



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail tine@woods.org
Sent via e-mail dshaffer@woods.org
April 8, 2020

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

RE: Beechwood Center 10
588 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 141480

Dear Ms. Hansen-Turton:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: BEECHWOOD CENTER 10

Address: 588 BEECHWOOD CIRCLE,, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

License Number: 14148

Administrator

Name: June Baraniak

Phone: 2157504299

Email: dshaffer@woods.org, blindner@woods.org

Legal Entity

Name: WOODS SERVICES

Address: 469 EAST MAPLE AVENUE, ATTN DAWN SHAFFER, LANGHORNE, PA, 19047

Certificate(s) of Occupancy

Type: R-4

Date: 04/08/2015

Issued By: Middletown Township,
Department of L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 6

Waking Staff: 5

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/13/2019 - On-Site: Dean Gray

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: 2

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

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

An uncovered hand rail (Halo) was in place on the bed in room 14 presenting a risk to the resident.

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 10 on 11/14/19 it was noted that the (Halo) hand rail in place on the bed in room #14 was not covered presenting a risk to the resident.

Covers were placed on all hand rail / assist bars on beds in Center 10 on 11/15/19 by the home's Administrator.

To insure continued safety and compliance the home's monthly Environmental check list will be revised to include visual confirmation that hand rails remain covered, clean and free of hazards. Home's supervisor will continue to complete monthly environmental checklists and submit to the Administrator. Administrator will be responsible to review checklist and take appropriate actions to insure repair of identified hazards. Administrator will document verification of completion. The home is transitioning from paper checklists to electronic spreadsheets to monitor identified hazards and verification of repair from month to month. Expected implementation of new system is January 2020.

Legal Entity Representative


Signature


Printed Name and Title


Date

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The above plan of correction is approved as of

4/8/20
(Date)

Plan of correction implementation status as of

4/8/20
(Date)

Fully Implemented

The above plan of correction was approved by


(Initials)

Not Implemented

132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of July, 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 10 on 11/14/19 it was noted that an unannounced fire drill was not completed for the month of July 2019. The administrator of the home was aware at the time of inspection the July 2019 fire drill had not been completed. This was an accidental human error of the supervisor responsibility not realizing until the first of the following month the drill had not been completed. On August 1, 2019, the administrator reviewed the expectations and the schedule of monthly drills for the year, with the supervisor.

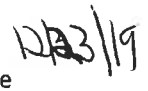
To insure continued safety and compliance a new system has been developed to monitor and document completion of unannounced fire drills for all of Beechwood homes. This system sets time frames and responsibility for each management level. See attached forms. Expected implementation of new system is December 2019.

- Supervisors to complete all fire drills by the 20th of each month
- Manager's will monitor and verify drills have been completed and submitted to the Residential Director by the 20th of each month
- Residential Director will review all drills for compliance
 - Submit copies of drills to Director of Accreditation, Licensing, and Program Development for second level of review.
 - Submit original drill forms to Quality Assurance department.

Legal Entity Representative


Signature

 Dawn Shaffer Residential Director
Printed Name and Title

 11/13/19
Date

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4/8/20
(Date)

Plan of correction implementation status as of

4/8/20
(Date)

Fully Implemented

The above plan of correction was approved by


(Initials)

Not Implemented

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/14/2019, Tizanidine HCL 2 MG Tablet - 1 tablet orally every 12 hours as needed for muscle spasticity prescribed for resident #1, was in the home's medication cart; however, this prescription is not current.

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 10 on 11/14/19, It was noted that Resident #1 had discontinued medication in the medication cart (Tizanidine HCL 2 mg tablets) It is important that all discontinued medications be removed from the cart to avoid medication errors. These medications should be removed from the cart and returned to pharmacy for proper disposal.

Monthly medication checks in medication carts have been 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.

Legal Entity Representative

Signature *Jennifer Caputo*

Jennifer Caputo Director of Health & Wellness
Printed Name and Title Date 12/16/19

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The above plan of correction is approved as of 4/8/20 (Date) Plan of correction implementation status as of 4/8/20 (Date)

X Fully Implemented

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

Not Implemented

227i - Support Plan Accessible

Regulations

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

The homes support plans are kept on a new electronic database. When staff was interviewed, they indicated they are not familiar with the computer system enough to access the support plans. Paper copies kept on site are old and outdated.

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 10 on 11/14/19 the homes paper copies of individual support plans were not up to date. Current Support Plans are kept on a new electronic record system for each individual. Direct care staff interviewed at the time of inspection had knowledge of where to find the support plan but was not familiar enough with the new electronic record system to access the support plan. On 11/15/19 the building Administrator printed current support plan for each individual of the home and placed in a binder available to direct care staff stored in the staff desk in the home.

To insure direct care staff continues to have availability to the individual's support plan further training in the new electronic system will occur.

- Residential managers/supervisors participated in a training session on 12/11/19 provided by the Information Systems department on the "Carelogic "electronic record usage, and train the trainer processes.
- An additional trainer has been secured to support training of direct care staff on all shifts, 7-3, 3-11 and 11-7. Trainer will work closely with managers to identify and train direct care staff that are not sufficiently trained in navigation of Carelogic, specifically locating documents, support plans, contact information, incident reports. Trainer will continue to update managers on whom training has been completed until system is fully implemented.
- Managers will monitor their staffs' electronic record alerts and provide additional training support as needed.
- Managers will review direct care staff responsibilities/procedures as it relates to the electronic record with new hires during their initial OJT (On the job training).
- Expected full implementation training completion is by March 2020.

Legal Entity Representative



Signature

 12/23/19
Printed Name and Title Date

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The above plan of correction is approved as of 4/8/20 Plan of correction implementation status as of 4/8/20
(Date) (Date)

Fully Implemented

The above plan of correction was approved by 
(Initials)

Not Implemented