

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 November 1, 2012 until November 1, 2013,  
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



**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 3  
587 Beechwood Circle  
Langhorne, Pennsylvania 19047

Dear Ms. Ramsay:

As a result of the Department of Public Welfare's licensing inspection on August 6, 2012, August 7, 2012 and August 8, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 12965 - 08/06/2012 - Foulkes, Kimberil  
 PGH Name: BEECHWOOD CENTER 3

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 On 8/8/12, a list of special dietary/health needs for each of the 14 residents who live in the home were unlocked and hanging on the front of the refrigerator in the kitchen which is accessible to residents, staff and family.

**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 list of special dietary/health needs is no longer posted on the refrigerator. This list was removed on 8/8/12 and is now located in a book which is only accessible to staff. The Administrator who receives this list monthly will be responsible to place this list in the book each month as it is updated. The Administrator as part of her monthly environmental review of the building will include checking that no information is posted in an area accessible to residents and families. This will ensure that all residential records shall be kept confidential.*

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 *9/25/12*

**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)
The above plan of correction was approved by <u>CJM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12965 - 08/06/2012 - Foulkes, Kimberli  
 PCH Name: BEECHWOOD CENTER 3

**1. REGULATION 55 Pa.Code §2600**  
 2600.202 - The following procedures are prohibited:  
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.  
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.  
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.  
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.  
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.  
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**  
 On 8/8/12, resident #1's medication administration record documented that the resident is receiving Risperidone tablet 0.25mg by mouth every evening at 8pm for agitation.

**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 #1's medication administration record and medication orders were reviewed by the physician and diagnosis changed. In the future, when nursing personnel are editing the following month's MAR's, they will verify that diagnoses are listed and accurate for the medications listed.*

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 *9/25/12*

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The above plan of correction is approved as of 10/3/12 (Date)  
 The above plan of correction was approved by CBM (Initials)

Plan of correction implementation status as of 10/3/12 (Date)

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