



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

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: 12969 - 06/14/2018 - Gray, Dean  
 PCH Name: BEECHWOOD CENTER 7

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 #7 does not have a 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 7 on 6/14/18 it was observed that bed room #7 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 free standing lamp had been moved away from the resident's bedside approximately 2ft. Direct care staff was not aware that the lamp had been moved. The lamp was placed back to the resident's bedside on 6/14/18.

Residential Supervisor and direct care staff will complete periodic weekly checks of all bedroom bedside lamps in Beechwood Center 7 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 7 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) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dawn 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

Violation Report: 12969 - 06/14/2018 - Gray, Dean  
PCH Name: BEECHWOOD CENTER 7

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on 06/07/18. The medical evaluation completed in June 2017 is not available for review.

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 of Beechwood Center 7 on 6/14/2018, there was a review of resident #1's record. It was noted that the medical evaluation completed in June 2017 was not available for review due to an incomplete signature by the physician. It is important to have updated accurate medical information to help the home decide whether a resident's needs can be met at the home, helps the home develop accurate assessments, and support plans, and ensures the resident's medical needs will be met.

A new Electronic health record system has since been implemented as of July 1<sup>st</sup>, 2018 and will help ensure this error from happening in the future by incorporating electronic signatures by the physician at the moment the patient encounter is completed and documented, avoiding the opportunity for paper documents to be misplaced and remain unsigned. The Director of Health & Wellness has been trained as a super user in the system and will follow up monthly to ensure the workflow is successful.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jennifer Caputo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Jennifer Caputo - Director of Health & Wellness* Date *7/16/18*

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*7/16/18*  
(Date)

Plan of correction implementation status as of

*7/16/18*  
(Date)

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

The above plan of correction was approved by

*K.W.*  
(Initials)

Violation Report: 12969 - 06/14/2018 - Gray, Dean

PCH Name: BEECHWOOD CENTER 7

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The home's designated smoking area on the back patio does not have fire-resistant furniture.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

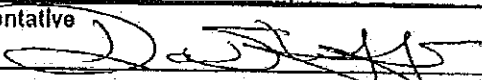
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

During inspection at Beechwood Center 7 on 6/14/18 it was observed the outside area exiting from the kitchen door was being used as an outside smoking area. There was a glass ashtray and a metal framed plastic wicker chair in the smoking area. If a home permits smoking outside of the home it is important proper safe guards to prevent fire hazards involved in smoking are implemented to greatly reduce the risk of fire associated with unsafe smoking, and ensures that both residents and staff know what must be done in the event of a fire. The glass ashtray and non-fire resistant chair was removed on 6/14/18. On 6/23/18, Residents and staff of Beechwood Center 7 were re-trained on smoking policy and procedures including use of fire resistant cigarette receptacles and fire resistant furniture while smoking in the designated smoking area only. Beechwood Center 7 has designated the front porch of the home (that has two cigarette receptacles and a wood bench) as the only designated smoking area for the home.

Residential Supervisor and direct care staff will complete periodic weekly monitoring that smoking will only occur in the designated smoking area and that only fire resistant furniture and equipment is present in the smoking area. If non fire resistant furniture and equipment is found in the smoking area it will be removed immediately. Administrator for Center 7 will follow up with Supervisor monthly to monitor the compliance maintenance of DHS 2600.144(c)(1).

*These weekly monitorings will be documented and maintained on record for Department review. K.W. 7/16/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

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

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