

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WOODS SERVICES, INC.

To operate BEECHWOOD CENTER 4

Located at 586 BEECHWOOD CIRCLE, LANGHORNE, PA 19047

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

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: 129660

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



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 4  
586 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 4, 586 BEECHWOOD CIRCLE LANGHORNE, PA 19047		CURRENT LICENSE NUMBER 129660	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooter, 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 QI</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.	<p>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.</p> <p><i>Withdrawn 10/25/10 CRM</i></p>		<i>Left blank per Laura Cipriani</i>	

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

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INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooter, 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)			
SIGNATURE OF LEGAL ENTITY <i>Pat Boyle Director Of</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 homes 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>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>10/25/11</i> Date</p> <p style="text-align: center;"><i>PCW</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BEECHWOOD CENTER 4, 586 BEECHWOOD CIRCLE LANGHORNE, PA 19047		CURRENT LICENSE NUMBER 129660	
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SIGNATURE OF LEGAL ENTITY <i>Pat Boyle Director II</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/03/11</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
81b Wheelchair, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1's, wheelchair was in need of cleaning. It had food and a sticky substance on the armrest and spokes.	<i>6/8/11</i>	<p><i>Resident #1's wheelchair was discarded. It was a wheelchair that was no longer in use.</i></p> <p><i>Direct care staff are assigned to clean chairs weekly or more often if needed.</i></p> <p><i>The Administrator will check monthly to verify that all wheelchairs used by residents are cleaned in good repair.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>10/25/11</i> Initials (DPW) <i>[Signature]</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Pat Boyle, Director OI</i>	DATE 7/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christon Mitchell</i>	DATE 10/25/11

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
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	107b 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 resident's medical information.	6/30/11	<i>The homes emergency plan has been revised to include: - Contact information for each resident designated person - Contact numbers of local and state emergency management agency - Procedures for maintaining confidentiality of residents medical information (see attached) The Executive Director will review annually and update as needed.</i>	10/25/11 <i>COV</i>

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

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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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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 #2's assessment, dated 8/3/10, does not include diagnoses of Hypertension, Hypothyroidism and Herlepidemia.	6/30/11	<i>Resident #2's assessment was reviewed to include diagnosis as reflected on current medical evaluation. (see attached)</i>  <i>The Director of Case Management will review all assessments once completed to ensure diagnoses are properly recorded.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i>  <i>10/25/11</i> Date Initials (DPW)