



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

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: 12939 - 09/28/2016 - Colon, Lisselle
 PCH-Name: BEECHWOOD CENTER-7

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident # 1's Sertraline 50mg tablets were discontinued on 9/8/16. On 9/29/16, the medication was still inside the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 medication was removed at the time of the inspection. All medications once discontinued will be removed from the medication cart at the time that the medication is discontinued. Training has been provided to Beechwood Nursing Staff and medication trained staff in this home to assure that all discontinued medications are removed. The Director of Health and Wellness will do random checks monthly on discontinued medication to assure they are removed.

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 *10/17/16*
 (Date)

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

Plan of correction Implementation status as of *10/17/16*
 (Date)

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

Violation Report: 12969 - 09/28/2016 - Colon, Lissette
 PCH Name: BEECHWOOD CENTER 7

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 2's prescribed Iodine 10% Solution, was not available in the home.

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.

This medication was ordered and received on the day of the inspection. Retraining was provided to Beechwood Nursing Staff and Medication Trained Staff at the home regarding following the directions of the prescriber. See attached training form. The Director of Health and Wellness will do random monthly checks to assure all medication is available as prescribed.

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>10/17/16</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: 12969 - 09/28/2016 - Colon, Lisselle
 PCH Name: BEECHWOOD CENTER 7

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident # 1, admitted [redacted] 16, which includes the determination that the home can meet the resident's service needs, is dated [redacted] 16.

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.

Training was provided to the Director of Admissions that the pre-admission screening has to be done within 30 days of admission. If an admission date was postponed as in this case, a new pre-admission screening will be completed by Director of Admission within 30 days of actual admission date. Director of Case Management will check all dates of pre-admission screenings to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Murdy</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Murdy Director of Residential Services</i>			Date <i>10/13/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>10/12/16</i> (Date)		Plan of correction implementation status as of <i>10/12/16</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: 12989 - 09/28/2016 - Colon, Lissette
 PCH Name: BEECHWOOD CENTER 7

1. REGULATION 55 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 #2'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, Director of Residential Services* Date *10/13/16*

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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