



**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 7  
228 South Bellevue Avenue  
Langhorne, Pennsylvania 19047  
License #: 129690

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 7*  
Address: *228 SOUTH BELLEVUE AVENUE,, LANGHORNE, PA 19047*  
County: *BUCKS*                      Region: *SOUTHEAST*

License Number: *12969*

## Administrator

Name: *Scott Cowan*                      Phone: *2157504001*                      Email: *scowan@woods.org*

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *C-3 SP*                      Date: *06/11/1991*                      Issued By: *COPA L&I*

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *8*                      Waking Staff: *6*

## 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: *1*                      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*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

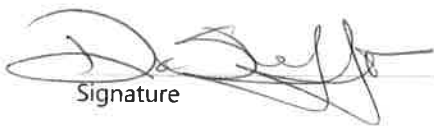
On 2/21/20, at 11:00 am, 3 documents containing confidential resident records were unlocked, unattended, and accessible in plastic wall mounted file bins. Several of the bins were made of clear plastic and the information could be viewed through the bins.

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 site visit to Beechwood Center #7 on 2/21/20, Licensing inspector identified 3 documents containing confidential resident records were unlocked, unattended, and accessible in plastic wall mounted file bins. Several of the bins were made of clear plastic and the information could be viewed through the bins. The plastic wall mounted file bins were being used as mailboxes for the residents and labeled by bedroom number. These bins were removed and replaced with individual numbered standard solid metal wall mounted mailboxes with lids corresponding to each resident room number. Confidential resident records will now be individually placed in a sealed inter-office envelope and will be delivered/placed in each resident's bedroom. All other sealed mail delivered by the USPS will be placed in the new mailboxes for the residents. Administrator will provide ongoing monitoring to protect resident privacy and ensures record confidentiality and other applicable laws. See attached picture.

Legal Entity Representative

  
Signature

  
Printed Name and Title

  
Date

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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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/21/20 at approximately 11:00 am there is a wet, black substance resembling mold, present on the tile and grout around the folding wall mounted shower chair located in the 1st floor common bathroom.

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 DHS licensing inspection for Beechwood center #7 Licensing inspector observed a wet black substance resembling mold, present on the tile and grout around the folding wall mounted shower chair located in the first floor common bathroom. The residence currently has been using a standard shower chair, the wall mounted folding shower chair which was not being used was removed and the holes on the tile were sealed. The shower area was cleaned and the wet black substance resembling mold was removed. A Weekly Sanitation Compliance Bathroom Checklist has been implemented and will be completed by housekeeping staff and post in each bathroom of Center #7. Administrator will review checklist and monitor to insure sanitary conditions. See attached Checklist.

Legal Entity Representative

  
Signature

  
Printed Name and Title

  
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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

There is no initial medical evaluation completed within 60 days prior to admission or within 30 days after admission for resident #1. Resident was admitted to the home on 11/8/2018.

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 7, 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 12/8/18. 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 1<sup>st</sup>, 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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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 evaluation dated 1/8/2020 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 7, there was a review of resident #1's record. It was noted that the medical evaluation completed 1/8/2020 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 1<sup>st</sup>, 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)

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 homes policy for storing eye drop medication is to write the opened on date on the bottle. Medication is then discarded 30 days after opening. A bottle of Systane Eye drops belonging to resident #2 is present in the medication cart. There is no opened on date written on the bottle.

**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 7, it was noted that Resident #2's bottle of Systane eye drops did not include an open date. 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 medication 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  
Printed Name and Title

3/10/20  
Date

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	(Initials)	<input type="checkbox"/> Not Implemented	

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 11/8/2018.

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 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, MS, CBS*  
Signature

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

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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 11/18/2018; however, there was no initial support plan developed within 30 days of admission.

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 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 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, CBSA*  
Signature

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

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