

Department of Human Services
Bureau of Human Service Licensing

December 20, 2021

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

RE: BEECHWOOD CENTER 4
586 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12966

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2021 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 4* License #: *12966* License Expiration:
Address: *586 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2157504001* Email: *blinder@woods.org*

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: *08/29/1984* Issued By: *Township of Middletown*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/14/2021*

Inspection Dates and Department Representative

09/14/2021 - 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: *7* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

09/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/09/2021*

11/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/30/2021*

Inspection Dates and Department Representative (*continued*)

12/20/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since March 2021.

Plan of Correction

Accept

During an inspection on 9/14/21 it was found that a resident had not received their quarterly account of financial transactions since March 2021. It is necessary for homes providing financial management to provide this information to the resident and their designated person quarterly. Our accounting department will provide quarterly summaries of the resident's accounts to the Personal Care Home Administrator. Upon receipt the PCHA will reconcile the account and will provide documentation supporting the expenses to the resident and their designated person. The implementation of this system will be monitored by the Director of Community Residences on a quarterly basis to ensure the reports are received and distributed in a timely manner.

Completion Date: 10/15/2021

Document Submission

Implemented

Quarterly account attached.

Completion Date: 10/15/2021

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation

Staff person A, who is the home's administrator, has not successfully completed the Department-approved and administered orientation program.

Plan of Correction

Accept

During an inspection on 9/14/21 it was noted that the Personal Care Home Administrator did not successfully complete the orientation program administered by the Department. The orientation program is a requirement for all PCHA. On the date of the inspection the PCHA registered for the orientation. Orientation was successfully completed.

Completion Date: 10/10/2021

Document Submission

Implemented

Orientation completed and attached.

Completion Date: 10/10/2021

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training (continued)

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person C, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

During an inspection on 9/14/21 it was noted that two employees did not successfully complete and pass the Department-approved direct care training course. The course is a requirement for all direct care staff. Upon hire, before a Direct Care staff can provide direct care services to the residents, they will take the Department approved direct care training course and pass the test. Test certification will be kept on file in the home and a copy will be provided to the Director of Community Residences. The Director will monitor new hires and ensure that the tests are complete prior to providing direct care. The two staff identified will provide documentation of course completion.

Completion Date: 10/15/2021

Document Submission

Implemented

DHS completion certificates attached.

Completion Date: 10/15/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

During an inspection on 9/14/21 a resident's bedroom did not have an operable lamp at the bedside. It is important for operable lighting to be within reach for safety. A lamp was provided to the resident for availability at the bedside. Lamp placement and functioning will be monitored on a monthly basis by the PCHA and documented on the environmental checklist.

Completion Date: 10/15/2021

Document Submission

Implemented

Photo of lamp on bedside stand attached.

Completion Date: 10/15/2021

102k - No Common Towel

1. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There was a used towel in the shared bathroom inside the shower. There were no paper towels, mechanical hand dryer or

102k - No Common Towel (continued)

other sanitary means of hand drying in this bathroom.

Plan of Correction**Accept**

During an inspection on 9/14/21 a used towel was found hanging in a shared shower. The use of common towels are prohibited as it is unsanitary. Following all showers/baths, staff/housekeeping will collect/remove all towels from the bathrooms. Bathroom paper towel dispensers will be checked daily and restocked as needed when towels are collected for laundering.

Completion Date: 10/15/2021

Document Submission**Implemented**

Memo to staff and housekeeping with signature sheets attached.

Completion Date: 11/01/2021