

Department of Human Services
Bureau of Human Service Licensing

August 16, 2021

[REDACTED], DIRECTOR OF ACCREDITATION, LICENSING, AND PROGRAM DEVELOPMENT
WOODS SERVICES, INC.
469 E. MAPLE AVE.
ATTN [REDACTED]
LANGHORNE, PA 19047

RE: BEECHWOOD CENTER 1
585 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12677

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/25/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 1* License #: *12677* License Expiration Date: *11/01/2021*
Address: *585 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 [REDACTED], LANGHORNE, PA, 19047*
Phone: *2157504001* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *10/13/1983* Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/25/2021*

Inspection Dates and Department Representative

06/25/2021 - On-Site: [REDACTED]

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: *1* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

06/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2021*

Inspections / Reviews *(continued)*

8/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/13/2021*

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/20/2021*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review should be completed yearly according to the home's policy. The last quality management review was completed January 2019.

Plan of Correction

Do Not Accept

During an inspection of Beechwood Center #1 on 6/25/21 it was noted that the quality management plan was overdue. The quality management plan is important to ensure a systematic tool for identifying and addressing problems with care and management of the home. The need for updated quality management plans was identified in a previous licensing on a separate home within this entity. 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 set a plan in place to meet with the management group for Center 1 to complete and update the Quality Management Plan.

Completion Date: 07/30/2021

Plan of Correction

Accept

During an inspection of Beechwood Center #1 on 6/25/21 it was noted that the quality management plan was overdue. 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 1 to complete an updated Quality Management Plan. Every January the Director of Community Residences will schedule a meeting with the management team to review and establish a quality management plan for the home. The plan will be completed and written annually.

Completion Date: 08/13/2021

103e - Left Overs

1. Requirements

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 bowl of cereal in the freezer.

There were an unlabeled, undated cups of smoothie in the freezer.

103e - Left Overs (continued)

Plan of Correction**Do Not Accept**

During an inspection of Beechwood Center #1 on 6/25/21 a bowl of cereal and cups of smoothies were found in the freezer unlabeled. Food safety is important due to the health risks associated with spoiled food. To prevent future occurrences of unlabeled food, the Assistant Director of Community Residences will be meeting with staff to review the regulation. Additionally the 11pm-7am staff assigned to the kitchen will be expected to check the refrigerator/freezer and discard any food stored improperly.

Completion Date: 07/30/2021

Plan of Correction**Accept**

During an inspection of Beechwood Center #1 on 6/25/21 a bowl of cereal and cups of smoothies were found in the freezer unlabeled. Food safety is important due to the health risks associated with spoiled food. To prevent future occurrences of unlabeled food, the Assistant Director of Community Residences will be meeting with staff to review the regulation. Additionally the 11pm-7am staff assigned to the kitchen will be expected to check the refrigerator/freezer and discard any food stored improperly. Refrigerator checks will be included on the 11pm-7am checklists that are reviewed weekly by the Personal Care Home Administrator.

Completion Date: 08/13/2021

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The bowl of cereal in the freezer was opened and unsealed.

The 3 solo cups of smoothie in the freezer were opened and unsealed.

Plan of Correction**Do Not Accept**

During an inspection of Beechwood Center #1 on 6/25/21 a bowl of cereal and cups of smoothies were found in the freezer opened and unsealed. Food safety is important due to the health risks associated with spoiled food. To prevent future occurrences of uncovered food, the Assistant Director of Community Residences will be meeting with staff to review the regulation. Additionally the 11pm-7am staff assigned to the kitchen will be expected to check the refrigerator/freezer and discard any food stored improperly.

Completion Date: 07/30/2021

103g - Storing Food (continued)

Plan of Correction**Accept**

During an inspection of Beechwood Center #1 on 6/25/21 a bowl of cereal and cups of smoothies were found in the freezer opened and unsealed. Food safety is important due to the health risks associated with spoiled food. To prevent future occurrences of uncovered food, the Assistant Director of Community Residences will be meeting with staff to review the regulation. Additionally the 11pm-7am staff assigned to the kitchen will be expected to check the refrigerator/freezer and discard any food stored improperly. Refrigerator checks will be included on the 11pm-7am checklists that are reviewed weekly by the Personal Care Home Administrator.

Completion Date: 08/13/2021

224a - Preadmission Screen Form

1. Requirements

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's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Do Not Accept**

During a licensing inspection of Center #1 on 6/25/21 Resident #1's preadmission screening form was missing the determination that the needs of the resident can be met by the services provided. For overall safety reason's, is important that the home determines and documents that they can meet the resident's needs. The Director of Care Coordination met with the Care Coordination team on 6/25/2021 to review the pre-admission screening document and proper completion procedures. Our Administrative Support staff was also trained on documentation procedures to notice errors before uploading to the Electronic Healthcare Record (EHR) as an extra precaution.

Completion Date: 06/25/2021

Plan of Correction**Accept**

During a licensing inspection of Center #1 on 6/25/21 Resident #1's preadmission screening form was missing the determination that the needs of the resident can be met by the services provided. For overall safety reason's, is important that the home determines and documents that they can meet the resident's needs. The Director of Care Coordination met with the Care Coordination team on 6/25/2021 to review the pre-admission screening document and proper completion procedures. Our Administrative Support staff was also trained on documentation procedures to notice errors before uploading to the Electronic Healthcare Record (EHR) as an extra precaution. The preadmission screening form is listed on the internal transfer checklist that the Care Coordination team uses as a tool to ensure that all the necessary documentation is completed when a participant moves from one PCH to another. The Director of Care Coordination has updated the internal transfer checklist under the preadmission screening form section with a note instructing the Care Coordinator to complete all fields on the preadmission screening form. Thorough completion of documentation will continue to be monitored during annual record reviews.

Completion Date: 08/13/2021