

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WOODS SERVICES, INC.

LEGAL ENTITY

To operate BEECHWOOD CENTER 3

NAME OF FACILITY OR AGENCY

Located at 587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 7, 2010 until March 7, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129651

Robert E. Robinson

ISSUING OFFICER

Kenneth J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: SEP 13 2010

Dr. Robert Griffith, President
Wood Services, Inc.
D.Cerra-Tyl
469 E. Maple Avenue
Langhorne, Pennsylvania 19047

RE: Beechwood Center 3
587 Beechwood Circle
Langhorne, Pennsylvania 19047

Dear Mr. Griffith:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 18, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #129650 dated June 30, 2010 to June 30, 2011 is REVOKED. A FIRST PROVISIONAL license, effective September 7, 2010 to March 7, 2011 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 West, Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beechwood Center 3 587 Beechwood Circle, Langhorne, PA 19047		CURRENT LICENSE NUMBER 129650	
INSPECTION DATE(S) (Include all dates of the inspection) May 18, 2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>PAT BOYLE DIRECTOR OF QUALITY IMPROVEMENT</i></p>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
15a 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 its requirements regarding restrictions on staff persons.	On 5/15/10, Direct Care Staff Person A witnessed Direct care staff person B push and yell at resident #1. Direct Care staff Person A reported this abuse to Direct Care Staff Person C who was the R.N./Supervisor on duty at the time. Direct Care Staff Person C did not report the incident to anyone. Direct Care Staff Person A later reported the incident to the next shift's supervisor, who then reported the incident to Administrator D. The home failed to report the	<p style="text-align: center; font-size: 1.2em;">5/31/10</p> <p style="font-size: 0.8em;">not 8/26/10</p> <p style="text-align: center; font-size: 1.2em;">5/16/10</p> <p style="font-size: 0.8em;">not 8/26/10</p>	<p style="font-size: 1.1em;"><i>All staff are trained annually in rights/abuse reporting. (see attached Powerpoints). Staff person C is not a supervisor. She advised staff person B to report the incident to management staff per procedure. Staff person B did this at the end of his shift. Staff person B was trained 4/9/10 to report abuse which was his annual training. Staff person B was retrained 5/16/10 on reporting all incidents immediately. (see attached)</i></p>	<p style="text-align: right; font-size: 1.1em;">8/26/10</p> <p style="text-align: right; font-size: 0.8em;">not</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Boyle</i>	DATE <i>7/2/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	incident did in accordance with the Older Adult Protective Services Act.	<i>5/14/10.</i>	<i>This incident was reported to AAA on 5/16/10. LHA 7/26/10</i>	

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Boyle</i>	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Holtz</i>	DATE 8/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 5/15/10, when Resident #1 asked Direct Care Staff Person B if they could sit by the staff person. Direct Care Staff Person B replied, "No", cursed at and pushed the resident.	5/22/10 5/21/10 9/30/10	<i>Staff person B was suspended pending the investigation and then terminated on 5/22/10. All staff ^{have received} participate in annual rights/abuse training. All agency staff will be trained on abuse and ORPSA.</i> <i>WAA 8/26/10</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>8/26/10</i> Date Initials (DPW) <i>WAA</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Boyce</i>	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Samuel Wells</i>	DATE 8/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with	The home did not have a criminal background check in the employee record of Direct Care Staff Person C, who began providing services at the home through an agency on 9/17/2007.	5/19/10 OK'd 8/26/10 7/2/10 OK'd 8/26/10	<i>Staff person C was hired by Strouds Services 5/07 (Parent Company). Criminal history was on file and faxed as requested 5/19/10. (see attached).</i> <i>Hiring, retention and utilization of staff is in accordance with OAPSA</i>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Boyle</i>	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.		8/26/10	<p><i>and other applicable regulations.</i></p> <p><i>Staff person I did have a disclosure statement dated 5/17/07. (see attached)</i></p> <p><i>The files for all agency staff have been reviewed to ensure a criminal history background check was completed.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/26/10</i> <i>[Signature]</i></p> <p>Date Initials (DPW)</p>
		8/26/10	<p><i>The nursing supervisor will ensure that any agency staff hired in the future have a criminal background check. A copy will be kept at the home.</i></p>	

8/26/10

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Gayle</i>	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Allen</i>	DATE 7/26/10

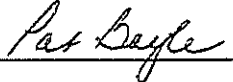
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation.</p>	<p>Direct Care Staff Person C, who began providing services at the home through an agency on 9/17/2007, did not receive any of the training required by this regulation.</p>	<p>7/2/10 <i>WHR</i> 7/26/10</p> <p>7/15/10</p> <p>9/30/10</p>	<p><i>Prior to or during first work day all staff receive general orientation to include fire safety + emergency preparedness to include items 1-7.</i></p> <p><i>In the future any 'agency' staff will have the required training as stated in 65a.</i></p> <p><i>Direct Care Staff person C will receive the required training.</i> <i>WHR 8/20/10</i></p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>WHR</i> Date: <i>8/20/10</i> Initials (DPW): <i>WHR</i></p>

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transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and				

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notification of emergency services.				

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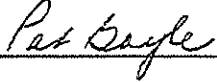
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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable	Direct Care Staff Person C, who began providing services at the home through an agency on 9/17/2007, did not receive any of the training required by this regulation.	7/2/10 <i>with 7/26/10</i> 7/15/10 9/30/10	<i>all staff receive general orientation that includes required items 1-4.</i> <i>In the future any 'Agency' staff will have the required training as stated in 65b.</i> <i>Direct care staff person C will receive the required training.</i> <i>with 7/26/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW) <i>[Signature]</i>

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incidents and conditions.				

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emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				