



Sent via e-mail thansen-turton@woods.org
Sent via e-mail dshaffer@woods.org
August 8, 2019

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

RE: Beechwood Center 3
587 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 129650

Dear Ms. Hansen-Turton:

As a result of the Department's Bureau of Human Services Licensing inspection on June 10, 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *BEECHWOOD CENTER 3*

License Number: *129650*

Address: *587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *Dawn Shaffer*

Phone: *2157504001*

Email: *TINE@WOODS.ORG*

Legal Entity

Name: *WOODS SERVICES INC*

Address: *469 EAST MAPLE AVENUE, LANGHORNE, PA, 19047*

Certificate(s) of Occupancy

Type: *C-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *7*

Waking Staff: *5*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

06/10/2019 - On-Site: 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: *2*

Are 60 Years of Age or Older: *1*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *1*

BEECHWOOD CENTER 3

129650

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 05/11/2019, resident #1 had a witnessed fall and sustained a black eye. The home did not report this incident to the department until 05/16/2019.

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.)

On 5/11/19 Resident #1 had a witnessed fall and sustained a black eye. The home did not report this incident to the department until 5/16/19. The importance of reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information. This regulation was violated by the PCH Administrator on call the day of the fall did not complete/submit a reportable incident form to the Department. At the time of the fall the nurse completed an assessment and noted a small scratch at the corner of resident's eye, polysporin was applied. No other injury was noted. The delay in reporting the sustained black eye was due to the reporting staff interpreted the Appendix B: requirements and Best Practice for Reportable incidents (c) serious bodily injury or trauma requiring treatment at a hospital or medical facility examples including "eye injury" to mean an injury to the eye organ not areas like scratch or bruising around the eye. At the time of the injury no treatment at a hospital or medical facility was sought. An anonymous report of abuse was made to APS on 5/16/19 which the administrator was not aware. Once the administrator was made aware of the allegation of abuse it was reported as per DHS 2600 personal care home regulations. See attached 7/22/19 *MSJ*

Legal Entity Representative

[Signature]
Signature

Dawn Shaffer, Res Director 6/28/19
Printed Name and Title Date

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


The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 7/22/19
(Date)

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

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

2600.16c

Within 30 days of receipt of this POC all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. 7/22/19 

BEECHWOOD CENTER 3

129650

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation


On 05/11/19 at approximately 11:15 am, resident #1 had an argument with staff person A. Resident #1 was trying to go outside to have a cigarette. Staff person A stopped him from going outside without his molded ankle-foot orthosis (AFO) and redirected resident to his room to put his AFO on before going out for a cigarette. Resident #1 became annoyed and started arguing with staff person A. Resident #2 stated she observed, staff person A hit resident #1 in the face. Resident #1 lost his balance and grabbed onto staff person A. They both fell to the floor. Resident #1 fell on his face causing his glasses to cut him under his left eye. Staff person's A and B helped resident #1 up from the floor. Staff person A advised nurse of fall, who then assessed resident and applied Polysporin to the cut under resident's #1 left eye. Staff person C, who works the 3 pm to 11 pm shift, reported at the start of her shift she noticed resident #1's eye was bruised black and blue. Staff person C advised the nurse of the bruise, who then assessed the resident and administered Tylenol 650 mg for pain. Staff person C, wrote up a incident report. While helping resident #1 with his shower, staff person C observed scratches on his chest approximately 12 inches long from left to right. Staff person C reported the eye bruising and scratches to the 3 pm to 11 pm nurse. Nurse gave instruction to staff person C to complete an internal incident report. Resident #1 was not sent to the doctor until 5/15/19 to have an MRI completed. Resident returned to the home with no new orders.

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.)


Regulation 2600.42b, a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. This regulation is important to protect residents from abuse and neglect. An incident occurred on 5/11/19. This incident was investigated internally by a Pennsylvania certified investigator as well as a representative from Adult Protective Services. Both of these investigations concluded that the incident was not confirmed for abuse or neglect. As a result, Woods (Beechwood Center 3) does not agree with the determination that this incident violated regulation 2600.42b. The required plan of correction includes:

1. The employee who was the target of the investigation will be assigned to another work location and therefore have no future contact with the resident.
2. All employees working at Beechwood Center 3 will be re-trained in the Resident Rights Policy, Incident Reporting Policy and in Effectively communicating with individuals with disabilities and those involved in their care. This training will be conducted by the Bucks County Ombudsman, [REDACTED] Projected date of completion will be between mid July 2019 and the end of July 2019. Documentation of completed training will be sent as an addendum to this plan of correction.

See attached 7/22/19 

Legal Entity Representative


Signature

 Dawn Shaffer, Res Director
Printed Name and Title

6/28/19
Date

06/10/2019

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BEECHWOOD CENTER 3

129650

42b - Abuse (continued)

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The above plan of correction is approved as of 7/22/19 Plan of correction implementation status as of 7/22/19
(Date) (Date)

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

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

2600.42b

Per administrator staff person A was terminated. The administrator or designee will conduct private interviews with a sample of at least three staff and three residents monthly for 6 months and quarterly thereafter to ensure resident's rights are protected. Documentation of the interviews will be maintained for Department review. 7/22/19

A handwritten signature in black ink, appearing to be the initials 'MJ' with a stylized flourish.

BEECHWOOD CENTER 3

129650

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #2 requested help to brush her teeth. Staff person A, answered by saying no.

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.)

Regulation 2600.42c, a resident shall be treated with dignity and respect. This regulation is important to ensure that all residents are treated in a respectful and dignified manner. The cause of the violation was a resident reported to DHS Licensing Representative that Resident #2 requested help to brush her teeth. Staff person A, answered by saying no. Without the opportunity to get further information from Resident #2 and Staff Person A to fully understand what happened in this particular instance it is unclear if this is a violation of 2600.42c. However, all employees working at Beechwood Center 3 will receive training by the Bucks County Ombudsman, [REDACTED] on Effectively communicating with individuals with disabilities and those involved in their care. Documentation of completed training will be sent as an addendum to this plan of correction. Projected date of completion will be between mid July 2019 and the end of July 2019.

Documentation will be maintained for Department review. 7/22/19 *MG*

Legal Entity Representative

[Signature]
Signature

Dawn Shaffer, Res. Director 6/28/19
Printed Name and Title Date

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BEECHWOOD CENTER 3

129650

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 does not have an order for Polysporin. However, resident #1 was administered Polysporin on 05/11/19 at 12pm.

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 3 on 5/11/19, It was noted that Resident # 1 was administered Polysporin without a physician's order. It is important that the home as well as nursing follows the directions of the provider and proper treatment protocols.

It has been reviewed with all nurses that in order to administer any OTC treatment protocol, a Physician's order must first be obtained in either written or verbal form and transcribed into the MAR. The order must then be administered and signed out on the MAR accordingly.

Documentation of protocol will be submitted to M. Johnson at the Southeast Regional office at raparlsoutheast@pa.gov or faxed at 610-270-1147. 7/22/19

MJ

Legal Entity Representative

Jennifer Caputo BSN, RN, CBIS
Signature

Director of Health + Wellness
Jennifer Caputo BSN, RN, CBIS 7/22/19
Printed Name and Title Date

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(Date)

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MJ
(Initials)

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06/10/2019

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BEECHWOOD CENTER 3

129650

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

As evident by interviews, resident #1 becomes irritated when he is not allowed to have a cigarette or when instructed to wear his AFO for his ankle. The resident's support plan, dated 10/11/18 does not document how this need will be met.

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.)

Regulation 2600.227c: The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the residents needs as indicated on the current assessment. This regulation is important to ensure that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established. The cause of the violation became evident by DHS Licensing Representative during interviews with Beechwood Center 3 staff that resident #1 becomes irritated when he is not allowed to have a cigarette or when instructed to wear his MAFO for his ankle. The residents support plan dated 10/11/18 did not document how this need will be met. The support plan was updated on 6/27/19 to address the needs of Resident #1's presented decline in cognitive abilities and increased irritability with staff as they try to assist him with daily tasks. To prevent this from happening in the future staff will be retrained in the importance of the RASP and the importance of reporting significant changes in the residents. Documentation of completed training will be sent as an addendum to this plan of correction expected completion by the end of July 2019. Ongoing monitoring will occur through staff meetings, observations and reporting of any significant changes regarding the residents by all staff. The manager will request the RASP to be updated with the significant change to ensure the residents of Beechwood Center 3 needs are met.

Documentation will be maintained for Department review. 7/22/19 *MSJ*
Provide staff with a refresher training in TBI and the importance of residents wearing the MAFO. Training will be completed within 30 days of approved plan of correction.

Legal Entity Representative

Dawn Shaffer 6/28/19
Signature

Dawn Shaffer, Res Director 6/28/19
Printed Name and Title Date

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