

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

November 6, 2025

[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 09/22/2025 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:** 46 **Waking Staff:** 35

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/22/2025

Inspection Dates and Department Representative

09/22/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 23

Secured Dementia Care Unit

In Home: Yes **Area:** Hicks **Capacity:** 36 **Residents Served:** 23

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

09/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/18/2025

10/20/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/30/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/30/2025

Inspections / Reviews *(continued)*

11/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 1:30am, Resident [redacted] was found with a large skin tear on the right leg. The resident was sent to the hospital, and due to the severity of the injuries, resident [redacted] required 8 sutures. This incident was reported to staff person A on [redacted] at 10:00am. However, this allegation of abuse was was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 10/20/2025)

Resident [redacted] had a previous injury in the same location on [redacted] leg from prior to [redacted] admission to the facility in 9/24. The current injury also occurred immediately following a transfer from a wheelchair to a stationery chair. When injury was discovered, the resident had been alone. Therefore, Staff Person A did not suspect abuse and so did not report as such. All staff will be re-educated about mandatory abuse reporting by 10/31/25 by LPN, MCC or PCHA. On a weekly basis for the next 6 weeks, PCHA and LPN will review all incidents to ensure all reporting was appropriately completed.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [redacted] - 11/06/2025)

16c - Written Incident Report

2. 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] at 1:30am, Resident [redacted] was found with a large skin tear on the right leg. The resident was sent to the hospital, and due to the severity of the injuries, resident [redacted] required 8 sutures. The home did not report this incident to the department until [redacted] at 10am.

Plan of Correction

Accept [redacted] - 10/20/2025)

Staff persons aware of the situation contacted the hospice RN for assistance upon discovery of the injury. Hospice does not notify administrator of these matters where the PC LPN's do make [redacted] aware of such matters. Med Tech Staff will be educated by the PCHA or LPN by 10/24/25, that any situation in which hospice is contacted, the PCHA or LPN on call must also be contacted. In addition, new electronic shift reporting will be implemented by 10/31/25 which will allow for easier review of events of the previous 24 hours. On call LPN will review the reports daily in order to determine if a reportable incident needs to be completed. The PCHA will review events of the week three times for two weeks and twice a week for the next four weeks to ensure incidents are reported within 24 hours.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [redacted] - 11/06/2025)

23a - Activities of Daily Living Assistance

3. Requirements

23a Activities of Daily Living Assistance (continued)

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 assistance with eating. On [redacted] at 9:30am, the resident did not receive this assistance as required during the breakfast meal; the resident waited 15 minutes for assistance from a staff member.

Plan of Correction

Accept [redacted] 10/20/2025)

On this day, a culinary person who does not typically serve in the secure unit was on duty. [redacted] noted that Resident [redacted] had been brought into the dining room and so prepared and served [redacted] meal as Resident [redacted] can feed herself at times however, the caregiver assisting that resident had been called away and had left the dining room not knowing that the meal was being delivered to the resident. The LPN or MCC will inform culinary staff or any resident requiring assistance with meals so that it can be indicated on the resident's meal tickets by 10/24. Culinary and direct care staff will be educated by the PCHA or LPN by 10/31/25 on ensuring that any resident requiring assistance from a direct care staff member will not be served until the direct care staff member is present. Meals will be monitored by the LPN, MCC or PCHA for three times a week for two weeks and twice a week for the next four weeks at random times to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [redacted] - 11/06/2025)

82c Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate toothpaste and Listerine mouthwash, with a manufacture's label indicating "contact poisonous control center", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 10/20/2025)

All residents have a locked cabinet in their bathroom for all poisons. Resident [redacted] had just been assisted with [redacted] morning ADL's and was in the process of being escorted to the dining room for breakfast. Staff will be re-educated by the PCHA or LPN by 10/24 on the importance of immediately following the use of any poisonous items, placing the item back into the cabinet and ensuring it is locked before leaving the resident's room. Audits by LPN, MCC, med tech and/or PCHA of all resident rooms will be completed three times a week for two weeks and twice a week for the next four weeks at random times throughout the day in order to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [redacted] - 11/06/2025)