



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 4, 2016

Dr. Scott Spreat, Ed.D., President/CEO
Woods Services, Inc.
Attn: D. Cerra-Tyl
469 East Maple Avenue
Langhorne, Pennsylvania 19047

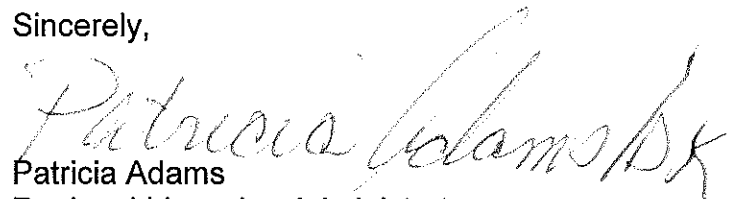
RE: Beechwood Center 7
228 South Bellevue Avenue
Langhorne, Pennsylvania 19047
License #: 129690

Dear Dr. Spreat:

As a result of the Department of Human Services' licensing inspection on August 12, 2015 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,


Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: BEECHWOOD CENTER 7		License Number: 12969
Address: 228 SOUTH BELLEVUE AVENUE, LANGHORNE, PA 19047		County: Bucks
Administrator: Barbara Mundy		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: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/12/2015: Keppel, Autumn; 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 Served: 7	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 3
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 2
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 0	Have Mental Illness: 0
		Have an Intellectual Disability: 0
		Have a Mobility Need: 0
		Have a Physical Disability: 1

Violation Report: 12969 - 08/12/2015 - Keppel, Autumn
 PCH Name: BEECHWOOD CENTER 7

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

The homes procedures for medication administration reads " Clients should be kept away from the medication preparation areas. Request unit staff to be available to assist with clients," and "Medication is to be prepared for and dispensed to only one client at a time." On 8/7/15, Staff Member A began to prepare Resident #1's medication at the medication cart by putting them into a medication cup. While preparing Resident #1's medication, Staff Member A gave Resident #2 their eye cream to self-administer while they finished preparing Resident #1's medication. When Resident #2 was finished, they approached the medication cart and grabbed the cup of medications that had been prepared for Resident #1. Resident #2 swallowed the medications believing that they were theirs.

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.

On 8/7/15, A Medication Trained Staff made an error in preparing more than 1 resident's medication at a time and leaving the medication unsecured on the cart. All staff at 228 S. Bellevue were retrained on 8/24/15 on proper procedures to follow when administering medications to one resident at a time and to secure all medications. The training documentation is attached. The Administrator will observe medication administrations monthly to assure all procedures are followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Barbara Mundy

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

Barbara Mundy, Residential Director

Date *9/19/15*

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

The above plan of correction is approved as of *9/24/15*
 (Date)

Plan of correction implementation status as of *9/24/15*
 (Date)

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

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