



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
July 16, 2018

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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 16, 2018

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

RE: Beechwood Center 6
166 Brendwood Drive
Langhorne, Pennsylvania 19047
License #: 129680

Dear Dr. Spreat:

As a result of the Department's Bureau of Human Services Licensing inspection on June 14, 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,

Kenneth L. Wilson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: BEECHWOOD CENTER 6		License Number: 12968
Address: 166 BRENDWOOD DRIVE, LANGHORNE, PA 19047		County: Bucks
Administrator: Scott Cowan		Region: SOUTHEAST
Legal Entity Name: WOODS SERVICES INC		
Legal Entity Address: 469 E. MAPLE AVE., LANGHORNE, PA 19047		
Certificate(s) of Occupancy C-3 SP 05/30/1995 Commonwealth of PA, L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Monitoring		
On-Site Inspections Dates and Department Representatives On-Site		
06/14/2018: Gray, Dean		
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: 5 Number of Residents Served: 5 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: 0 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

.KW. 7/5/18

Violation Report: 12988 - 06/14/2018 - Gray, Dean
 PCH Name: BEECHWOOD CENTER 6

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 #1 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 6 on 6/14/18 it was observed that bed room #1 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 bedside lamp had been unplugged by the resident to in order to plug in another device. Direct care staff was not aware that the lamp had been unplugged. A power strip was provided so the resident would not need to unplug the lamp to use another device. The lamp was plugged in and operable on 6/14/18.

Residential Supervisor and direct care staff will complete periodic weekly checks of all bedroom bedside lamps in Beechwood Center 6 to insure all are operable and at bedside. If one is not operable or not at bedside the lamp will be replaced / moved to bedside to insure resident sufficient light while in his/her bedroom. Administrator for Center 6 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):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DAVID Shaffer Residential Director* Date *7/13/18*

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

The above plan of correction is approved as of <u>7/16/18</u> (Date)	Plan of correction implementation status as of <u>7/16/18</u> (Date)
The above plan of correction was approved by <u>K.W.</u> (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

K.W. 7/16/18