



Sent via e-mail thansen-turton@woods.org
Sent via e-mail dshaffer@woods.org
March 25, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19, 20, and 21, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: BEECHWOOD CENTER 1
Address: 585 BEECHWOOD CIRCLE,, LANGHORNE, PA 19047
County: BUCKS Region: SOUTHEAST

License Number: 12677

Administrator

Name: Paul Kasa Phone: 2157504001 Email: pkasa@woods.org

Legal Entity

Name: WOODS SERVICES, INC.
Address: 469 E. MAPLE AVE., ATTN DAWN SHAFFER, LANGHORNE, PA, 19047

Certificate(s) of Occupancy

Type: Other Date: 10/13/1983 Issued By: Township of Middletown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection

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

Inspection Dates and Department Representative

02/19/2020 - On-Site: Michele Swisher, Youn Chung
02/20/2020 - On-Site: Michele Swisher, Youn Chung
02/21/2020 - On-Site: Michele Swisher, Youn Chung

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: 8 Have Physical Disability: 8

141a 1-10 Medical Evaluation Information

Regulations

2500.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually, or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated 4/25/19 did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

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 1, there was a review of resident #1's record. It was noted that the medical evaluation completed 4/25/19 did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. It is important to include all required information in the medical evaluation documentation within 60 days prior to admission or within 30 days after admission to ensure proper care of the resident.

A new system has since been implemented as of March 1st, 2020 and will help ensure this error from happening in the future by streamlining the workflow through one central person to verify all documents are completed in their entirety avoiding the opportunity for paper documents to be misplaced and/or remain unsigned or incomplete. The Director of Health & Wellness will follow up monthly to ensure the workflow is successful.

Legal Entity Representative

Jennifer Caputo
Signature

Jennifer Caputo - Director of Health + Wellness 3/10/20
Printed Name and Title Date

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The above plan of correction is approved as of
(Date)

03-23-2020

Plan of correction implementation status as of

03-23-2020

(Date)

The above plan of correction was approved by

SP
(Initials)

- Implemented
- Not Implemented

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 glucometer belonging to resident #2 is not calibrated to the correct time of day.

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 1, it was noted that Resident #2's glucometer was not calibrated to the correct date and time. It is important that equipment be calibrated so that we keep an accurate log of the resident's medical data for evaluation by the physicians.

Monthly medication checks in medication carts shall be implemented. These checks will include glucometer calibration. 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 check off sheets and follow up accordingly to ensure their usage. These inspection sheets will begin March 2020. The primary nurses have also been instructed to review the glucometer calibrations before every use.

Legal Entity Representative

Jennifer Caputo
Signature

Jennifer Caputo-Director of Health & Wellness 3/10/20
Printed Name and Title Date

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 12/11/2019, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 annual inspection of Beechwood Center 1, there was a review of resident #1's record. It was noted that when Resident #1 was admitted to Beechwood center 1 on 12/11/2019, the resident had not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. This violation was the result of a clerical error, an older copy of the 2600 Resident Rights was used that did not list the right to refuse medication if the resident believes that there may be a medication error. As an immediate solution, the correct copy of the 2600 Resident Rights was given and reviewed with Resident #1 by the Beechwood Center 1 Administrator. Documentation of receipt has been obtained and is attached to this Plan of correction.

To prevent this type of error again, the Resident Rights 2600 licensed Programs Policy for Beechwood has been updated by the Director of Accreditation, Licensing and Program Development and signed by the President and CEO of Woods Services. This updated policy has been distributed to Rehab Care Coordination and Residential Program departments. See attached updated Policy 4.22 Resident Rights, 2600 Licensed Programs.

Legal Entity Representative


Signature

Dawn Shaffer Res. Director 3/18/2020
Printed Name and Title Date

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The above plan of correction is approved as of 03-23-2020 Plan of correction implementation status as of 03-23-2020
(Date) (Date)

The above plan of correction was approved by SP Implemented Not Implemented
(Initials)