



July 5, 2019

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

RE: Beechwood Center 7
228 South Bellevue Avenue
Langhorne, Pennsylvania 19047
License #: 129690

Dear Ms. Hansen-Turton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 2, 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 7
Address: 228 SOUTH BELLEVUE AVENUE, LANGHORNE, PA 19047
County: BUCKS Region: SOUTHEAST

License Number: 129690

Administrator

Name: scott cowan 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: 06/11/1991 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

05/02/2019 - 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: 3
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 05-02-19 the following expired food items were discovered in the refrigerator:

Ranch dressing expired 9/23/18

Mayonnaise expired 3/2019

Cole slaw expired 12/2018

Creamy Greek dressing expired 1/2019

Activia yogurt expired 3/2019

Breakfast bowl expired 3/2019

Strawberry jam expired 7/2018

Plan of Correction (POC)

On 5/2/2019, at the time of inspection there were 7 items found in the refrigerator that had outdated expiration dates. This regulation is important to ensure that all food items are safe for use. The violation was caused by staff failing to check all expirations dates of foods and removing those nearing expiration date before putting newly purchased items into the refrigerator. At the time of inspection, the expired food items were discarded immediately. To prevent this from occurring in the future, once weekly food shopping is completed, the 11pm - 7am staff will check all expiration dates of food items and rotate the inventory based on chronological order of expiration. Any food items set to expire within 30 days or less will be discarded. Checks will be documented on a Monitoring Food Expiration data form and held by the Administrator for compliance review. Beechwood Center 7 staff were in-serviced on 2600. 103i: Outdated or spoiled food or dented cans may not be used and the importance of rotating inventory and discarding items. This in-service was completed on 6/4/19. Training documentation is attached.

Legal Entity Representation

Please see Attached

Signature [Handwritten Signature]

DAWN SHAFER Res. Director 6/5/19

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 6-18-19 (Date)

The above plan of correction was approved by

SP (Initials)

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

2600.103 i

Administrator or designee shall check all food storage areas weekly including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. Home did provide verification that dietary staff was in-serviced on food safety. 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

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

Resident #1s Voltaren Gel 1%- Apply topically to affected area as needed was not in the home at time of 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 7 on 5/2/19, it was noted that resident #1's Voltaren Gel 1% 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

Signature *Jennifer Caputo* BSN, RN, CCRP

Director of Health + Wellness
Printed Name and Title *Jennifer Caputo BSN, RN, CCRP*

Date *6/14/19*

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 *6-18-19*
(Date)

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

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

2600.185(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