

Department of Human Services
Bureau of Human Service Licensing

August 27, 2021

[REDACTED], DIRECTOR OF PROGRAM DEVELOPMENT
WOODS SERVICES, INC.
469 EAST MAPLE AVENUE
ATTN DAWN SHAFFER
LANGHORNE, PA 19047

RE: BEECHWOOD CENTER 3
587 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12965

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021 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 3* License #: *12965* License Expiration Date: *11/01/2021*
Address: *587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Belinda White* Phone: *2157504001* Email: *bwhite@woods.com*

Legal Entity

Name: *WOODS SERVICES, INC.*
Address: *469 EAST MAPLE AVENUE, ATTN DAWN SHAFFER, 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: *16* Waking Staff: *12*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/07/2021*

Inspection Dates and Department Representative

07/07/2021 - 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: *8* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *4*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2021*

Inspections / Reviews *(continued)*

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

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

8/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home did not have a first aid kit.

Plan of Correction

Accept

The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. It important that these items are available in the home in case of an incident warranting first aid care. These items should be easily accessible as well. The medication trained staff have been tasked with performing monthly inspections in the home to ensure that all items are present. The medication trained staff will sign off on a check list that the inspection was complete. The Director of Health & Wellness will oversee the task completion and will order any items missing during inspection.

Completion Date: 08/13/2021

Document Submission

Implemented

Copy of the monthly document to be completed to check the first aid kit attached for 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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted] and [redacted] However, resident's July 2021 medication administration record does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept

A medication record shall be kept to include the following for each resident for whom medications are administered: 12. Diaqnosis or purpose for the medication, including pro re nata (PRN). Resident #1 is prescribed [redacted] [redacted] However, resident's July 2021 medication administration record does not indicate diagnosis or purpose for the medication. All nurses and medication trained staff must be able to identify the diagnosis or purpose of the medication being administered for proper observation of its efficacy or potential side effects. Ongoing monthly medication checks in medication carts have been implemented for all homes. The nursing 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 log sheets to be completed and the Support rehab Nurse will follow up accordingly to ensure their usage.

Completion Date: 08/13/2021

Document Submission

Implemented

A copy of the monthly nursing MAR log sheets attached for review.

187d - Follow Prescriber's Orders

1. Requirements

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED]. However, this medication was not administered to resident #1 on 7/06 at 4pm, 7/06 at 8pm and 7/07 at 8am, because the medication was not available in the home.

Plan of Correction

Accept

The home shall follow the directions of the prescriber. Description of Violation Resident #1 is prescribed [REDACTED]. However, this medication was not administered to resident #1 on 7/06 at 4pm, 7/06 at 8pm and 7/07 at 8am, because the medication was not available in the home. All medications must be present in the home at the time of administration. The resident in question had returned home proceeding a home visit where the medication was left. Upon return, the nurse or medication trained staff assigned to the home will be responsible for checking in each medication and verifying that all medications have been returned so that they will be available for medication administration.

Completion Date: 08/13/2021

Document Submission

Implemented

A copy of meeting minutes/memo outlining the importance of this verification and reporting.

188b - Medication Error Reporting

1. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED]. However, resident #1 was not administered 7/6 at 4pm, 7/6 at 8pm and 7/7 at 8 am. The medication error was not reported to the resident, resident's designated person and prescriber.

Plan of Correction

Accept

A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber. Description of Violation Resident #1 is prescribed [REDACTED]. However, resident #1 was not administered 7/6 at 4pm, 7/6 at 8pm and 7/7 at 8 am. The medication error was not reported to the resident, resident's designated person and prescriber. Incident has been reviewed with nursing staff. The review included importance of immediate notification of a medication error, including omission to ensure the health and safety of all residents.

Completion Date: 08/13/2021

Document Submission

Implemented

Meeting minutes/memo attached reviewing these procedures.

188c - Medication Error Documentation

1. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed [REDACTED]. However, resident #1 was not administered to resident #1 on 7/06 at 4pm, 7/06 at 8pm and 7/07 at 8am. There is no documentation of the error in the resident's record.

188c - Medication Error Documentation (continued)

Plan of Correction**Accept**

Documentation of medication errors and the prescriber's response shall be kept in the resident's record. Description of Violation Resident #1 is prescribed [REDACTED] However, resident #1 was not administered to resident #1 on 7/06 at 4pm, 7/06 at 8pm and 7/07 at 8am. There is no documentation of the error in the resident's record. The resident in question had returned home proceeding a home visit where the medication was left. Every attempt had been made to contact the resident's family to retrieve the medication. Moving forward, all attempts as well as the resulting medication error and notification to provider and instructions given will be thoroughly documented by nursing staff. This incident has been reviewed with nursing staff.

Completion Date: 08/13/2021

Document Submission**Implemented**

Meeting minutes/memo attached outlining these procedures.