

Department of Human Services
Bureau of Human Service Licensing

June 6, 2022

[REDACTED]
WOODS SERVICES, INC.
[REDACTED]
[REDACTED]

RE: BEECHWOOD CENTER 5
135 WEST RICHARDSON AVENUE
LANGHORNE, PA, 19047
LICENSE/COC#: 12967

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2022, 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 5* License #: *12967* License Expiration: *11/01/2022*
Address: *135 WEST RICHARDSON AVENUE, 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 DAWN SHAFFER, LANGHORNE, PA, 19047*
Phone: *2157504001* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *10/20/1989* Issued By: *COPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/04/2022*

Inspection Dates and Department Representative

03/04/2022 - On-Site: [REDACTED]
03/17/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* Residents Served: *6*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2022*

Inspections / Reviews (*continued*)

04/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/22/2022*

06/06/2022 - 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 3/4/22, at approximately 2:40pm., a black binder containing resident assessment and support plans was found on a book shelf in the living room accessible to anyone including other residents.

Plan of Correction

Accept

During a partial inspection on 3/4/22, a black binder containing resident assessment and support plans was found on a book shelf in the living room accessible to anyone including other residents. It is important that personal information of the participants is kept confidential and private. To prevent a recurrence, the Personal Care Home Administrator will be responsible to ensure that all Resident files/books are locked in an accessible area at all times. The staff will be (re) trained on the importance of protecting the resident’s privacy, by keeping the cabinet locked at all times. The key shall be kept in a known area, which is not accessible to the Residents in the home. The Personal Care Home Administrator will complete a monthly walk through to ensure that the Resident books, are locked and the information contained within the books are current.

Completion Date: 03/31/2022

Document Submission

Implemented

Staff training attached.

20b3 - Written Receipts

1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
 - 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

In February 2022 many cash disbursements were made to resident 1. However, the home did not obtain the resident's or staff's signatures for the receipt of the disbursements.

Plan of Correction

Accept

During a partial inspection on 3/4/22 it was discovered that in February 2022 many cash disbursements were made to resident #1. However, the home did not obtain the resident's or Staff's signatures for the receipt of the disbursements. It is important that all funds in the home are accounted for with receipts for cash disbursement. To prevent a recurrence, the Personal Care Home Administrator will be responsible to ensure that all cash disbursements will be documented in the Resident’s ledger, evidenced by signatures from both the Resident and the staff person providing the funds. Staff and PCHA (re) training on completing the Residents account ledger accurately. Assistant Director will perform a documented monthly audit to check for signatures and accuracy.

Completion Date: 03/31/2022

20b3 - Written Receipts (continued)

Document Submission

Implemented

Financial Ledger training attached.

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. The home sent the information to the resident's responsible party only.

Plan of Correction

Accept

During a partial inspection on 3/4/22 it was noted that Resident #1 has not received a quarterly account of financial transactions. The home sent the information to the resident's responsible party only. When providing assistance with financial management, the participant should be aware of all transactions to ensure accountability.

To prevent a recurrence, the Personal Care Home Administrator will be (re) trained in the area of financial procedures and how to properly complete the steps of managing quarterly transactions. A quarterly Record of Financial Transaction procedures form will be implemented. This document will give a detailed account of when the quarterly report is due. In addition, it tells the PCHA who to submit the document too, as well as how to acquire the financial information. The information is captured and disseminated to families, guardians and funders. The Director and PCHA will be responsible to ensure that both the Resident and responsible party are receive the document.

Completion Date: 03/31/2022

Document Submission

Implemented

Quarterly report training 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 2 was not signed by either one of the resident's payors.

Plan of Correction

Accept

On 3/4/22 during a partial inspection, it was discovered that the resident-home contract, dated [REDACTED] for resident 2 did not have a signature by either one of the resident's payors. Upon further review of the file it was determined that Resident 2 was [REDACTED] own payer at the time that the resident home contract was completed on [REDACTED] and Resident 2 did sign and date the contract in accordance with regulatory standards. Upon notice of a new payor, a new contract was provided and signed by all parties. Care Coordination will continue current practice of completing annual audits to ensure continued compliance.

Completion Date: 03/31/2022

25b - Contract Signatures (continued)

Document Submission

Implemented

Both signature pages of the two contracts attached.

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 3/4/22, a staff member stated that they are not aware of the location of the residents' support plans.

Plan of Correction

Accept

During a partial inspection on 3/4/22 a staff stated they did not know the location of the support plans. It is important for staff to locate and have access to support plans to provide care. To prevent a recurrence, the Personal Care Home Administrator or a management staff will ensure that all current and future staff working in the residence will receive training on the locations of important information pertaining to the treatment of the residents.

Completion Date: 03/31/2022

Document Submission

Implemented

Training attached.

254c - Records Storing

1. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

Residents' records are stored on a bookshelf that is not locked or secured at all times.

Plan of Correction

Accept

During a partial inspection on 3/4/22, resident records were stored on a bookshelf and not secured. It is important for all records to be secured for confidentiality. To prevent a recurrence, the Personal Care Home Administrator will be responsible to ensure that all Resident files/books are locked in an accessible area at all times. The staff will be (re) trained on the importance of protecting the resident's privacy, by keeping the cabinet locked at all times. The key shall be kept in a known area, which is not accessible to the Residents in the home. The Personal Care Home Administrator will complete a monthly walk through to ensure that the Resident books, are locked and the information contained within the books are current.

Completion Date: 03/31/2022

Document Submission

Implemented

Updated environmental attached.