



July 5, 2019

Ms. Tine Hansen-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. 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 2

License Number: 129640

Address: 589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Katelyn Fiore

Phone: 2157504001

Email: TINE@WOODS.ORG

Legal Entity

Name: WOODS SERVICES INC

Address: ATTN DAWN SHAFFER 469 E. MAPLE AVE., PA, 19047

Certificate(s) of Occupancy

Type: C-3 SP

Date: 04/22/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 8

Total Daily Staff: 16

Waking Staff: 12

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: 8

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: 0

Have Physical Disability: 0

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Description of Violation

Staff person A, whose first day of work was 2/22/2019, didn't complete any of the orientation training topics.

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 2 on 4/30/2019, it was noted that Staff Person A had not completed the Beechwood Fire Safety OJT form which includes evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building, smoking safety procedures, and the location and use of fire extinguishers. It is important that all staff complete this document on their first day of work in the department. This training is important to implement right away on the first day of work so that staff are prepared in the event a fire emergency.

This employee had completed the training and form, however failed to sign and return the document to training. Moving forward, the Director of Health & Wellness will ensure that all staff persons beginning employment in the Beechwood Health & Wellness center will have this training and form completed in its entirety on the first day of work and will submit to the training center.

Please see attached.....

Legal Entity Representative

Signature: Jennifer Caputo BSN, RN, CCBIS

Director of Health & Wellness
Printed Name and Title: Jennifer Caputo BSN, RN, CCBIS
Date: 5/29/19

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

The above plan of correction is approved as of 06-18-19 (Date)

Plan of correction implementation status as of 06-18-19 (Date)

The above plan of correction was approved by SP (Initials)

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

2600.65(a)

Administrator or designee will ensure all direct care staff persons including ancillary staff persons, substitute personnel, and volunteers have a general fire safety and emergency preparedness training that covers all the aspects of 2600.65(a) prior to their first day of work. Record of training to be kept by home and made available for Department review. SP 06-18-19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A did not complete training in the following topics within 40 scheduled working hours, Emergency Medical Plan.

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 2 on 4/30/2019, it was noted that Staff Person A appeared to not have completed 40 hours of orientation. It is important that all staff complete full orientation upon hire before working with the residents served.

This employee had completed 40.25 hours of orientation upon hire which included Resident Rights, Emergency medical Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. See attached Training record and schedule From 2/22/19.

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* 5/29/19
Date

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The above plan of correction is approved as of 06-17-19
(Date)

Plan of correction implementation status as of 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

2600.65(b)

Administrator or designee will ensure all direct care staff persons including ancillary staff persons, substitute personnel, and volunteers have an orientation that covers all the aspects of 2600.65(b) within 40 scheduled work hours. Record of training to be kept by home and made available for Department review. SP 06-18-19

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 1's most recent medical evaluation was completed on 1/22/2019. The resident's previous medical evaluation was completed on 11/16/2017.

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 2 on 4/30/19, there was a review of resident #1's record. It was noted that the medical evaluation completed in June 2018 was not available for review. 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 been implemented and will help ensure this error from happening in the future by incorporating scheduling components that will ensure that the resident receives their annual medical evaluation. The Director of Health & Wellness has been trained as a super user in the system and will follow up to ensure the workflow is successful.

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 5/29/19

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2600.141 (b1)

The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and, in its entirety, including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. SP 06-18-19

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

On 4/30/2019 resident #2's glucometer was not calibrated to the correct date and time. The meter read 4/30/2019 and 5:17pm, the actual date/time was 4/30/2019 and 5:30pm.

The home's policies and procedures for residents' pharmaceutical refills and storage was not available.

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 2 on 4/30/16, it was noted that Resident #2's glucometer was not calibrated to the correct date and time. It is important that equipment be calibrated so that the we keep an accurate log of the resident's medical data.

Monthly medication checks in medication carts shall be implemented. These checks will include glucometer calibration. 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. The primary nurses have also been instructed to review the glucometer calibrations before every use.

Please see attached.....

Legal Entity Representative

Signature Jennifer Caputo BSW, RN, CBIS

Director of Health + Wellness
Printed Name and Title Jennifer Caputo BSW, 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:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

Resident #1's photograph on file was taken in 2007

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.

Legal Entity Representative


Signature

Dawn Shaffer, Res Director 5/31/19
Printed Name and Title Date

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