

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 1

NAME OF FACILITY OR AGENCY

Located at 585 BEECHWOOD CIRCLE, LANGHORNE, PA 19047

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 November 1, 2011 until November 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126770

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

OCT 31 2011

Dr. Robert Griffith, President
Woods Services, Inc.
D. Cerra-TYL, 469 East 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 June 7, 2011 and June 8, 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
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME BEECHWOOD CENTER 1, 585 BEECHWOOD CIRCLE LANGHORNE, PA 19047		CURRENT LICENSE NUMBER 126770	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE R. Brewer, Sandi Wooders, 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) <i>PAT BOYLE DIRECTOR, QUALITY IMPROVEMENT</i>			
SIGNATURE OF LEGAL ENTITY <i>Pat Boyle, Director QI</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/25/11</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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home did not obtain an separate signature for financial transactions between 2/1/11 and 3/23/11 for Resident #1. Resident #1 signed once for all transactions.	<i>6/10/11</i>	<i>Separate signatures for financial transactions between 2/1/11 and 3/23/11 have been signed by Resident #1.</i> <i>The administrator will review all financial transactions ^{forms} monthly to assure signatures are completed for all transactions. At the time of the transaction.</i> <div style="text-align: right;"><i>UAC</i> <i>8/23/11</i></div>	<i>10/21/11 COM</i>

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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Pat Boyle, Director OT</i>	<i>7/7/11</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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management plan does not include procedures that address the periodic review of reportable incident and condition, complaint procedures, staff person training, licensing violations and resident and family councils. <i>Withdrawn 10/21/11 CRM</i>		<i>Left blank per Laura Cipriani.</i>	

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SIGNATURE OF LEGAL ENTITY <i>Pat Saife, Director OZ</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>	DATE <i>10/21/11</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
26c The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.	The home's quality management plan review for July and December 2010, does not include development and implementation of measures to address, staff person training and licensing violations, received or discussed.	<i>12/11</i>	<i>The home's quality management plan will be reviewed by the Administrator to include staff person training and licensing violations received/discussed in all future management plans.</i>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>10/21/11</i> <i>DM</i> Date Initials (DPW)</p>

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<i>Pat Boyle, Director, OI</i>	<i>7/7/11</i>	<i>Cheron Mitchell</i>	<i>10/21/11</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
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15</p>	<p>The 9/24/11 criminal History background Check for direct care staff person A (hired 9/24/11) indicated that the staff person had a felony conviction (CS13A30). This is a prohibited offense under the Older Adults Protective Services Act (OAPSA).</p> <p><i>I believe there was a typo on dates above - should be 4/24/10.</i></p>		<p><i>Staff person A was suspended on 6/8/11 and is no longer working at this home. Documentation of completion of ARD was in file. However, for future applicants the Human Resources dept. will carefully review all documentation to assure expungement of record occurred if ARD was completed.</i></p>	<p><i>10/21/11</i> <i>CM</i></p>

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(relating to protective services for older adults) and other applicable regulations.				

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<i>Pat Boyle, Director</i>	<i>7/7/11</i>	<i>Cheron Mitchell</i>	<i>10/2/11</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
<p>S4a</p> <p>Direct care staff persons shall have the following qualifications:</p> <p>(1) Be 18 years of age or older, except as permitted in subsection (b).</p> <p>(2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care</p>	<p>-Direct care staff person A, hired on 9/24/10, has an expired C.N.A. certificate dated 2/27/98 and the record did not include a high school diploma, GED or current C.N.A. certificate.</p> <p>-Direct care staff B's record, hired on 8/14/09 did not have documentation of a high school diploma, GED or C.N.A. certificate.</p>		<p><i>Staff person A's documentation of completion of high school graduation was in HR file. Attached documentation in place of diploma which was lost.</i></p> <p><i>Staff person B's documentation of completion verification was in HR files (see attached)</i></p> <p><i>Staff Person A no longer works at home as of 6/8/11. <i>BRW</i> 10/10/11</i></p>	<p>Stop have been taken to correct violation; full compliance is not verifiable</p> <p><i>DPW</i> 10/2/11 Date</p> <p>Initials (DPW)</p>

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services with reasonable skill and safety.		11/19/11	Step Person B is currently attending college. Documentation of college attendance and/or notarized letter will be submitted as further proof of H.S. Diploma. <i>(see 10/21/11)</i>	

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<i>Patricia Adams, Director</i>	<i>7/7/11</i>	<i>Cheron Mitchell</i>	<i>10/22/11</i>

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107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The homes emergency plan does not include: -Contact information for each residents designated person -Contact telephone numbers of local and state emergency management agency. -Procedures on maintaining confidentiality of residents medical information.	<i>6/20/11</i>	<i>The homes emergency plan was reviewed to include: - Contact information for each residents designated person - Contact numbers of local and state emergency management agency - procedures on maintaining confidentiality of residents medical information (see attached) The Executive Director will review annually and update as needed. @ 10/19/11</i>	<i>10/22/11 DPM</i>

10/20/11 11:14 FAX 1 215 750 4327 BEECHWOOD REHAB, SVCS. 010

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emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.				

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<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>-Resident #1's assessment dated 11/3/10 does not include diagnosis of Hypercholesterolemia.</p> <p>-Resident #2's assessment dated 7/7/10 does not include diagnosis of Seizure disorder, Neurogenic bladder, and Osteoporosis.</p>	<p>6/30/11</p> <p>6/30/11</p>	<p><i>Resident #1's assessment was revised to include diagnosis (see attached)</i></p> <p><i>Resident #2's assessment was revised to include diagnosis as reflected on current medical evaluation (see attached)</i></p> <p><i>#1 cont'd - as reflected on current medical evaluation</i></p> <p><i>The Director of Case Management will review all assessments once completed to ensure diagnoses are properly recorded. 10/19/11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/21/11 <i>DPW</i> Date Initials (DPW)</p>

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	-Resident #1 has a hearing impairment and the support plan (dated 11/17/10) does not list that the resident uses a communication device, letter board, tact aid, and Vanguard. -Support Plan dated 7/14/10 does not include resident's #2 need for close supervision with swallowing, the assessment states "tilt back with 110 degrees during all food ingestion, close supervision during meals with adaptive equipment.	6/20/11 6/20/11	Resident #1's support plan has been revised to include communication information. (see attached) Resident #2's support plan has been revised to include specific information related to swallowing. (see attached) The Director of Case management will review all support plans once completed to ensure all required information is present. Cern 10/20/11	Initials (DPW) Date 10/20/11 Steps have been taken to correct violation, full compliance not verifiable

10/20/11 11:16 FAX 1 215 750 4327 BEECHWOOD REHAB. SVCS. 013