



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 28, 2017**

Mike Haggerty  
COO  
Woods Services, Inc.  
**ATTN: Barbara Mundy**  
469 East Maple Avenue  
Langhorne, Pennsylvania 19047

RE: Beechwood Center 2  
589 Beechwood Circle  
Langhorne, Pennsylvania 19047  
License #: 129640

Dear Mr. Haggerty:

As a result of the Department of Human Services' licensing inspection on March 16, 2017 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 "Patricia Adams".

Patricia Adams  
Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12964 - 03/16/2017 - Thomas, Tahesia  
 PCH Name: BEECHWOOD CENTER 2

**1. REGULATION 56 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 had a medical status change that requires 1:1 services due to decreased cognitive functioning on 10/26/16. However, the last support plan completed on 10/19/16 did not reflect the change.

**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.*

Resident # 1 does receive 1:1 services for enhanced staffing to assist the resident during [redacted] day program Monday through Friday. However the 1:1 is not due to a medical status change or decreased cognitive functioning. The 1:1 services have now been added to [redacted] RASP. See attached RASP for Resident # 1. All case Managers have been notified to add 1:1 services to the individuals' RASP to assure compliance with this for any resident receiving 1:1 enhanced staffing.

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 *4/26/17*

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

The above plan of correction is approved as of *4/26/17*  
 (Date)

Plan of correction implementation status as of *4/26/17*  
 (Date)

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

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