



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

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

RE: Beechwood Center 5
135 West Richardson Avenue
Langhorne, Pennsylvania 19047
License #: 129670

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: 12967 - 09/28/2016 - Colon, Lissette
 PCH Name: BEECHWOOD CENTER 5

1. REGULATION 65 Pa.Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident # 1's preadmission screen form dated [redacted] 15, was not completed on the Dept-approved standardized form.

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 older versions of the preadmission screening have been removed and replaced with the current new version. The Director of Case Management will review new admissions and transfers to assure the correct form is used.

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, Residential Director* 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)

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

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