



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:**

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

RE: Beechwood Center 2
589 Beechwood Circle
Langhorne, Pennsylvania
Certificate/License # 129640

Dear Ms. Ramsay:

As a result of the Department of Public Welfare's licensing inspection on 11/26/13 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator or Child
Residential Licensing Manager

Enclosure
Licensing Inspection Summary

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

PCH Name: BEECHWOOD CENTER 2		License Number: 12964
Address: 589 BEECHWOOD CIRCLE, 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: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/26/2013: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 0		

KB 1/3/14

Violation Report: 12964 - 11/26/2013 - McHale, Christine
 PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires the use of a wheelchair with arm's length supervision for transfers and visual range supervision while toileting. On 11/4/13, the resident was exhibiting negative behaviors such as hitting themselves, hitting the wall in their bedroom, and throwing things. The resident requested numerous times to be placed on the floor of the bedroom. Direct care staff member A denied this request and would not allow the resident out of their bed. Additionally, when direct care staff member A took resident #1 to the bathroom the resident began playing with the water in the toilet. The staff member removed the resident from the bathroom. Later, the resident asked to use the bathroom again but was refused by direct care staff member A. Resident #1 stated that if they were not allowed to use the bathroom that they would "poop on the floor." Direct care staff member A responded by telling the resident "if that's what you want to do, no problem." As a result, the resident had a bowel movement in their adult diaper while on the floor. Direct care staff member A did use positive interventions to deal with the resident's negative behavior.

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.

All Direct Care Staff receive training in positive interventions upon hire and annually. Staff Member A did receive this training but did not follow these procedures on this date. This Staff Member is no longer employed at our facility. All direct care staff will receive additional training this year in positive interventions, redirection and conflict resolution. A description of this training module is attached. This training will be completed for all direct care staff by the end of the training year 5/31/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathleen Beers

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

Kathleen Beers

Date *1/3/2014*

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

The above plan of correction is approved as of

1/8/14
 (Date)

Plan of correction implementation status as of

1/8/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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