

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 2**

NAME OF FACILITY OR AGENCY

Located at **589 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 **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 **November 1, 2011** until **November 1, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **129640**

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.

PW628 - 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 2
589 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 be 'R. Melusky', written over a horizontal line.

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 2, 589 BEECHWOOD CIRCLE LANGHORNE, PA 19047		CURRENT LICENSE NUMBER 129640	
INSPECTION DATES (Include all dates of the inspection)		REGIONAL REPRESENTATIVE , Sandi Wooders, Christine McHale, 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 OE</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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>withdawn 10/25/11 cem</i>		<i>Left blank per Laura Cipriani</i>	

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Pat Doyle, Director OI</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>10/25/11</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
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 revised by the Administrator to include staff person training and licensing violations received / discussed in all future management plans.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10/25/11</i> Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Pat Boyle, Director, etc</i>	DATE 7/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
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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SIGNATURE OF LEGAL ENTITY <i>Pat Doyle, Director OI</i>	DATE <i>7/4/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/23/11</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
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	The medication administration record for resident # 1 indicated Claritin 10mg by mouth 1 time a day for 6 weeks. The order and the prescription label indicate Claritin 10 mg by mouth daily for 1 month.	<i>6/8/11</i> <i>6/30/11</i>	<i>Medical Director wrote new label on 6/8/11 to correspond with MAR. When new order is received, nursing will check label with order to verify accuracy. Memo sent to nurses and med trained staff to address procedure. Supervision of nursing to monitor monthly for compliance.</i>	<i>[Signature]</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
[Signature]
Date
Initials (DPW)

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

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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.				

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION <small>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)</small>	DATE COMPLIANCE VERIFIED BY
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.	-Resident #1 assessment dated 5/24/11 does not include diagnosis of seizure, BPH and High blood pressure.	6/30/11	<i>Resident #1's assessment was revised to include diagnosis as reflected on current medical evaluation (see attached)</i>	Slaps have been taken to correct violation; full compliance is not verifiable 10/25/11 Date Initials (DPW)
	-Resident #2 assessment dated 9/30/10 does not include diagnosis of Hyperlipidemia and Hypothyroidism.	6/30/11	<i>Resident #2's assessment was revised to include diagnosis as reflected on current medical evaluation (see attached)</i> The Director of Case Management will review all assessments once completed to ensure diagnoses are properly recorded.	

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 BEECHWOOD REHAB. SVCS.
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