the physician will be required to perform PPD testing. ADHP Nurse/Director will be responsible to insure this requirement is met.	8/6/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

CEO

(X6) DATE

8-11-2014

DEPARTMENT OF AGING APPROVAL

[Signature]

DATE

Chief, Division of Licensing

8/29/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 290030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2014
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11610	Continued From page 1 (6) Medical information pertinent to diagnosis and treatment in case of an emergency. This STANDARD is not met as evidenced by: Findings: The center accepted a chest x-ray in place of a tuberculin skin test for client #1. The client's 5/14/14 medical report did not indicate the client had a prior positive reaction to the tuberculin skin test.	11610		