



Sent via e-mail thansen-turton@woods.org
Sent via e-mail dshaffer@woods.org
October 10, 2019

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

RE: Beechwood Center 1
585 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 126770

Dear Ms. Hansen-Turton:

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

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive style with a large, looped "M" and "J".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *BEECHWOOD CENTER 1*

License Number: *12677*

Address: *585 BEECHWOOD CIRCLE,, LANGHORNE, PA 19047*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *DAWN SHAFFER*

Phone: *2157504001*

Email: *DSHAFFER@WOODS.ORG*

Legal Entity

Name: *WOODS SERVICES, INC.*

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: *9*

Waking Staff: *7*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

07/30/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8*

Residents Served: *6*

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: *3*

Have Physical Disability: *0*

BEECHWOOD CENTER 1

12677

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 04/13/2019, resident #1 reported an allegation of abuse against staff member A. Resident stated staff member hit her on top of her head and right shoulder. The home did not report this incident to the department until 04/15/2019.

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.)


The importance of reporting incidents and conditions to the Department of Human Services allows the Department to respond promptly to serious situations, and offers the home the opportunity to provide information that may reduce the need for the Department to pursue additional information. Regulation 2600:16c requirements was not accurately followed on 4/13/19 when a resident reported an allegation of abuse against a staff member. The home did not report this incident to DHS until 4/15/19. The Administrator of the home was not present on 4/13/19, but had received a phone call from the supervisor regarding the allegation. On 4/13/19 the supervisor implemented a safety plan for the resident by immediately suspending the staff so the staff would not have further contact with any of the residents in the home. Administrator returned on 4/15/19 where he immediately completed the reportable incident report. To prevent this from occurring in the future, on 8/27/19 Beechwood Center 1-11 Administrators were retrained in the requirements and importance of reporting incidents with 24 hours of it's occurrence to DHS as regulated. Training documentation attached. Beechwood Residential Director will be responsible for ongoing monitoring to insure compliance.

Legal Entity Representative


Signature

Dawn Shaffer, Residential Director 8/27/19
Printed Name and Title Date

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

The above plan of correction is approved as of 10/9/19 (Date) Plan of correction implementation status as of 10/9/19 (Date)
The above plan of correction was approved by  (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented