



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 01 2016

Dr. Scott Spreat, President/CEO
Woods Services, Inc.
Attn: Barbara Mundy
469 East Maple Avenue
Langhorne, Pennsylvania 19047

RE: Beechwood Center 3
587 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 129650

Dear Mr. Spreat:

As a result of the Department of Human Services' annual licensing inspections on September 28, 2016 and September 29, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BEECHWOOD CENTER 3		License Number: 12965
Address: 587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047		County: Bucks
Adminstrator: JUNE BARANIAK		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 C-1 11/07/1984 PA DEPT. OF HEALTH		
Staffing Hours Resident Support: 0 Total Daily Staff: 8 Waking Staff: 6		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/28/2016: Colon, Lissetta 09/29/2016: Colon, Lissette; Brewer, Roslyn		
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: 8 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12965 - 09/20/2016 - Colon, Lissette
 PCH Name: BEECHWOOD CENTER 3

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
 Resident # 1's glucometer is not calibrated to the current date and time.

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.

A new Glucometer was ordered and received. Training has been provided to Beechwood Nursing Staff to assure that all Glucometers will be maintained with proper calibration at all times including date, time and measurement. If the calibration is not correct, a new Glucometer will be ordered. See attached training form. The Director of Health and Wellness will do random monthly checks on Glucometers to assure all Glucometers are properly maintained.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Director of Residential Services* Date *10/13/16*

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

The above plan of correction is approved as of <i>10/27/16</i> (Date)	Plan of correction implementation status as of <i>10/27/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<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