

Department of Human Services
Bureau of Human Service Licensing

January 28, 2021

██████████, DIRECTOR OF ACCREDITATION, LICENSING, AND PROGRAM DEVELOPMENT
WOODS SERVICES, INC.
469 E. MAPLE AVE.
ATTN DAWN SHAFFER
LANGHORNE, PA 19047

RE: BEECHWOOD CENTER 2
589 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12964

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *BEECHWOOD CENTER 2* License #: *12964* License Expiration Date: *11/01/2021*
Address: *589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2157504001* Email: [REDACTED]

Legal Entity

Name: *WOODS SERVICES, INC.*
Address: *469 E. MAPLE AVE., ATTN DAWN SHAFFER, LANGHORNE, PA, 19047*
Phone: *2157504001* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *04/22/1998* Issued By: *COPA*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/13/2020*

Inspection Dates and Department Representative

11/09/2020 - On-Site: [REDACTED]

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: *1*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/09/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/10/2020*

Inspections / Reviews (*continued*)

12/11/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/13/2020*

12/18/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

1/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident’s assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident # 1 self-administers medications to include [redacted]; however, Resident # 1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Do Not Accept

During an inspection of Beechwood Center 2 on 11/9/20, it was noted that a resident had [redacted] in the bedroom. The resident did not have the documentation to support the ability to self-administer the medication. Individual will be re-evaluated by the Physician and an order will be received to store in the bedroom and self-administer when deemed competent to do so. Additionally, the DME will be updated to reflect these changes. If deemed unable to self-administer, the medication will be stored in the locked medication cart.

Completion Date: 11/20/2020

Update - 12/11/2020

Please indicate immediate resolution to resolve the violation in the interim, and other steps the home is taking to ensure all residents' rooms are audited for similar issues.

Plan of Correction

Accept

During an inspection of Beechwood Center 2 on 11/9/20, it was noted that a resident had [redacted] in the bedroom. The resident did not have the documentation to support the ability to self-administer the medication. The medication was immediately locked up until the individual could be re-evaluated by the Physician. An order will be received to store in the bedroom and self-administer when deemed competent to do so. Additionally, the DME will be updated to reflect these changes. If deemed unable to self-administer, the medication will be stored in the locked medication cart. Management completes monthly environmental reviews of the homes and will immediately report any medications located in each resident's room to confirm the ability to self-administer and documentation.

Completion Date: 11/20/2020

Document Submission

Implemented

Physician did not deem individual as competent to self administer. No changes were made to the DME. Attached med cart audit and monthly environmental review.

187a - Medication Record

1. Requirements

2600.

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

187a - Medication Record (continued)

Description of Violation

Resident # 2 is prescribed [REDACTED]. However, Resident's November 2020 medication administration record does not indicate the diagnosis or purpose of the medication.

Resident # 2 is prescribed [REDACTED]. However, Resident's November 2020 medication administration record does not indicate the diagnosis or purpose of the medication.

Resident # 2 is prescribed [REDACTED]. However, Resident's November 2020 medication administration record does not indicate the diagnosis or purpose of the medication.

Repeat Violation 2/19/2020, 2/20/2020, 2/21/2020

Plan of Correction

Accept

During an inspection of Beechwood Center #2 on 11/9/2020, it was noted that the medication record did not include the diagnosis or purpose for 3 listed medications. Monthly reviews of medication administration records will be completed by the nursing department to ensure that all orders are complete with purpose/diagnosis for the medication. The medication and order will be reviewed with the physician when necessary if purpose/diagnosis is not present to obtain one. This review will be included with the monthly medication cart review checklist and signed documentation will be submitted to the Director of Health & Wellness by the 15th of each month.

Completion Date: 11/20/2020

Document Submission

Implemented

Attached updated MAR.