DEC 1 5 2017

Dr. Scott Spreat, Ed.D,
President
Woods Services, Inc.
Attn: Dawn Shaffer
469 East Maple Avenue
Langhorne, Pennsylvania 19047

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

Dear Dr. Spreat:

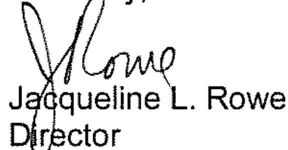
As a result of the Department of Human Services' Personal Care Home annual licensing inspections on October 11, 2017, October 12, 2017, and October 13, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Bureau of Human Services Licensing
625 Forster Street, Room 631 | Harrisburg, PA 17120 | 717.783.3670 | F 717.783.5662 | www.dhs.state.pa.us

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: BEECHWOOD CENTER 2	License Number: 12964
Address: 589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047	County: Bucks
Administrator: Katelyn Fiore	Region: SOUTHEAST

Legal Entity Name: WOODS SERVICES INC

Legal Entity Address: D. CERRA-TYL 469 E. MAPLE AVE., LANGHORNE, PA 19047

Certificate(s) of Occupancy

C-3
04/22/1998
PA Department of L & I

Staffing Hours

Resident Support: 8	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site

10/11/2017: Kazimer, Lauren; Freeman, Sabrina
10/12/2017: Kazimer, Lauren; Freeman, Sabrina
10/13/2017: Kazimer, Lauren; Freeman, Sabrina

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 8

Number of Residents Served: 8

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, If Applicable:

Number of Residents Served in Secured Dementia Care Unit, If applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 0

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 12984 - 10/11/2017 - Kazimer, Lauren
PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On 9/27 during dinner time, resident #1 had put bread in the toaster for a sandwich. The bread became stuck in the toaster and the resident attempted to use a plastic fork to retrieve it. Staff person A took the toaster away from the resident to get the bread out themselves. The resident did not want the staff person to touch their food. Staff person A was overheard raising their voice and arguing with the resident during the incident.

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.

On 9/27/17 resident at 589 Beechwood reported feeling mistreated and abused by a specific staff member. Any allegation of alleged abuse is taken extremely seriously, as individuals have the right regardless of age, disability, or behavior to receive dignified and respectful treatment at all times. A review of the alleged abuse investigation was completed and the following information has been obtained. The alleged staff member would not allow the resident to use the toaster and was overheard yelling at the resident. This was potentially a violation of the individual's right to access food, as well as to be treated with dignity, courtesy, and respect at all times. The immediate action to remedy the situation was that the staff was removed from the home immediately to insure that the resident felt safe. The staff member was then interviewed and a written statement of the events that occurred that evening was obtained from them. The staff member reported taking the toaster away for safety reasons, indicating they were concerned that the resident would stuff the toaster which could start a fire, and other residents would be hurt. A safety care plan was implemented where staff member was suspended immediately pending further investigation. Upon completion of the internal investigation, the Staff member was terminated from her employment for unsatisfactory job performance on 10/9/17.

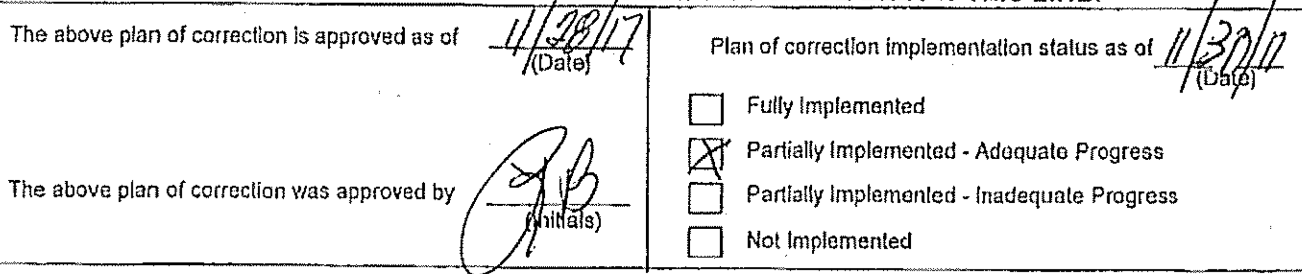
To prevent any such incidents from occurring in the future, the Residential Managers will review Residents Rights with all staff, and will be vigilant for any behavior by staff that would even hint at a lack of dignity, courtesy, or respect. Each Residential Manager spends a minimum of 20 hours per week across various shifts in each of their homes. The Manager will provide ongoing monitoring of the treatment of the residents by staff members across all shifts. The Manager monitors and councils staff if any observed interactions with residents are anything less than appropriate, dignified, courteous, and respectful.

In addition, all staff participate in regular and periodic bi-annual training to review Resident Rights and the "SMART" Approach to crisis intervention. Residential Managers provide ongoing support with staff by reviewing any difficult situations that staff may have when interacting with specific residents on an as needed basis. In addition, over the next year, a new program of crisis management is being phased into Woods called Ukeru, which includes training on communication techniques and how we can better communicate with residents, conflict resolution, and how to comfort and respect clients rather than controlling them.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dawn Shaffer - Residential Director — Date 11/28/17



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

The above plan of correction is approved as of 11/28/17 (Date)

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

Plan of correction implementation status as of 11/30/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 12964 - 10/11/2017 - Kazimer, Lauren
PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #1's PRN Loratadine 10mg 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.

Regulation 2600.185a: The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

It is important to have accountability of medication and controlled substances to reduce the risk that medications and medical equipment will be misplaced, lost or misused. On the day of inspection resident #1's PRN Loratadine 10mg was not available in the home. Med trained staff overlooked the need to order resident #1's PRN medication. PRN medication was immediately ordered on the day of inspection (see attached). Loratadine 10mg has been received and is stored in the home's medication cart. PRN medication is available to resident #1 as needed.

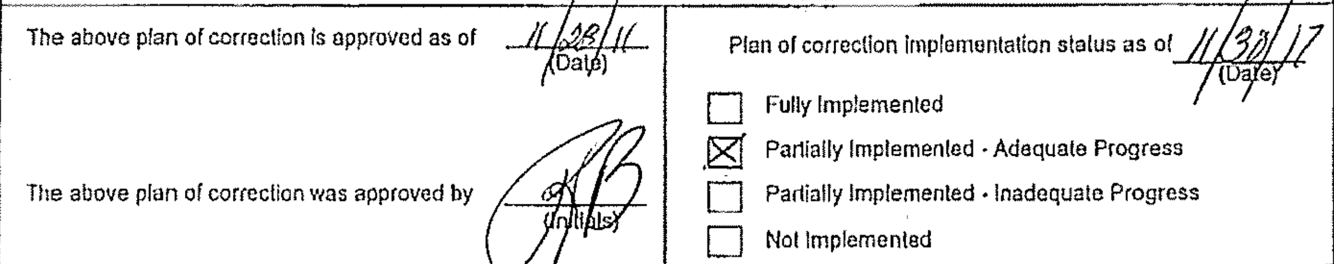
To prevent future medication shortages, Nursing staff will immediately order all medications when low (including PRN medications), when it is close to expire. Monthly medication cart checks will be completed as well as MAR's will be randomly checked on a weekly basis.

An in-service training was held on 10/25/17 to all nursing staff reviewing medication record keeping and proper medication administration procedures. During scheduled staff meetings medication records will be a standing topic.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dawn Shaffer Res. Director — Date 11/29/17



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

The above plan of correction is approved as of 11/28/17 (Date)

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

Plan of correction implementation status as of 11/30/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 12964 - 10/11/2017 - Kazimer, Lauren
PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
- On 10/5 at 12:20pm, resident #1's PRN Xanax 0.25mg was administered. Staff signed the medication out on the narcotic count sheet but did not initial the medication administration record.

- On 10/10, staff administered resident #2's of Polyethylene glycol powder and did not initial the medication administration record.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600-.187(b): The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered.

Proper medication administration record (MAR) use is critical as it creates a record of proper medication administration, allows physicians and emergency personnel to know when a medication was last administered and creates a system to account for medications especially controlled substances.

On the day of inspection it was noted on 10/5 at 12:20pm resident #1's PRN Xanax 0.25mg was administered. Med trained staff signed out on the narcotic count sheet but did not initial the medication administration record. Med trained staff overlooked the initialing of the MAR, signing the narcotic count sheet only when administering resident #1's PRN Xanax o.25mg.

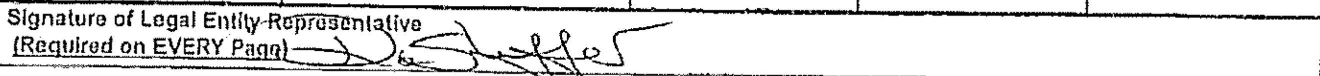
On 10/10, med trained staff administered resident #2's Polyethylene glycol powder and did not initial the medication administration record. In both instances the date and time was initialed when found missing, see attached MARs.

To prevent future medication administration documentation errors Medication administration records (MAR) will be randomly checked on a weekly basis.

An in-service training was held on 10/25/17 to all nursing staff reviewing medication record keeping and proper medication administration procedures. Also during scheduled nursing staff meetings medication records will be a standing topic.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page)



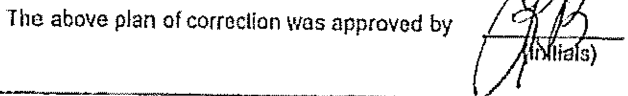
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) David Shaffer Res. Director

Date 11/28/17

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

The above plan of correction is approved as of 11/28/17 (Date)

The above plan of correction was approved by



(Initials)

Plan of correction implementation status as of 11/30/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 12964 - 10/11/2017 - Kozimer, Lauren
PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Polyethylene glycol power twice daily. The resident received the medication only once daily from 10/1 to 10/11.

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.

Regulation 2600.187(d): the home shall follow the directions of the prescriber.

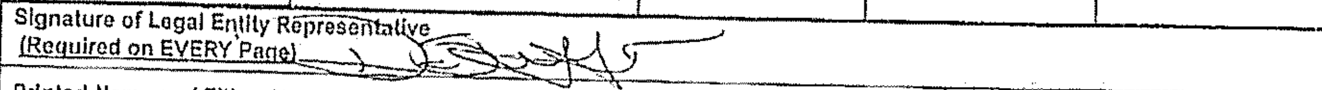
Proper medication administration record (MAR) use is critical as it creates a record of proper medication administration, allows physicians and emergency personnel to know when a medication was last administered and creates a system to account for medications especially controlled substances and ensures that residents receive medications and treatments as ordered by the physician.

At time of inspection it was noted that Resident #1 has an order for Polyethylene glycol powder twice daily. The resident received the medication only once daily from 10/1 to 10/11. Med trained staff did not follow the prescribed order of Polyethylene glycol powder twice a day.

To prevent further Medication administration errors an in-service training was completed on 10/25/17 where proper use of Medication administration records and medication procedures was reviewed. Monthly Medication cart checks and weekly random checks of the Medication administration records will be completed. During scheduled staff meetings medication records will be a standing topic.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page)



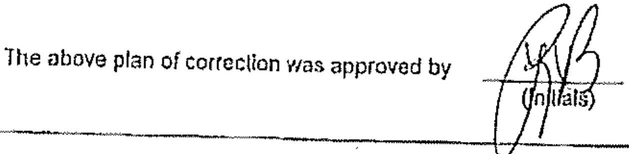
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dave Shaff - Resident Director

Date 11/28/17

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

The above plan of correction is approved as of 11/28/17 (Date)

The above plan of correction was approved by (Initials)



Plan of correction Implementation status as of 11/30/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented