

Department of Human Services
Bureau of Human Service Licensing

August 3, 2021

[REDACTED]
WOODS SERVICES
469 EAST MAPLE AVENUE
ATTN BRANDI LINDER
LANGHORNE, PA 19047

RE: BEECHWOOD CENTER 10
588 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COCC#: 14148

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 10* License #: *14148* License Expiration Date: *05/02/2022*
Address: *588 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2157504299* Email: [REDACTED]

Legal Entity

Name: *WOODS SERVICES*
Address: *469 EAST MAPLE AVENUE, ATTN BRANDI LINDER, LANGHORNE, PA, 19047*
Phone: *2157504299* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *04/08/2015* Issued By: *Middletown Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/28/2021*

Inspection Dates and Department Representative

05/28/2021 - On-Site: David Carrion

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: *5* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

05/28/2021 - Full

Lead Inspector: *David Carrion* Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2021*

Inspections / Reviews *(continued)*

6/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/05/2021*

8/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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 [redacted]/21 at [redacted] am, information showing special diets of residents was posted on the refrigerator, which is accessible to other residents and visitors.

Plan of Correction

Accept

During the time of inspection, the diet list was removed from the refrigerator and placed in the kitchen binder. To ensure that the diet list remains confidential, identifying information will be removed from the document. The home will be evaluated monthly during the environmental reviews conducted by the PCHA to ensure that confidential information is not accessible to anyone other than the resident.

Completion Date: 06/01/2021

Document Submission

Implemented

Copy of updated environmental review including confidential information attached.

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident 1 was not signed by the resident.

The resident-home contract, dated [redacted], for resident 2 was not signed by the administrator or designee.

Plan of Correction

Accept

On 6/24/2021, a meeting was held involving the Contracts department, the Executive Director of Beechwood NeuroRehab, the Director of Licensing and Accreditation, the Director of Care Coordination and the Director of Revenue Cycle Development. The importance of obtaining all necessary signatures on the resident home contract was discussed, as was improved workflow.

The Director of Care Coordination completed a training with Care Coordination staff on the importance of obtaining all necessary signatures before submitting resident home contracts for upload into the participant's Electronic Health Record (EHR).

Completion Date: 06/24/2021

Document Submission

Implemented

Documentation of training attached.

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented its quality management plan as it has not conducted a quality management review since 1/31/19.

Plan of Correction

Accept

The quality management plan is important to ensure a systematic tool for identifying and addressing problems with care and management of the home. On 6/23/21 a meeting was held between the Director of Licensing and Accreditation and the Director of Community Residences to review the regulation. The Director of Community Residences will be meeting with the management group for Center 10 to complete and updated Quality Management Plan.

Completion Date: 07/02/2021

Document Submission

Implemented

Quality Management Plan completed and attached.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident [redacted] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

Resident Rights are reviewed with participants on an annual basis and signed documentation acknowledging that the participant received a copy of the rights is then uploaded into the participant's Electronic Health Record (EHR). Both Resident [redacted] and [redacted] have documentation indicating that they have received a copy of their rights on [redacted]/2021. See attached. Both resident rights and complaint procedures will continue to be reviewed annually in addition to each time a resident transfers into a new home as a part of the resident home contract.

Completion Date: 05/28/2021

Document Submission

Implemented

Signed documentation of annual review of Resident Rights and complaint procedures attached for review.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 [redacted] medical evaluation dated [redacted], did not include the second page of the medical evaluation.

Resident [redacted] medical evaluation dated [redacted], did not include the second page of the medical evaluation.

Plan of Correction

Accept

The medical evaluations were reviewed in an electronic healthcare records as uploaded documents. The cause of the missing pages was due to a clerical error. The employee responsible for uploading the documents is no longer working for Center #10. Upon replacement, the new hire will be trained to monitor for two sided documents to ensure that both sides are scanned in and complete in the record. The complete medical evaluations will be submitted for review.

Completion Date: 06/25/2021

Document Submission

Implemented

The complete medical evaluation is attached for review.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident’s previous medical evaluation was completed on [redacted].

Plan of Correction

Accept

The medical evaluations were reviewed in an electronic healthcare records as uploaded documents. The cause of the missing document was due to a clerical error. The employee responsible for uploading the documents is no longer working for Center #10. Upon replacement, the new hire will be trained to ensure that all paper documents are scanned in and complete in the record. The complete medical evaluation dated for [redacted] will be submitted for review.

Completion Date: 06/25/2021

Document Submission

Implemented

The completed medical evaluation is attached for review.