



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 12, 2013

Ms. Denise Strother, Administrator
Woods Services, Inc
D. Cerra-TYL, 469 East Maple Avenue
Langhorne, Pennsylvania 19047

Re: Beechwood Center 5
135 West Richardson Avenue
Langhorne, Pennsylvania 19047

Dear Ms. Strother:

As a result of the Department of Public Welfare's licensing inspection on December 24, 2012, January 8, 2013 and January 14, 2013 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.



Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer" with a stylized flourish at the end.

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: BEECHWOOD CENTER 5		License Number: 129670
Address: 135 WEST RICHARDSON AVENUE, LANGHORNE, PA 19047		County: Bucks
Administrator: Denise Strother		Region: SOUTHEAST
Legal Entity Name: WOODS SERVICES INC		
Legal Entity Address: D. CERRA-TYL 469 E. MAPLE AVE, LANGHORNE, PA 19047		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 12/24/2012: Adams, Patricia 01/08/2013: Adams, Patricia 01/14/2013: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 7 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12967 - 12/24/2012 - Adams, Patricia
 PCH Name: BEECHWOOD CENTER 5

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 12/23/12, at 4:00 pm, resident #1 was seen by resident # 2 accessing the locked medication cart, located in the home's dining room. Resident #1 later admitted removing the keys from an unsecured drawer; taking 3 tablets of Oxycodone 10 mg from a blister pack labeled with the resident's name. Resident #1 consumed the pills from the center drawer of the medication cart containing the controlled medication box. Resident #1 was able to access the Oxycodone by removing the keys to the medication cart, which were kept in an unsecured drawer in the home.

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 medication cart is to be locked and keys secured at all times. Retraining was completed with all Medication Certified staff (MCS) regarding these safety procedures. The Administrator will do random weekly checks to assure the cart is locked and keys are maintained on the staff person at all times during the shift. (See attached documentation)

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>1/23/13</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>1/7/13</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>1/7/13</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
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Violation Report: 12967 - 12/24/2012 - Adams, Patricia
 PCH Name: BEECHWOOD CENTER 5

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/23/12 at 4:00 pm, resident #1 was seen accessing the locked medication cart located in the home's dining room. Resident #1 removed 3 tablets of Oxycodone 10 mg from a blister pack identified as the resident's prescribed medication. The resident left the blister pack of medication outside of the control medication box, located in the center drawer of the cart, after removing the tablets. The resident admitted taking the keys and accessing the cart. The home's controlled medication and security procedure states, under procedure #12 "The MCS will carry the unit keys on his/her person at all times during the shift." On 12/23/12, the keys were located in an unsecured drawer in the home. The home did not implement their procedures.

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.

Staff were retrained to assure that procedures are followed for securing keys. The Administrator will do random weekly checks to assure that the Keys are maintained on the staff person at all times during the shift. Resident #1 is no longer a resident of this home. [redacted] was discharged today (1/23/13). However, staff will receive additional training for this population group of traumatic brain injury and substance abuse. This training will be completed by January 28, 2013.

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) *PAT BOYLE, DIRECTOR QUALITY IMPROVEMENT* Date *1/23/13*

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The above plan of correction was approved by [Signature]
 (Initials)

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