



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]  
MAILING DATE: April 13, 2018

Mr. Scott Spreat,  
President  
Woods Services, Inc.  
Attn: Dawn Schaffer  
469 East Maple Avenue  
Langhorne, Pennsylvania 19047

RE: Beechwood Center 10  
588 Beechwood Circle  
Langhorne, Pennsylvania 19047  
License #: 141480

Dear Mr. Spreat:

As a result of the Department of Human Services' licensing inspection on March 27, 2018 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 "Kenneth L. Wilson".

Kenneth L. Wilson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PGH Name: BEECHWOOD CENTER 10		License Number: 14148
Address: 588 BEECHWOOD CIRCLE, LANGHORNE, PA 19047		County: Bucks
Administrator: June Baraniak		Region: SOUTHEAST
Legal Entity Name: WOODS SERVICES		
Legal Entity Address: 469 EAST MAPLE AVENUE, LANGHORNE, PA 19047		
<b>Certificate(s) of Occupancy</b> R-4 04/08/2015 Bucks County, L&I		
<b>Staffing Hours</b>		
Resident Support: 16	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Monitoring		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/27/2018: Gray, Dean		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 4 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 7	

Violation Report: 14148 - 03/27/2018 - Gray, Dean  
 PCH Name: BEECHWOOD CENTER 10

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**

The bed in room #5 does not have an operable source of light that can be turned on/off from bedside.

**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.*

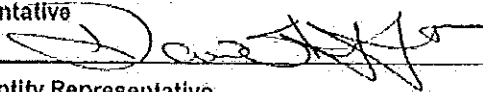
During inspection at Beechwood Center 10 on 3/27/18 it was observed that bed room #5 did not have an operable source of light that can be turned on/off from bedside. It is important each resident has an operable lamp or light source that can be turned on by bedside to provide the resident with sufficient light to move safely around their room in the dark, reducing the risk for falls. The light bulb for the bedside lamp in bedroom 5 had burned out. Direct Care staff was unaware the lamp was not working. The light bulb for this lamp was replaced on 3/27/18 and is currently working.

Residential Supervisor will complete periodic weekly checks of all bedroom bedside lamps in Beechwood Center 10 to insure all are operable. If one is not operable the bulb/lamp will be replaced to insure resident sufficient light while in his/her bedroom. Administrator for Center 10 will follow up with Supervisor monthly to monitor the compliance maintenance of DHS 2600.101(j)(7).

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)

Dawn Shaffer

Date 4/12/18

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

The above plan of correction is approved as of

4/13/18  
 (Date)

Plan of correction implementation status as of

4/13/18  
 (Date)

The above plan of correction was approved by

K.W.  
 (Initials)

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