

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 February 16, 2011 until February 16, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129650

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

FEB 17 2011

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 Dr. Griffith:

As a result of the Department of Public Welfare's licensing inspection on January 13, 2011 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,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

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 129651	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE Patricia Adams, Ryan Novak	
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>2/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2/9/11</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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry. Staff person A has a high school diploma from a school in Liberia that has not been verified to be equivalent to the required educational requirements.	<i>2/7/11</i>	<i>Staff person A will be transferred to another AD program effective 2/7/11, and a waiver is being submitted. (see attached)</i>  <i>Human Resources will screen all future applicants to assure that direct care staff hired have a high school diploma from a U.S. educational institution or a waiver will be requested.</i>	<i>2/9/11</i>

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services with reasonable skill and safety.				


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§2a Poisonous materials shall be stored in their original, labeled containers.	On 1/13/2011, at 9:10 am, an unlabeled plastic spray bottle of liquid was observed on the housekeeping cart. The cart was stationed against the wall in the living room area located on the right side of the building upon entry. The contents of the spray bottle was identified as Fabulous, an all purpose cleaner. The manufacture's label for this product states if ingested "wash mouth thoroughly and drink plenty of water, two glasses if possible. Do not induce vomiting and seek medical attention immediately."	2/1/11	<p><i>Spray bottle was removed on 1/13/11. The housekeeper was retrained on proper storage and labeling of poisonous materials. (See attached)</i></p> <p><i>The administrator will do weekly checks to assure that all materials are stored in the original, labeled containers.</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p>	<p><i>2/9/11</i> Date</p> <p><i>[Signature]</i> Initials (DPW)</p>

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


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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The porcelain toilet located in the bathroom adjoining room #2 was in poor repair. The porcelain top of the toilet had a half moon shaped chip 3 inches in length along the front side of the cover. The base of the toilet on the right side, facing the toilet, had numerous chips along the side of the base. These chips have sharp edges that present cutting hazards to residents while using the toilet.	1/31/11	<p>The porcelain toilet and top was replaced. (see attached)</p> <p>The administrator will check monthly to assure that all furniture and equipment are in good repair and free of hazards.</p>	2/9/11 


VIOLATION REPORT  
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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 strength on the label for resident #1's Phenobarb did not match the medication administration record. The label stated Phenobarb 64.8 mg; the medication administration record listed the medication as 60 mg.	1/21/11	The strength on the label for resident #1's phenobarb match the medication administration record. (see attached)	2/9/11 PA
		2/1/11	Nurses were trained on Medication procedures. All nurses to check that the MAR matches the label prior to administration.	

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment, dated 11/19/10, for resident #2 does not include all of the resident's mobility devices. The assessment only notes that the resident uses a wheelchair, but the resident also utilizes a rolling walker when in the home.	1/13/11	Both the assessment and support plan have been updated to include all of the mobility devices used by resident #2. (see attached)  Case managers will update assessments and support plans whenever a resident's mobility needs change.	2/9/11