



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 5
135 West Richardson Avenue
Langhorne, Pennsylvania 19047
License #: 129670

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 5

License Number: 12967

Address: 135 WEST RICHARDSON AVENUE,, LANGHORNE, PA 19047

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Katelyn Fiore

Phone: 2157504001

Email: kfiore@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: 10/20/1989

Issued By: COPA L&I

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: 7

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: 3

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

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 12/14/19, 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

Signature *Jessie A. Marazzo, MS, CBT*

Printed Name and Title *Jessie A. Marazzo, Director Rehab Care Coordination*

Date *3/16/2020*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 03-29-2020 (Date)

Plan of correction implementation status as of 03-29-2020 (Date)

The above plan of correction was approved by SP (Initials)

Implemented Not Implemented

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/21/20 at 10:00 am, the hot water temperature at the common bathroom measured 125.6 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.)

135 West Richardson Ave//Center 5:

During annual inspection at Beechwood Center 5 on 2/21/2020 it was observed that the hot water temperature in the common bathroom measured 125.6 degrees Fahrenheit. This regulation is important because it protects residents from unsafe water temperatures which can cause injury. The 89.b regulation was violated due to a faulty temperature mixer.

On 1/27/2020 Residential Manager contacted Maintenance department to request the water temperature be reduced due the monthly temperature reading over 120 degrees Fahrenheit. At the time of the inspection, 2/21/2020, the water temperature was checked by inspector and found the temperature to be 125.6 degrees Fahrenheit. Residential Manager contacted Maintenance department immediately to reduce the temperature and upon arrival, the plumber stated that the water temperature regulator needed to be replaced and they were waiting for parts to complete the job.

In order to remedy the violation, Beechwood Maintenance Department replaced the water temperature regulator in 135 W. Richardson Ave the same day of inspection, on 2/21/2020. Since the temperature regulator was replaced, water temperatures have been less than 120 degrees Fahrenheit. Residential Manager will continue to test all sources of water during monthly water temperatures and report any temperatures above 120 degrees Fahrenheit to Woods Services Maintenance Department.

Legal Entity Representative

Katelin Fiore
Signature

Katelin Fiore
Residential manager
Printed Name and Title
3/12/20
Date

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

Plan of correction implementation status as of _____ (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by _____ (Initials)

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the common bathroom #1 on 2/21/2020.

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.)

135 West Richardson//Center 5:

During annual inspection at Beechwood Center 5 on 2/21/2020 it was observed that there was an unlabeled bar of soap in the common bathroom #1. This regulation is important because it discourages the use of common bathroom items which prohibits the spread of germs. It also ensures that all residents have their own individualized property. The bar of soap was left in the shower by the last resident who showered. It was returned to the resident immediately upon finding.

The 102.i regulation was violated due to a resident showering in the bathroom and forgetting to put his bar of soap in his personal soap container, in his personal shower caddy, upon exiting the bathroom.

In order to remedy the violation Residential Manager will hang a sign in all residence bathrooms to prompt residents to check the bathroom and remove all personal toiletries before exiting the bathroom. A visual cue to scan the bathroom for forgotten items will ensure that residents are exiting the bathroom will all personal items in their personal toiletry caddy. Any unmarked/unlabeled items will be disposed of.

Please see attached copy of proposed signage.

Legal Entity Representative

Katelyn Fiore
Signature

Katelyn Fiore
Residential manager
Printed Name and Title
3/12/20
Date

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(Date)

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(Date)

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

Implemented
 Not Implemented

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

The initial medical evaluation for resident #1 was not complete within 60 days prior to admission or within 30 days after admission of the resident. The resident was admitted to the home on 12/4/2019

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 5, 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 12/4/19. 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 3/1/20
Printed Name and Title Date

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(Date)

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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 #2's medical evaluation dated 9/18/19 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 5, there was a review of resident #2's record. It was noted that the medical evaluation completed 9/18/19 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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 (Date) (Date)

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 (Initials) Not Implemented

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home maintains a declining inventory log for narcotic medications. The declining inventory log count for Resident #3's Lorazepam 1mg- take one by mouth daily at 8:00 am indicates that there should be 10 tablets remaining in the blister package. On 2/21/20 at approximately 10:00 am there were 11 tablets present in the medication blister package. The medication administration record is initialed as administered from 2/1 to 2/21.

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 5, it was noted that Resident #3's declining inventory log was inaccurate for 2/21/20. 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 3/10/20
Printed Name and Title Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 12/4/2019; however, there was no pre-admission screening form in the residents file.

Plan of Correction (POC)

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 Rehab Care Coordinator 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

Jerif A. Marazzo, MS, CQIS
Signature

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

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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 12/4/19.

Plan of Correction (POC)

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 Rehab Care Coordinator 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, MS, CASS
Signature

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

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(Date)

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(Date)

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(Initials)

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on 12/4/2019; however, there was no initial support plan completed within 30 days of admission to the home.

Plan of Correction (POC)

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 Rehab Care Coordinator 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 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. Managgo, MS, COTC
Signature

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

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