



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail thansen-turton@woods.org
Sent via e-mail dshaffer@woods.org
March 26, 2020

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

RE: Beechwood Center 2
589 Beechwood Circle
Langhorne, Pennsylvania 19047
License #: 129640

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 2

License Number: 12964

Address: 589 BEECHWOOD CIRCLE,, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Katelyn Fiore

Phone: 2157504001

Email: kfiore@woods.com

Legal Entity

Name: WOODS SERVICES, INC.

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

Certificate(s) of Occupancy

Type: Other

Date: 04/22/1998

Issued By: COPA

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

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

02/20/2020 - On-Site: Michele Swisher, Youn Chun

02/21/2020 - On-Site: Michele Swisher, Youn Chun

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: 1

Are 60 Years of Age or Older: 1

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: ~~8~~ 7

Have Physical Disability: 4

141a 1-10 Medical Evaluation Information

Regulations

2600.

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 evaluations dated 11/21/19 and 12/27/19 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 2, there was a review of resident #1's record. It was noted that the medical evaluation completed 11/21/19 and 12/27/19 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
Printed Name and Title

3/10/20
Date

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The above plan of correction is approved as of

03-24-2020

(Date)

Plan of correction implementation status as of

03-24-2020

(Date)

The above plan of correction was approved by

SP

(Initials)



Implemented



Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident 2#'s Novolog Flex pen does not include the correct prescribed dosage and instructions for administration.

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 2, it was noted that the pharmacy label for Resident #2's Novalog Flex Pen does not include the correct prescribed dosage and instructions for administration. It is important that all medications include the date the prescription was issued as well as the dosage and instructions for administration to ensure the proper administration of any medications to a resident.

Monthly medication checks in medication carts shall be implemented. These checks will include verification of physician's orders and indication/diagnosis for each prescribed medication, disposal of expired medications, labeling of open date for medications including insulins and OTC medications, narcotic count checks, glucometer calibration, and medication availability. 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.

Legal Entity Representative

Jennifer Caputo
Signature

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

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- 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

Resident #2's glucometer has a reading of 398 at 11:32 am on 2/19/20, however the reading recorded on the glucose log for 2/19/20 at 12:00 pm is 378.

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 2, it was noted that Resident #2's glucometer had a different reading recorded than what was reflected in the log. It is important that equipment be calibrated and that the nurses are accurately transcribing the data 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. The procedure for recording the data into the EMAR shall also be reviewed with nursing staff.

Legal Entity Representative

Jennifer Caputo
Signature

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

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Implemented
 Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 1# is prescribed Triazolam 0.25mg. However, resident's February 2020 medication administration record does not indicate the diagnosis or purpose for the medication.

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 2, it was noted that Resident # 1 was prescribed Triazolam 0.25mg. However, resident's February 2020 MAR does not indicate the dx or purpose for the medication.

Monthly medication checks in medication carts shall be implemented. These checks will include verification of physician's orders and indication/diagnosis for each prescribed medication, disposal of expired medications, labeling of open date for medications including insulins and OTC medications, narcotic count checks, glucometer calibration, and medication availability. 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.

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