



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: March 22, 2011

Dr. Robert Griffith, President
Woods Services, Inc
D. Cerra-TYL, 469 Maple Avenue
Langhorne, Pennsylvania 19047

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

Dear Dr. Griffith:

As a result of the Department of Public Welfare's licensing inspection on November 5, 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.

Sincerely,

A handwritten signature in black ink that reads "Chevon Mitchell" followed by a stylized flourish.

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
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 129651	
INSPECTION DATES (Include all dates of the inspection) 11/05/2010		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>PAT BOYLE DIRECTOR QUALITY IMPROVEMENT</i>			
SIGNATURE OF LEGAL ENTITY <i>Pat Boyle, Director Quality Improvement</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Natchel</i>	DATE <i>3/18/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home implemented their control medication and security procedures in March of 2010, because of suspected pilfering of the stimulant, Provigil 100 mg. The procedure stated "If a controlled medication is wasted indicate same on sign out sheet. One (1) licensed person is to complete this, the second one is to countersign after witnessing waste of medication." The policy was not followed on 4/10/10, 4/24/10, 5/5/10, 6/27/10 and 9/17/10 when staff person A wasted resident #1's Provigil 100 mg without a witness and the sign out sheet was not countersigned by a second licensed person.	<i>10/25/10</i> <i>12/8/10</i> <i>11/29/10</i>	<i>Staff person A no longer works at our facility.</i> <i>Staff will report immediately any signs of tampering upon discovery to nursing supervisor. (see attached).</i> <i>Staff were given a copy of the medication procedure Manual to review so that proper protocols are followed. (see attached)</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Initials (DPW) <i>[Signature]</i> Date <i>3/18/11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Pat Boyle, Director Security Improvement</i>	DATE <i>3/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Mitchell</i>	DATE <i>3/18/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

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187d The home shall follow the directions of the prescriber.	On 4/10/10, 4/24/10 and 9/17/10 at 8:00 pm, resident #1's Provigil 100 mg was poured by staff person A; 12 hours after the prescribed administration time. The prescribed time of the medication is 8 am daily.	10/25/10 11/29/10 12/8/10 12/10	<p>Staff person A no longer works at our facility.</p> <p>Staff were given a copy of the Medication Procedure Manual for review so that proper protocols are followed.</p> <p>Staff will report immediately any signs of tampering upon discovery to nursing supervisor.</p> <p>The nursing supervisor now conducts random monthly checks of controlled medications records and MAR's to identify any concerns and appropriate action will be taken.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>