



July 5, 2019

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

RE: Beechwood Center 4
586 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 129660

Dear Ms. Hansen-Turton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 1, 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 4
Address: 586 BEECHWOOD CIRCLE, LANGHORNE, PA 19047
County: BUCKS Region: SOUTHEAST

License Number: 729660

Administrator

Name: Arlene Serrano 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-1 Date: 08/31/1984 Issued By: DOH

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

05/01/2019 - 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: 0 Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On May 1, 2019 at 3:57 pm, resident #2's Vaping agreement with the home was on display on a refrigerator located in common dining/gathering area. The Vaping agreement disclosed private medical information of resident #2.

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.)

On 5/1/19 at 3:57pm, resident #2's Vaping agreement with the home was on display on a refrigerator located in common dining/gathering area. The Vaping agreement disclosed private medical information of resident #2. This regulation is important to protect residents' right to privacy while protecting other residents from dangerous and harmful items. The regulation was violated by having a behavior agreement posted on resident #2's personal refrigerator in a common area where he spends leisure time. The agreement was to be utilized as a cognitive cue for the resident. This violation was immediately fix by removing the vaping agreement from the refrigerator. To prevent this from occurring in the future, behavior agreements / cuing cards will be posted in the resident's bedroom only to protect his or her privacy. Administrator will complete a monthly walk thru of Beechwood Center 4 to insure resident's' privacy is not violated.

Please see attached

Legal Entity Representative


Signature

Dawn Shaffer, Res. Director 6/4/19
Printed Name and Title Date

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

The above plan of correction is approved as of 6-18-19
(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

2600.42(s)

The administrator or designee will monitor the home weekly to ensure the resident's right to privacy of self and possessions is maintained. SP-6-18-19

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 5/1/2019, Resident #1's PRN-Dulcolax 10mg suppository was not in the home at the time of inspection.

The home's resident pharmaceutical supply storage policy and procedures were not available in the DHS binder at the time of inspection to review.

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 4 on 5/1/19, it was noted that resident #1's PRN-Dulcolax 10mg suppository was not in the home at the time of inspection. It is important that all medications be stocked as per physician's orders to avoid any lapse or delay in administration.

Monthly medication checks in medication carts shall be implemented. The staff member(s) 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.

In addition, the existing policy 6.3 Nursing Services in response to the home's residential pharmaceutical storage policy being unavailable at time of inspection, please see attached. This policy is reviewed periodically and is accessible to all staff on the share drive.

Please see attached

Legal Entity Representative

Jennifer Caputo BSW, R.S., CBIS
Signature

Director of Health + Wellness
Jennifer Caputo BSW, R.S., CBIS
Printed Name and Title
6/18/19
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

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 (MAR) record for staff person A does not include a MAR score or a Script/Label score.

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 4 on 5/1/19, the home's medication administration training (MAR) record for staff person A did not include a MAR score or a script/label score. It is important that all medication administration course paperwork is 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 & Wellness and the Director of residential services

Please see attached

Legal Entity Representative

Jennifer Caputo BSN, RBCBS
Signature

Director of Health & Wellness
Jennifer Caputo BSN, RBCBS 6/4/19
Printed Name and Title Date

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(Date)

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2600.190 c

The administrator or designated staff person will review all staff records to ensure all staff persons administering medications are qualified to administer medications. SP 06-18-19

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 3/1/18; however, the resident's preadmission screening form was completed on 4/16/18.

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.)

On 5/1/19, at the time of inspection it was documented that Resident #1 was admitted to the home on 3/1/18; however, the resident's preadmission screening form was completed on 4/16/18. This regulation is important to ensure the home can safely meet a resident's needs prior to admission. The violation was caused due to the observation of the inspector reviewing Resident #1's preadmission screening form. Inspector reported the preadmission screening form was completed on 4/16/18. In review of this form once violation was received it has been noted the "I-E: Date Screening Completed" was 2/16/18. The handwriting of person completing the form was miss read. There was no immediate fix to the violation as timeframe was met as per regulation 224a. See attached prescreening for Resident #1. To prevent this from occurring in the future staff will be reminded of the importance of writing dates clear and legible.

Legal Entity Representative


Signature


Printed Name and Title

6/4/19
Date

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2600.224 a

The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed, including documentation that the home can meet the needs of the resident, and the Department's preadmission screening form is present in each resident record.

SP 06-18-19