



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail thansen-turton@woods.org**  
**Sent via e-mail dshaffer@woods.org**  
**March 30, 2020**

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

RE: Beechwood Center 4  
586 Beechwood Circle  
Langhorne, Pennsylvania 19047  
License #: 129660

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 4

License Number: 12966

Address: 586 BEECHWOOD CIRCLE,, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

## Administrator

Name: Arlene Serrano

Phone: 2157504001

Email: aserrano@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: 08/29/1984

Issued By: Township of Middletown

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 9

Waking Staff: 7

## 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: 8

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 2

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, uncovered, container of what appeared to be ice cream in kitchen freezer 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.)

2600.103e Left overs:

During DHS annual licensing inspection for Beechwood Center #4, Licensing inspector observed an unlabeled, undated, container of what appeared to be ice cream in kitchen freezer 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 container of ice cream was discarded immediately. All staff in Beechwood Center #4 have been retrained in safe food handling practices. Beechwood Center #4 housekeeper is responsible for monitoring the refrigerator/freezer daily to discard any item that is not properly labeled and/or expired. See attached training.

Legal Entity Representative

  
Signature

   
Printed Name and Title Date

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The above plan of correction is approved as of	<u>03-29-2020</u> (Date)	Plan of correction implementation status as of	<u>03-29-2020</u> (Date)
The above plan of correction was approved by	<u>SP</u> (Initials)	<input checked="" type="checkbox"/> Implemented	<input type="checkbox"/> Not Implemented

### 103f - Refrigerator/Freezer Temps

#### Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

#### Description of Violation

On 2/20/20 at 1:45 pm the temperature in the refrigerator was 42 degrees Fahrenheit.

#### 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 #4, on 2/20/2020 Licensing inspector observed the temperature in the refrigerator was 42 degrees Fahrenheit. The regulation states food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Maintenance was notified on 2/19/2020 that the refrigerator temperature was above 40 degrees. Maintenance immediately came to Beechwood Center #4 to evaluate the refrigerator. It was reported to the administrator that the refrigerator was repaired and refrigerator temperature was below 40 degrees Fahrenheit. On 2/20/2020 the housekeeper checked the temperature of the refrigerator and freeze as part of her daily routine, both refrigerator and freezer temperatures were within required temperature ranges. As the day progressed it appears the problem with the refrigerator had reemerged. This was identified by the Licensing inspector. Administrator immediately contacted maintenance for repair. Refrigerator was repaired immediately. To further insure proper monitoring of the refrigerator temperature the housekeeper will continue daily checks and document the refrigerator temperature on the Food Temperature Record Sheet. See attached form.

#### Legal Entity Representative

  
Signature

 3/18/2020  
Printed Name and Title Date

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(Date)

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/20/2020 a Levemir Flex Pen belonging to resident 1# was present in the medication cart. There was no open date listed on the insulin pen. According to the manufacturers instructions this medication must be discarded 42 days after opening

On 2/20/2020 a Humalog Kwik Pen belonging to resident #1 was present in the medication cart. There was no open date listed on the insulin pen. According to the manufacturers instructions this medication must be discarded 28 days after opening.

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 4, it was noted that two of Resident #1's Insulin pens did not include open dates. It is important that all medications be stored and disposed of properly. In order to ensure this, an open date must be written whenever a new insulin pen is opened to alert others to dispose of any unused medication if it is past the appropriate time frame as per manufacturer's instruction.

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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**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 #1's glucometer had a reading of 159 in the meter on 2/17/2020 but the result recorded on the glucose log is 153.

Resident #1 has an order for Saline nasal spray - use 1 spray in both nostrils every 4 hours as needed for nasal congestion. The medication is not present on the medication cart on 2/20/20.

**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 4, it was noted that Resident #1'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. Prescribed medications must always be readily available for administration as ordered.

Monthly medication checks in medication carts shall be implemented. These checks will include glucometer calibration as well as medication availability checks. 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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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 Clonazepam 1mg - take 1 tablet five times a day at 2:00 am, 8:00 am, 12 noon, 4:00 pm and 8:00 pm. Resident #2's February 2020 medication administration record does not include the initials of the staff person who administered clonazepam on 2/2/2020 and 2/18/2020 at 12 noon.

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 4, it was noted that Resident #2 is prescribed Clonazepam 1mg, 5x a day. The February 2020 MAR does not include initials of the staff who administered the 12 noon dose on 2/2/2020 and 2/18/2020. It is important that all medications administrations be properly 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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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed Humalog Kwikpen Insulin- 100unit/ml- Inject 2 units subcutaneously three times a day- scheduled before meals at 7:30 am; 11:30 am, and 5:00 pm. This medication was not administered on 2/1/20 at 5:00 pm, and 2/2/2020 at 11:30 am.

Resident #2 is prescribed Jevity 1.5 355cc via g-tube 4 times a day scheduled for 8:00 am, 12:00 noon, 4:00 pm, and 8:00 pm. This medication was not administered on 2/2/2020 at 12:00 noon.

Resident #2 is prescribed Guaifenesin 100mg/5ml- 1 teaspoon 4 times a day. This medication was not administered at 12 noon on 2/2/2020.

Resident #2 is prescribed a Water bulk (flush) 6 times a day scheduled for 2am, 8am, 12n, 4pm, 8pm and 10pm. This was not administered at 10pm on the following dates: 2/3/20, 2/15/20, 2/16/20, and 2/19/20.

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 4, it was noted that Resident #1's Humalog was not administered on 2/1/20 at 5pm or 2/2/20 at 11:30am, Resident #2's Jevity was not administered at noon on 2/2/20, nor was their Guaifenesin. Resident #2's water flush was also not administered at 10pm on 2/3, 2/15, 2/16, and 2/19. It is imperative that all medications are administered as per physicians orders as well as documented accordingly.

A review of administration and documentation of medications will also be provided to nursing and MTS. There had also been a new implementation of an EMAR system that has resulted in transcription errors. A review of this system will also be reviewed.

Legal Entity Representative

Signature *Jennifer Caputo*

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

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