



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
November 5, 2018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
November 5, 2018

Ms. Tine Hanson-Turton  
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 Ms. Hanson-Turton:

As a result of the Department's Bureau of Human Services Licensing inspection on July 19, 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.

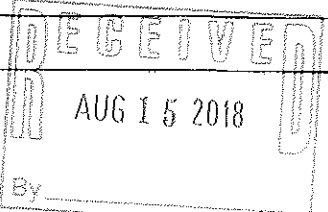
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

**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: Dawn Shaffer		Region: SOUTHEAST
Legal Entity Name: WOODS SERVICES INC		
Legal Entity Address: 469 E. MAPLE AVE., LANGHORNE, PA 19047		
Certificate(s) of Occupancy C-3 04/22/1998 PA DEPT. OF L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 07/19/2018; Gray, Dean; Vasquez, Jennie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 12964 - 07/19/2018 - Gray, Dean  
 PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The patio table in the smoking area located on the back deck is missing 2 tiles.

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.

At the time of inspection Beechwood Center 2's Patio table in the smoking area on the back deck was missing 2 tiles. It is important for all furniture and equipment to be clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment. Maintenance department was contacted and patio table was removed on 7/20/18. New patio furniture has been purchased and is on the back deck for residents use. See attached photo. Residential Manager and direct care staff will complete ongoing observations of all equipment and furniture in the home to insure it is free from hazards. If hazard is identified Residential Manager will notify maintenance for repair and or replace if unable to repair.


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 Shreffler Residential Director	Date 8/15/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8/15/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 11/2/18  
 (Date)

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

Violation Report: 12964 - 07/19/2018 - Gray, Dean  
 PCH Name: BEECHWOOD CENTER 2

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The home's food pantry had two containers that were filled with cereal but did not contain an expiration or purchased date.

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.*

At time of inspection Beechwood Center 2's food pantry had two containers that were filled with cereal that were not properly labeled with the purchase date or expiration date. It is important to properly label all food items to ensure that food is safe for use. The unlabeled containers of cereal were emptied and the cereal was discarded. Staffs in this home have been retrained on safe food handling and labeling of food in the home to ensure proper information regarding the identity of food items and the length of time food has been in storage to prevent cross-contamination of food and the use of expired food items. Safe Handling of Food Guidelines has been posted in the home for staff's reference. See attached training. Residential Manager and direct care staff will complete and document periodic weekly checks of food pantry to insure all items are labeled with expiration date and contents of containers should food be removed from original packaging to assure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



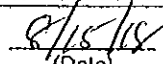
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Dawn Strife, Residential Director

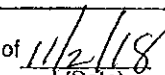
Date 8/15/18

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