



July 5, 2019

Ms. Tine Hansen-Turton  
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 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](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 6*  
Address: *166 BRENDWOOD DRIVE, LANGHORNE, PA 19047*  
County: *BUCKS* Region: *SOUTHEAST*

License Number: *129680*

#### Administrator

Name: *Scott Cowan* 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-3, SP.* Date: *05/30/1995* Issued By: *L&I*

#### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

#### 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: *5* Residents Served: *5*

##### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

##### Hospice

Current Residents: *0*

##### Number of Residents Who:

Receive Supplemental Security Income: *0* 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*

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 4/30/2019, the home's first aid kit contained a polysporin ointment tube with an expiration date of January 2019.

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 on 4/30/2019, it was noted that the home's first Aid kit contained a polysporin ointment tube with an expiration date of January 2019. It is important that expired and discontinued medications be disposed of in a safe manner according to the Department of Environmental Protection and Federal and State regulations. Expired medications should not be administered as the expiration date is in place to ensure the medication's efficacy.

Monthly medication checks in medication carts as well as first aid kits 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*  
Signature

Director of Health & Wellness  
Jennifer Caputo  
Printed Name and Title

5/28/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

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

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2600.183(f)

Administrator or designee will ensure all discontinued and expired medications in med carts and first aid kits are destroyed in a manner that complies with regulation 2600.183f. All staff who handle medication will be in serviced on expired and discontinued medications within 15 days receipt of this POC

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

On 4/29/19, Resident #1's Ammonium Lac Cream 12% was not in the home at the time of medication audit.

The home's policy and procedures for refilling and storing medications was not available to the Department's licensing representatives at the time of the inspection

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 6 on 4/29/2019, it was noted that resident #1's Ammonium Lac Cream 12% was not in the home at the time of medication audit and the home's policy and procedures for refilling and storing medications was not available to the Department's representatives at the time of the inspection. It is important to have policies and procedures more readily accessible to all staff and interested agencies to ensure a source of reference when warranted by situations to ensure all resident's medication needs will be met.

The existing policy, 6.3 Nursing Services: Medication Administration has been attached. This policy is reviewed periodically and is accessible to all staff on the shared drive.

Please see attached

Legal Entity Representative

*Jennifer Caputo BSW, RN, CBIS*  
Signature

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

5/28/19  
Date

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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

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not completed a Department-approved medications administration course.

Plan of Correction (POC)

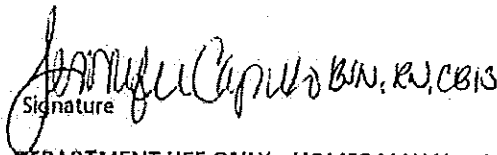
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

During Inspection of Beechwood Center 6 on 4/30/2019, it was noted that Staff Person A appeared to not have completed a Department-approved medications administration course due of the lack of the student signature. It is important that all medication administration course paperwork be completed in its entirety to ensure proper training and certification of all medication trained staff.

This has been immediately addressed and signed. Moving forward, all training certification paperwork will be signed at the time of completion and filed accordingly. A copy of certification will be provided to the Director of Health and Wellness and the Director of residential Services.

Please see attached

Legal Entity Representative

  
Signature

Director of Health + Wellness -  
Jennifer Caputo BSW, RN, CBIS 5/28/19  
Printed Name and Title Date

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2600.190 (a)

Administrator or designee will ensure only staff persons who have successfully completed the Department-approved medication administration course pass medications as specified in 2600.190(a). Within 15 days receipt of this POC an audit of all direct care staff who pass meds records will be completed to ensure compliance. Home did provide updated policy and procedures. SP 06-17-19

190c - Record of Training

Regulations

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

*The home's medication administration training record for staff person A does not include the date the staff member passed medication administration training, along with scores for initial training.*

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 6 on 4/30/2019, it was noted that the medication administration record for Staff Person A did not include the date the staff member passed medication administration training, along with the scores for initial training. It is important that all medication administration course paperwork be completed in its entirety to ensure proper training and certification of all medication trained staff.

Moving forward, all training certification paperwork will be completed at the time of completion and filed accordingly. A copy of certification will be provided to the Director of Health and Wellness and the Director of residential Services.

Please see attached

Legal Entity Representative

*Jennifer Caputo BSN, RN, COIS*  
Signature

*Jennifer Caputo BSN, RN, COIS 5/28/19*  
Director of Health & Wellness  
Printed Name and Title Date

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2600.190c

Administrator or designee will ensure a record of staff training plans are maintained for all staff persons and include all elements specified in 2600.190c. SP 06-17-19