



**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 6  
166 Brendwood Drive  
Langhorne, Pennsylvania 19047  
License #: 129680

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: 12968 - 09/28/2016 - Colon, Lisselle  
 PCH Name: BEECHWOOD CENTER 6

1. REGULATION 55 Pa.Code §2800

2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1 last medical evaluation was completed on 9/3/15.

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 medical evaluation was completed on 9/29/16. A new system has been established to assure the timeliness of medical evaluations. The Director of Health and Wellness will do periodic monthly reviews to assure all medical evaluations are done annually.

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

*10/11/16*  
 (Date)

Plan of correction implementation status as of

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

*10/17/16*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)