



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

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 3*

License Number: *12965*

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

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *June Baraniak*

Phone: *2157504001*

Email: *jbaraniak@woods.com*

Legal Entity

Name: *WOODS SERVICES, INC.*

Address: *469 EAST MAPLE AVENUE, 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: *7*

Waking Staff: *5*

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 Chung

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

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*

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract, and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted 6/19/2019, did not have a resident-home contract completed.

Plan of Correction (POC)

This violation was corrected as soon as the error was noted. The Director of Care Coordination has provided a copy of the DHS regulations and reviewed these regulations related to Resident Home Contracts with the Contracts Department to ensure the seamless delivery of services in the necessary time frame. The use of an internal transfer checklist (see attached) will be utilized by Rehabilitation Care Coordinators (RCC) when an individual moves from one residence to another as a means of tracking all paperwork throughout the admission and transfer process. If at any point, documentation is not completed, the RCC will notify the Director of Care Coordination to assist with obtaining that record if they are unsuccessful in doing so on their own. Checklists will be reviewed at weekly Care Coordinator meetings. The Director of Care Coordination has also instituted an Internal Case Record Audit utilizing a checklist for all resident files to ensure the electronic record is complete and accurate. Audits will be completed at least annually. A copy of the checklist is attached. RCC will note if something is missing in the record as well as the corrective actions by the RCC on the bottom of the checklist along with the signature of the RCC. The checklist will then be given to the Director of Care Coordination for review. The Director of Care Coordination will contact the respective Director (Nursing, Clinical, Residential, etc.) if something is outstanding. The checklists will be maintained in a binder by the Care Coordination Department and reviewed at ongoing staff meetings.

Legal Entity Representative

Jennifer A. Marazzo, MBA, CCS
Signature

Jennifer A. Marazzo, Director Rehab Care Coordination
Printed Name and Title
Date 3/16/2020

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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

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 12/1/2019, did not receive orientation on the following topics until 12/7/2019: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction (POC)

(Attach preven

During DHS annual licensing inspection, Staff person A's training record was reviewed. It was found Staff person A did not received training/review of staff duties and responsibilities during fire drills as well as during emergency evacuation on the first work day, 12/1/2019. It is important that all staff persons are immediately trained to respond to an emergency situation. This violation occurred due to the absence of Center #3's Administrator was on vacation. Upon return, Administrator completed this training with staff person A on 12/7/2019. To prevent this from happening again, the Administrator will assign appropriate shift supervisor to complete new staff Fire Safety on 1st day of work. Supervisor will complete training and documentation. Administrator will submit completed documentation to the Training department. Administrator will regularly to monitor/review training records of all staff to insure compliance.

Legal Entity Representative


Signature

 3/19/2020
Printed Name and Title Date

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(Date)

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103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated, package of what appeared to be provolone cheese in kitchen refrigerator on 2-20-2020.

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 DHS annual licensing inspection for Beechwood Center #3, Licensing inspector observed an unlabeled, undated, package of what appeared to be provolone cheese in the kitchen refrigerator on 2/20/2020. The regulation requires left over food to be labeled with the name of the food and the date it was prepared otherwise foods should be discard. This regulation is important to prevent cross-contamination of food and the use of expired food items. At the time of the inspection the package of left over cheese was discarded immediately. All staff in Beechwood Center #3 have been retrained in safe food handling practices. Beechwood Center #3 housekeeper is responsible for monitoring the refrigerator daily to discard any item that is not properly labeled and/or expired. See attached training.

Legal Entity Representative


Signature

Dawn Shaffer, Res. Director 3/17/2020
Printed Name and Title Date

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141a - Medical Evaluation

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.

Description of Violation

An initial medical evaluation for Resident #1 was not completed within 60 days prior to admission or within 30 days after admission of the resident. Resident was admitted to the home on 6/19/2019.

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 3, there was a review of resident #1's record. It was noted that the medical evaluation was not completed for the resident's admission to the home on 6/19/19. It is important that the medical evaluation documentation be completed within 60 days prior to admission or within 30 days after admission to ensure assessment and 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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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Vimpat 200mg take 1 tablet by mouth twice a day at 8:00 am and 8:00 pm. On 2/15/2020 the residents medication administration record is initialed as administered for 8:00 am however the medication was not removed from the medication blister pack and was not administered 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 3, it was noted that Resident #2's Vimpat was not administered as ordered on 2/15/20 however it was recorded as being given. It is important that all medications administrations be properly administered and documented to verify that they were completed as ordered.

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, MAR's reviewed, 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. There will also be additional training provided to nurses and MTS that administer in the homes.

Legal Entity Representative

Jennifer Caputo
Signature

Jennifer Caputo - Director of Health + Wellness 3/1/20
Printed Name and Title Date

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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 is prescribed Vimpat 200mg take 1 tablet by mouth twice a day 8:00 am and 8:00 pm. However, this medication was not administered on 2/15/2020 at 8:00 am.

Resident #3 is prescribed Modafinil 100mg- take 1/2 tablet (50mg) by mouth once a day. However, this medication was not administered on 2/15/2020.

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, it was noted that Resident #2's Vimpat was not administered as ordered on 2/15/20. And resident #3's Modafinil was not administered as ordered on 2/15/20. It is important that all medications administrations be properly administered and documented to verify that they were completed as ordered.

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, MAR's reviewed, 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. There will also be additional training provided to nurses and MTS that administer in the homes.

Legal Entity Representative

Jennifer Caputo
Signature

Jennifer Caputo - Director of Health + Wellness
Printed Name and Title
3/11/20
Date

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