Department of Human Services
Bureau of Human Service Licensing

March 15, 2022

[redacted], DIRECTOR OF PROGRAM DEVELOPMENT
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/02/2021 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 - PUBLIC

Facility Information

Name: *BEECHWOOD CENTER 2* **License #:** *12964* **License Expiration:**

Address: *589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*

County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

[redacted] of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *13* **Waking Staff:** *10*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *08/27/2021*

Inspection Dates and Department Representative

08/27/2021 - 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: *4* **Are 60 Years of Age or Older:** *1*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *5* **Have Physical Disability:** *1*

Inspections / Reviews

08/27/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/30/2021*

11/01/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/06/2021*

Inspection Dates and Department Representative *(continued)*

11/23/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/01/2021*

12/20/2021 - Document Submission

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 08/27/21 at 12pm, resident's diets were posted on the refrigerator and accessible by all who use the dining room.

Plan of Correction ***Accept***

On 8/27/21 during an inspection, resident's diets were noted to be posted on the refrigerator. It is important that records are kept confidential and not shared with others. During the time of inspection, the diet list was audited and removed from the refrigerator. To ensure that the diet list remains confidential, identifying information will be removed from the document and the location of the document will be kept in a cabinet. The new location of the diet list was relayed to all of the staff in the home. During the home's monthly environmental checks, the Administrator will check the diet and location to ensure that the home is maintaining confidentiality.

Completion Date: *08/27/2021*

Document Submission ***Implemented***

Resident diets are being kept in a cabinet. Location and list verified on 12/2/21 by a licensing representative during a follow-up visit.

Completion Date: *08/27/2021*

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/27/21, [redacted], take 1 tablet as needed by mouth for [redacted] is prescribed for resident #1, was in the home's Medication Cart; however, the medication was discontinued on 06/01/2021.

Plan of Correction ***Accept***

Only current prescription, OTC, sample, and CAM for individuals living in the home may be kept in the home. Ongoing monthly medication checks in medication carts have been implemented for all homes. these checks include all medications to ensure the correct medications are present and expired meds are removed. This also includes the equipment store in the cart, such as glucometers. 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: *08/27/2021*

Document Submission ***Implemented***

Monthly log sheets following inspection are attached.

Completion Date: *10/01/2021*

185a - Implement Storage Procedures

1. Requirements

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

Resident #2 's Glucometer is not calibrated to the correct time.

Resident #2's Glucometer reading does not match the eMAR on the following dates:
On 08/23/21 at 8 am glucometer reading 88. The eMAR read 70.
On 08/23/21 at 12 pm glucometer reading 459. The eMAR read 489.
On 08/27/21 at 8 am glucometer reading 320. The eMAR read 203.
On 08/27/21 at 12pm glucometer reading 402. The eMAR read 135.

Resident#3 is prescribed [redacted] *instill one drop in each eye twice a day. On 08/27/21 at 3pm, this medication was not available in the home.*

Plan of Correction ***Accept***

185a:
The home shall develop and implement procedures for the safe storage, access, security, distribution, and use of the medications and medical equipment by the trained staff persons. Ongoing monthly medication checks in medication carts have been implemented for all homes. these checks include all medications to ensure the correct medications are present and expired meds are removed. This also includes the equipment store in the cart, such as glucometers. 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: *09/03/2021*

Document Submission ***Implemented***

Monthly log sheets following inspection are attached.
Completion Date: *10/01/2021*

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:
4. Strength.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.

Description of Violation

Resident #3 is prescribed [redacted] *However, resident #3's August 2021 medication administration record does not indicate strength, dose, route of administration, frequency of administration, administration times, date and time of*

187a - Medication Record (continued)

medication administration, and diagnosis or purpose for the medication.

Resident #3 is prescribed [redacted] *. However, resident #3's August 2021 medication administration record does not indicate diagnosis or purpose for the medication.*

Plan of Correction ***Accept***

187a: A medication record shall be kept to include the following for each resident for whom medications are administered.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: *09/01/2021*

Document Submission ***Implemented***

Monthly log sheets following inspection are attached.

Completion Date: *10/01/2021*

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed [redacted] *. However, resident #1 was not administered* [redacted] *, on 06/30/21 at 8pm.*

Resident #2 is prescribed Novolog Flexpen: 4 units before meals:
On 8/4/21, this medication was not administered before breakfast or lunch. the eMAR documented the first insulin administration of the day at 1:42pm when 14 units of Novolog was administered. The resident's blood sugar reading was not documented on the MAR, which only recorded the words "read high".
On 8/7/21, this medication was not administered until 1:00pm.
On 8/17/21, this medication was not administered until 4:46pm
On 8/18/21, this medication was not administered until 11:04am

Resident #2 is prescribed [redacted] *twice per day, at 8am and 8pm. On 8/4/21, resident #2 was not administered this medication until 1:42pm.*

On 6/28/21, resident #2's physician changed the resident's medication orders and instructed the home to administer [redacted] *twice per day, and* [redacted] *before meals and to discontinue the administration of the sliding scale insulin. However, the resident was administered Novolog on a sliding scale on the following dates:*
- 8/2/21 at 8:43am, 2:35pm, 4:43pm
- 8/3/21 at 4:37pm
- 8/4/21 at 1:42pm
- 8/5/21 at 4:55pm
- 8/6/21 at 8:11am, 11:28am

187d - Follow Prescriber's Orders (continued)

Resident #2 is prescribed the following medications: [redacted] apply topically to both feet once per day, [redacted] every morning, [redacted] per day, [redacted] 1 tabled twice per day at 8am and 8pm, [redacted] 1 tablet once per day at 8pm, [redacted] one tablet once per day, [redacted], and [redacted] 1 capsule once per day. On 8/24/21, 8/30/21 and 8/31/21, these medications were not administered.

Plan of Correction ***Accept***

187d: The home shall follow the directions of the prescriber.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. The home has implemented a new electronic medication administration record, QuickMar. This system allows for a more streamline administration process, safety features to alert to medications not administered, as well as more thorough reports to demonstrate appropriate detailed documentation. The non-licensed medication trained staff are also being trained in the system. Monthly med cart checks by the nursing staff as well as quarterly med tech observations will be conducted to ensure continued compliance.

_____

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Monthly log sheets following inspection are attached.

Completion Date: *10/01/2021*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [redacted], indicates the resident has a need for bladder management. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction ***Accept***

The resident's assessment states that [redacted] is independent with bladder management but has nighttime enuresis, occasional accidents and wears depends. [redacted] support plan will be updated to indicate that [redacted] is independent with bladder management and can independently don/doff depends. Staff will ensure that depends are available for [redacted].
The updated RASP is uploaded into the participant's EHR with the corrective action noted.
The Director of Care Coordination also met with the Care Coordination team on 10/26/21 to review the proper completion of the RASP assessment and support plan in accordance with 2600 regulations. The care coordination

227d - Support Plan Medical/Dental (continued)

team continues to review their RASP's to ensure that each identified need has appropriate documentation listed in the support plan indicating how the need will be met.

Completion Date: *10/26/2021*

Document Submission ***Implemented***

Training documentation attached.

Completion Date: *10/26/2021*

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *BEECHWOOD CENTER 2* **License #:** *12964* **License Expiration:** *11/01/2022*

Address: *589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*

County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *POC Verification* **Exit Conference Date:** *12/02/2021*

Inspection Dates and Department Representative

12/02/2021 - 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: *x*

Number of Residents Who:

Receive Supplemental Security Income: *5* **Are 60 Years of Age or Older:** *1*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *2* **Have Physical Disability:** *7*

Inspections / Reviews

12/02/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/24/2021*

01/20/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/25/2022*

Inspections / Reviews *(continued)*

03/15/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 12/02/2021, [redacted] with expiration date of 09/2021 and not a current order for resident #1 was still in the home's medication cart.
[redacted] by mouth every 8 hours as needed for 7 days (started 10/12/2021 and ended 10/19/2021) for resident #2 was still in the home's medication cart.

Plan of Correction ***Accept***

It is important for OTC medications to be kept in the cart and properly labeled for use for a specific individual. And equally important for the medication to be discarded after an order is discontinued or an order has expired. Weekly medication checks in medication carts shall be implemented and completed by the Lead Support Rehab Nurse until consistent improvement is noted for at least 2 months. These checks will include OTC medication checks and MAR reviews. The staff member responsible for the weekly check will be required to sign a weekly log to ensure that the checks have been completed. The Director of Health & Wellness will provide weekly check off sheets and follow up accordingly to ensure their usage. Further training and review of the procedure for recording administration documentation into the new EMAR which began November 2021 shall also be reviewed with nursing staff.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Documentation of weekly checks.

183e - Storing Medications

1. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/02/2021, two opened insulin pens [redacted]) for resident #1 were in the home's medication cart. According to the manufacturer's instruction, the pens should be discarded 28 days after 1st use. However, the pens were not marked with open/discard after date.

Plan of Correction ***Accept***

It is important to ensure that that no medication is used after expiration and that that the date is clearly visible so that it may be discarded when past usage dates. Weekly medication checks in medication carts shall be implemented and completed by the Lead Support Rehab Nurse until consistent improvement is noted for at least 2 months. These checks will include inspection of dates on opened medications.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Documentation of weekly checks.

185a - Implement Storage Procedures

1. Requirements

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

Resident #1's glucometer was not calibrated to correct time. The meter read 10:04 AM at 09:04 AM on 12/02/2021.

Resident #1 is prescribed [redacted] *three times a day at 08:00 AM, 12:00 PM, and 05:00 PM.*
The following readings were not recorded on the resident's November medication administration record (MAR).

[redacted]

The numbers on the glucometer did not match the numbers on the log on the following dates and times:

[redacted]

Plan of Correction ***Accept***

It is important that equipment be calibrated and that the nurses are accurately transcribing the data so that we keep an accurate log of the resident's medical data for evaluation by the physicians. Prescribed medications must always be readily available for administration as ordered.
Weekly medication checks in medication carts shall be implemented and completed by the Lead Support Rehab Nurse until consistent improvement is noted for at least 2 months. These checks will include glucometer calibration, as well as medication availability checks, and MAR reviews. The staff member responsible for the weekly check will be required to sign a monthly log to ensure that the checks have been completed. The Director of Health & Wellness will provide weekly check off sheets and follow up accordingly to ensure their usage. The primary nurses have also been instructed to review the glucometer calibrations before every use. Further training and review of the procedure for recording the data into the new EMAR which began November 2021 shall also be reviewed with nursing staff.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Documentation of weekly checks.

2. Requirements

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

Resident #1 is prescribed [redacted] *as needed. On 12/02/2021, these medication(s) were not available in the home.*

Plan of Correction ***Accept***

It is important for OTC medications to be kept in the cart and properly labeled for use for a specific individual. And equally important for the medication to be discarded after an order is discontinued or an order has expired.

185a - Implement Storage Procedures (continued)

Weekly medication checks in medication carts shall be implemented and completed by the Lead Support Rehab Nurse until consistent improvement is noted for at least 2 months. These checks will include OTC medication checks and MAR reviews. The staff member responsible for the weekly check will be required to sign a weekly log to ensure that the checks have been completed. The Director of Health & Wellness will provide weekly check off sheets and follow up accordingly to ensure their usage. Further training and review of the procedure for recording administration documentation into the new EMAR which began November 2021 shall also be reviewed with nursing staff.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Documentation of weekly checks.

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed 8 units of [redacted] at 08:00 AM and 08:00 PM. The resident's November MAR does not include the initials of the staff person who administered it at 08:00 PM on 11/03, 12, 18, and 26/2021.

Resident #2 is prescribed [redacted] twice per day, [redacted] at 8pm daily, [redacted] every evening, [redacted] once per day at 8pm, [redacted] twice per day, [redacted]y tab once daily at 8pm, [redacted] once daily in the evening, [redacted] once per day at 8pm, [redacted] tice per day. On 11/3/21 and 11/8/21 at 8pm, these medications were not administered.

Resident #3 is prescribed [redacted] twice per day and [redacted] every evening. On 11/2/21, 11/8/21 and 11/9/21, the evening dosages of these medications were not administered.

Plan of Correction ***Accept***

Proper documentation is essential to indicate that a medication has in fact been administered on time to a resident. Without an administration being documented, it is unclear whether or not a resident has received appropriate treatment. It has been verified with the responsible nurses and medication trained staff that the aforementioned medications had been administered, however not documented accordingly. Further training has been provided on the new EMAR system which has been implemented November 1st, 2021.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Further training has been provided to the Nursing staff and corrections have been made by appropriate staff. Upon review, It was discovered resident's 12pm blood sugar check may have been omitted on 11/4/21. There is no record of testing in [redacted] glucometer. [redacted] may have refused lunch, however without proper documentation, it is assumed the check was missed. Training on the importance of following physician orders and prompt documentation has been provided to all nursing staff. Continued support and training will be provided for the EMAR.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed [redacted]s three times a day at 08:00 AM, 12:00 PM, and 05:00 PM. On 11/04/2021, 11/7/21, 11/16/21, and 11/28/21 at 12:00 PM, and 11/21/21 at 5pm, the resident's accu-check was not performed as ordered.

Plan of Correction ***Accept***

Proper documentation is essential to indicate that a medication has in fact been administered on time to a resident. Without an administration being documented, it is unclear whether or not a resident has received appropriate treatment. It has been verified with the responsible nurses and medication trained staff that the aforementioned medications had been administered, however not documented accordingly. Further training has been provided on the new EMAR system which has been implemented November 1st, 2021. Verification checks will be performed by the Lead Support Rehab Nurse to ensure documentation is complete and correct.

Completion Date: *12/17/2021*

Document Submission ***Implemented***

Further training has been provided to the Nursing staff and corrections have been made by appropriate staff. Upon review, It was discovered resident's 12pm blood sugar check may have been omitted on 11/4/21. There is no record of testing in her glucometer. She may have refused lunch, however without proper documentation, it is assumed the check was missed. Training on the importance of following physician orders and prompt documentation has been provided to all nursing staff. Continued support and training will be provided for the EMAR.