



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 4
586 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 129660

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12966 - 09/28/2016 - Colon, Lissette
 PCH Name: BEECHWOOD CENTER 4

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 9/29/16, the water temperature at the sink inside room # 8 measured 126 degrees Fahrenheit.

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 water temperature was corrected by Facilities at the time of inspection. A new digital thermometer was ordered to assure accurate readings. The Administrator will do monthly checks to assure that the temperature is below 120 degrees.

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, Dir. 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>10/17/16</i> (Date)	Plan of correction implementation status as of <i>10/17/16</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

Violation Report: 12966 - 09/28/2016 - Colon, Lissette

PCH Name: BEECHWOOD CENTER 7

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has a prescribed order for ear drops once a day before bathing. However, on the medication administration record the order is written for twice a day before bathing.

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 ear drops were re-labeled and this was shown to the representative at the time of the inspection. Training was provided to Beechwood Nurses and Medication Trained Staff to assure that all Medication Records must reflect the exact order of the physician. The Director of Health and Wellness will do monthly periodic random checks to assure the Medication Record matches the physician order.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara Murdy

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

Barbara Murdy, 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

10/17/16
(Date)

Plan of correction implementation status as of

10/17/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)