

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 \_\_\_\_\_

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 November 1, 2012 until November 1, 2013,  
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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 12 2012

Ms. Diana Ramsay, President/CEO  
Woods Services, Inc.  
D. Cerra-TYL, 469 East Maple Avenue  
Langhorne, Pennsylvania 19047

RE: Beechwood Center 1  
585 Beechwood Circle  
Langhorne, Pennsylvania 19047

Dear Ms. Ramsay:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 6, 2012, August 7, 2012 and August 8, 2012 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 Human Services 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', with a long horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 12677 - 08/06/2012 - Foulkes, Kimberli  
 PCH Name: BEECHWOOD CENTER 1

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/8/12, mold was observed in the corners of the showers in the shared bathroom between rooms 1 and 3 and in the shared bathroom between rooms 2 and 4. The shower chairs in these bathrooms were also observed having mold and or dirt in the crevices.

On 8/8/12, the home's nurse informed representatives that they were sharing glucometers between resident #1 and #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The four showers in Beechwood Center 1 (585, Beechwood) were regouted and caulked by Mark Mongillo Contracting. The home's housekeeper will check weekly to assure all bathrooms are clean. The Administrator will check monthly to assure all bathrooms are clean and that sanitary conditions are maintained. (see attached invoice).

The shower chairs were cleaned and are free of mold and dirt. The home's housekeeper will check weekly to assure all <sup>sewer</sup> bathroom shower chairs are clean. The Administrator will check monthly to assure all shower chairs are clean and that sanitary conditions are maintained.

A memo was sent to Nursing personnel re: Maintaining Sanitary Conditions on 8/13/12 stating all medical equipment must be weekly resident to which it belongs. (see attached memo). Both resident #1 and #2 have new glucometers as of 9/14/12. Nursing staff will monitor this equipment.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*PAT BOYLE, Director, Quality Improvement*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

PAT BOYLE, DIRECTOR, QUALITY IMPROVEMENT

Date

9/17/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

10/3/12  
 (Date)

Plan of correction implementation status as of

10/3/12  
 (Date)

The above plan of correction was approved by

CPM  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12677 - 08/06/2012 - Foulkes, Kimberli  
 PCH Name: BEECHWOOD CENTER 1

1. REGULATION 55 Pa.Code §2600  
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
 On 8/8/12, Bisacodyl Tablet 5mg with an expiration date of 4/12 for resident #3 was located in the homes medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #3's Bisacodyl tablets were discontinued on 8/27/12. Please see attached physician's order and MAR. Memo sent to nursing personnel regarding 'expired medications'. Nursing personnel are responsible for removing/safely disposing expired medications routinely. A system has been implemented for monthly medication cart audits to ensure all PRN medications are present and not expired.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Pat Boyle, Director, Quality Improvement*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PAT BOYLE, DIRECTOR, QUALITY IMPROVEMENT</i>	Date: <i>9/17/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>UJM</u> (Initials)	