



July 5, 2019

Ms. Tine Hansen-Turton
President
Woods Services, Inc.
Attn: Dawn Shaffer
469 East Maple Avenue
Langhorne, Pennsylvania 19047

RE: Beechwood Center 1
585 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 126770

Dear Ms. Hansen-Turton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 30, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: BEECHWOOD CENTER 1

License Number: 126770

Address: 585 BEECHWOOD CIRCLE, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Paul Kassa

Phone: 2157504001

Email: TINE@WOODS.ORG

Legal Entity

Name: WOODS SERVICES INC ATTN DAWN SHAFFER

Address: 469 E. MAPLE AVE, PA, 19047

Certificate(s) of Occupancy

Type: C-1

Date: 08/31/1984

Issued By: COPA DOH

Staffing Hours

Resident Support Staff: 11

Total Daily Staff: 22

Waking Staff: 17

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

04/30/2019 - On-Site: Jennie Heinberg, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 7

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted on 10/17/2018 at 12:30p.m., the home exceeded an evacuation time of 3.5 minutes, which is the safe evacuation time specified in writing within the past year by a fire safety expert.

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 annual inspection at Beechwood Center 1 on 4/30/19 it was observed on the Monthly Emergency (Fire)Drill Report that the fire drill conducted on 10/7/2018 at 12:30am, the home exceeded the evacuation time of 3.5 minutes that was the specified safe evacuation time documented by the Fire Marshall. This regulation is important to prevent fire-related death and injury. The violation was caused by fairly new staff working the shift during the unannounced fire drill on 10/7/2018. Although the staff received fire safety/evacuation training during "orientation" and during their "on the job training", due to lack of actual practice and experience they were unable to evacuate all of the residents in Beechwood Center 1 within the 3.5 minutes allowed. In order to remedy the violation, the staff involved were re-trained on the proper evacuation techniques- talking to each other, practicing working together to remove residents from their beds and transfer to their wheelchairs, and getting out of the building. A second unannounced fire drill was completed on 10/13/18 at 11:00pm where all residents were successfully evacuated within the Fire experts documented evacuation time of 3.5 minutes. To prevent failed fire drills from occurring in the future, all staff will receive annual fire safety training as well as verbal fire drills and review of evacuation techniques. Residential Manager will monitor and provide feedback to staff regarding observations made that could improve the overall performance of staff during the unannounced monthly fire drills to prevent fire-related death or injury.

Please see attached.....

Legal Entity Representative


Signature


Printed Name and Title


Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of
(Date)

06-17-19
(Date)

Plan of correction implementation status as of
(Date)

06-17-19
(Date)

The above plan of correction was approved by

SP
(Initials)

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

2600.132 d

Administrator and staff will ensure residents are able to evacuate the building in a time specified by a fire safety expert. Subsequent fire drills after 10/07/18 were conducted and residents were able to evacuate in designated time. Home will continue to maintain fire drill logs for Department review.

SP 06-17-19

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 4/30/2019, a bottle of Cranberry Calcium Supplement was in the medication cart and was not labeled with any residents name.

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 1 on 4/30/16, it was noted that a bottle of Cranberry calcium Supplement was in the medication cart and was not labeled with any resident's name. It is important that all medications be properly labeled with resident's names to ensure safe administration to the correct resident.

Monthly medication checks in medication carts shall be implemented. The staff member responsible for the monthly check will be required to sign a monthly log to ensure that the checks have been completed. The Director of Health & Wellness will provide monthly log sheets and follow up accordingly to ensure their usage. These inspection logs will begin June 2019.

Please see attached....

Legal Entity Representative

Jennifer Caputo BSN, RN, CBIS
Signature

Jennifer Caputo BSN, RN, CBIS Director of Health + Wellness
Printed Name and Title
5/30/19
Date

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(Initials)

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- Partially Implemented - Inadequate Progress
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2600.184 b

Administrator or designee will ensure all medications are labeled with residents' name. Monthly medication check log to be maintained by home and made available for Department review. Audit of all resident medication to be completed within 15 days receipt of this POC to ensure accuracy.

SP 06-17-19

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident # 2's metronidazole cream .75% - Apply to face twice a day as needed for Rosacea was not in the home.

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 1 on 4/30/16, It was noted that Resident #2's metronidazole cream .75% was not in the home. It is important that all medications be stocked as per physician's orders to avoid any lapse in administration.

Monthly medication checks in medication carts shall be implemented. The staff member responsible for the monthly check will be required to sign a monthly log to ensure that the checks have been completed. The Director of Health & Wellness will provide monthly log sheets and follow up accordingly to ensure their usage. These inspection logs will begin June 2019.

Please see attached....

Legal Entity Representative

Signature: Jennifer Caputo BSN, RN, CBIS

Director of Health & Wellness
Printed Name and Title: Jennifer Caputo BSN, RN, CBIS
Date: 5/31/19

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2600.185(a)

Administrator or designee will ensure the home has developed and implemented procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Policies and procedures to be accessible to representatives of the Department at all times. Staff that handle medications and medical equipment will be trained and familiar with policies and procedures. SP 06-17-19

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident # 1's record did not have a photograph on file of the resident that is no more than 2 years old.

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 annual inspection at Beechwood Center 1 on 4/30/19 it was observed by inspectors that a resident's record did not have a photograph on file of the resident that is no more than 2 years old. This regulation is important to insure a complete record of each resident is kept giving the home the best possible picture of who the resident is, what the resident's history is, and what services or needs the residents may have. The 2600.252 regulation was violated due to the transition from a paper file to the implementation of an Electronic Health Record. When the photo was transferred from a Word document, the photo uploaded successfully, however, the name and date of birth and date photo was taken did not transfer. On 4/30/19, this upload error was fixed. To prevent this from occurring in the future, when a new photo is being taken within the two-year time frame, the resident will be behind a card displaying his/her name, date of birth and date photo was taken. This will be monitored ongoing by Care Coordinator for each resident.

Administrator or designee will ensure all resident records contain a photo of resident no more than 2 years old. SP 06-17-19

Legal Entity Representative


Signature

DAVID Shaffer, Res. Director 5/30/19
Printed Name and Title Date

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06-17-19
(Date)

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