

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 7

NAME OF FACILITY OR AGENCY

Located at 228 SOUTH BELLEVUE AVENUE, 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 8
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 July 9, 2010 until July 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129690

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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

JUL 12 2010

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

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

RE: Beechwood Center 7
228 South Bellevue Avenue
Langhorne, Pennsylvania 19047

Dear Dr. Griffith:

As a result of the Department of Public Welfare's licensing inspection on May 18, 2010, May 19, 2010 and May 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,
Handwritten signature of Kevin T. Casey in cursive.

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 7 228 South Bellevue Avenue, Langhorne, PA 19047 | | CURRENT LICENSE NUMBER 129690 | |
| INSPECTION DATE(S) (Include all dates of the inspection) May 18, 2010, May 19, 2010, and May 20, 2010 | | REGIONAL REPRESENTATIVE Metzger, Stone | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) PAT BOYLE DIRECTOR QUALITY IMPROVEMENT | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Pat Boyle, Director Quality Improvement | | DATE 6/18/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> |
| | | | DATE 7/6/10 |

| 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 | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|----------|--------|--------|----------|--------|--------|---------|--------|-------|---------|--------|--------|---------|--------|-------|--------|--------|--------|---------|---|---------------------------|
| 132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. | The letter dated 1/22/10 from the Township of Middletown Fire Marshal defines a safe evacuation time as 3.5 minutes. The letter does not describe the reasons why 3.5 minutes is a safe evacuation time for this building. Fire drill times are as follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>11/16/09</td> <td>7:03am</td> <td>1m 52s</td> </tr> <tr> <td>12/29/09</td> <td>3:30pm</td> <td>45 sec</td> </tr> <tr> <td>1/26/10</td> <td>7:29am</td> <td>2 min</td> </tr> <tr> <td>2/25/10</td> <td>3:00pm</td> <td>1m 45s</td> </tr> <tr> <td>3/20/10</td> <td>2:45pm</td> <td>1m 5s</td> </tr> <tr> <td>4/3/10</td> <td>1:35am</td> <td>2m 50s</td> </tr> </tbody> </table> | Date | Time | Evac. Time | 11/16/09 | 7:03am | 1m 52s | 12/29/09 | 3:30pm | 45 sec | 1/26/10 | 7:29am | 2 min | 2/25/10 | 3:00pm | 1m 45s | 3/20/10 | 2:45pm | 1m 5s | 4/3/10 | 1:35am | 2m 50s | 6/18/10 | A current letter from the Fire Marshal gives an explanation why 3.5 minutes is a safe evacuation time for this home. (see attached) The home will evacuate all residents in 3.5 minutes or less per Fire Marshal McGuire's 6/17/10 letter. <i>[Signature]</i> 7/6/10 | 7/6/10 <i>[Signature]</i> |
| Date | Time | Evac. Time | | | | | | | | | | | | | | | | | | | | | | | |
| 11/16/09 | 7:03am | 1m 52s | | | | | | | | | | | | | | | | | | | | | | | |
| 12/29/09 | 3:30pm | 45 sec | | | | | | | | | | | | | | | | | | | | | | | |
| 1/26/10 | 7:29am | 2 min | | | | | | | | | | | | | | | | | | | | | | | |
| 2/25/10 | 3:00pm | 1m 45s | | | | | | | | | | | | | | | | | | | | | | | |
| 3/20/10 | 2:45pm | 1m 5s | | | | | | | | | | | | | | | | | | | | | | | |
| 4/3/10 | 1:35am | 2m 50s | | | | | | | | | | | | | | | | | | | | | | | |

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

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| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pat Baege, Director Quality Improvement</i> | DATE 6/18/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ramona Stone</i> | DATE 7/6/10 |

| 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 |
|---|--|--|--|---|
| 184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. | The pharmacy label on the container for resident #1's prescribed ear drops did not have the correct dosage. The label instructed to administer 5-10 drops into the left ear daily. The correct dosage is 5 drops into both ears daily. | 5/19/10 5/19/10 | <i>Prescription medications will be labeled with a pharmacy label to include the correct dosage and all other required items. (See attached) The label on resident #1's ear drops was corrected. A memo was sent to all nurses and medication trained staff instructing them to check the label on the medication and the MAR each time they administer medications.</i> | Steps have been taken to correct violation; full compliance is not verifiable 7/6/10 <i>LRH</i> Date Initials (DPW) |

If any discrepancies are found, they will be reported to the nurse, who will notify the pharmacy for corrections. LRH 7/6/10