

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Chandler Hall Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Barclay Street Newtown, PA 18940	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48578</p> <p>Based on observation, facility policy review, and staff interview, it was determined that the facility failed to ensure that medications/biologicals were securely stored in one of one medication storage rooms. (Medication and Treatment Room)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Controlled Substances, last reviewed on February 25, 2024, revealed that controlled substances listed as Schedule II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1976 are to be separately locked in permanently affixed compartments.</p> <p>Observation on June 13, 2024, at 11:20 a.m., revealed the Medication and Treatment Room had controlled substances that were stored in a locked box inside a refrigerator. The locked box was not permanently affixed to the refrigerator and contained 35 doses of lorazepam suppositories.</p> <p>In an interview on June 13, 2024, at 12:23 p.m., the Director of Nursing confirmed that the medication box should have been permanently affixed in the locked refrigerator.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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