



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 1  
585 Beechwood Circle  
Langhorne, Pennsylvania 19047

Dear Dr. Griffith:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2010 and November 8, 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 DR".

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 I, 585 BEECHWOOD CIRCLE LANGHORNE, PA 19047		CURRENT LICENSE NUMBER 126770	
INSPECTION DATES (Include all dates of the inspection) 11/05/2010, 11/8/10		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>Cheron Mitchell</i>	DATE <i>3/18/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	On 11/5/10, Provigil 100-mg was found in a plastic medication container dated 6/14/10. The medication was part of a 90 day pharmacy mail order supply received on 9/10/10. Staff person A removed the medication from the original container and repackaged the medication into the 6/14/10 dated container in order to control the amount of Provigil available on the medication cart.	11/15/10	<i>Staff person A understands that this was a violation of policy. Staff person A received the appropriate level of disciplinary action for this violation.</i>	
186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	On 10/23/10 at 8:00 am, resident #1 was administered Lisinopril 5 mg. The resident does not have an order for Lisinopril 5 mg. The home was unable to determine the source of the medication.	11/22/10	<i>Resident #1 now receives PROVIGIL from a different pharmacy and it is in a blister pack rather than a vial. This allows for better monitoring/counts and decreases opportunity for tampering.</i>	

Steps have been taken to correct violation; full compliance is not verifiable

Initials (DPW) *[Signature]*  
 Date *11/18/10*

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

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 10/23/10, an error in resident #1's medication administration occurred involving Lisinpril 5 mg. Resident #1's vial of Provigil 100 mg was discovered to contain Lisinpril 5 mg instead of Provigil 100 mg. The pills are similar in shape, color and appearance. The error was not reported to the resident's physician until 10/25/10.	10/25/10  3/16/11	<i>All medications errors will be reported to the physician immediately after an occurrence.</i>  <i>The nurse on duty who discovers a medication error will be responsible for reporting to the prescriber immediately. An incident report will be completed, nurse note documented and an entry will be put in the nursing communication log.</i>	<i>Cherri Mitchell</i> Date 3/18/11 Initials (DPW)

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187a. A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	On 10/27/10, staff person B worked the evening shift and administered medications to resident #1. The October 2010 medication administration record for resident #1 does not include the signature of staff person B on the master key.	11/29/10  12/10  1/27/11	<i>Staff person B signed the Master Signature sheet and received a copy of the Medication Procedure Manual to review which includes proper documentation (see attached). The nursing supervisor now conducts random monthly checks of MAR's and reviews all MAR's and Master Signature sheets at the end of the month before filing occurs. A committee has been formed and meets monthly to review/analyze data.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date Initials (DPW)

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<i>Pat Boyle, Director Quality Improvement</i>	<i>3/16/11</i>	<i>Cheron Mitchell</i>	<i>3/18/11</i>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				