

Department of Human Services  
Bureau of Human Service Licensing

May 16, 2022

[REDACTED], DIRECTOR OF ACCREDITATION AND LICENSING

RE: BEECHWOOD CENTER 10  
588 BEECHWOOD CIRCLE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 14148

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/14/2022 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 - PUBLIC**

**Facility Information**

Name: *BEECHWOOD CENTER 10* License #: *14148* License Expiration: *05/02/2023*  
Address: *588 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *04/08/2015* Issued By: *Middletown Township*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/14/2022*

**Inspection Dates and Department Representative**

04/14/2022 - 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: *6* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *4*

**Inspections / Reviews**

**04/14/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

**05/16/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/21/2022*

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

A "Record of Financial Transactions" dated 7/1/21 to 7/30/21 for resident #1 includes 7 withdrawals totaling \$213.64 and a deposit of \$200.00. However, the home did not obtain the resident's signature for the receipt of these transactions.

Plan of Correction

Accept

On 4/14/22 during a licensing survey, it was noted that signatures were missing on the financial transaction record. It is important for all transactions to be signed for to ensure that resident funds are not misused, and protects the home from accusations of misuse of resident funds. In response to the missing signatures the PCHA will be trained on the importance of keeping Resident account ledgers. A system will be put into place that ensures the PCHA is checking for accuracy and signing the ledger when depositing and withdrawing funds for a Resident. The Assistant Director will complete this training along with monthly student savings audits, where they will check for both the Resident and the PCHA signature, as well as ensuring the balance is accurate. The Director of Community Residence will conduct random audits of the community home ledgers quarterly to ensure the audits are being conducted as specified above, and the ledger is filled out accurately and its' entirety.

Completion Date: 05/11/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

On 4/14/22 during a licensing survey, it was noted that a new hire did not receive on the job training for the fire safety system on their first day. It is important for all new hires to be trained on the fire system to ensure that all staff persons are able to respond to an emergency situation. To ensure that all new hires are trained accordingly, the

**65a - FS Orientation 1st Day (continued)**

*PCHA will be responsible to ensure the newly trained staff receives orientation on the 1st day they begin working in the home. The Assistant Director will send an email notifying both the PCHA and the Charge person that a new hire will be starting in a specific home. The email will include the start date as well as the shift that they will be working. The PCHA will submit the Fire safety OJT packet to the charge person, so they can ensure the orientation process is complete in the PCHA's absence. After the staff completes the walk through and the Fire safety OJT packet, it will be hand delivered to the Assistant Director to be disseminated to Woods training Department and a copy kept in their HR file.*

**Completion Date:** 05/06/2022

**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:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

*Direct care staff person A, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.*

**Plan of Correction****Accept**

*On 4/14/22 during a licensing survey it was noted that a new hire did not complete the Department-approved direct care training. It is important for this course to be completed as it ensure that each individual who provides assistance with ADLs is trained to do so properly. To ensure that this training is completed the PCHA will be responsible to ensure the newly trained staff receives orientation on the 1st day they begin working in the home. The Assistant Director will send an email notifying both the PCHA and the Charge person that a new hire will be starting in a specific home. The email will include the start date as well as the shift that they will be working. The PCHA will submit the orientation OJT packet to the charge person, so they can ensure the orientation process is complete in*

65d - Initial Direct Care Training (continued)

the PCHA's absence. After the staff completes the walk through and orientation, it should be hand delivered to the Assistant Director to be disseminated to Woods training Department and a copy kept in their HR file.

Completion Date: 05/06/2022

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The home uses Dial Professional Antimicrobial Liquid Hand Soap in the bathrooms. This soap has a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away." Not all the residents of the home, including residents #1 and #2, have been assessed capable of recognizing and using poisons safely.

A package of Lysol Disinfecting Wipes with a Precautionary Statement of "Hazards to Humans and Domestic Animals." was found in resident #1's shared bathroom. Not all the residents of the home, including residents #1 have been assessed capable of recognizing and using poisons safely.

Several cleaning products were found under the kitchen sink. One of the products are labeled to contact a poison control center or doctor for advice regarding first aid, if in eyes, if swallowed or if inhaled. These products were unlocked and available to all persons in the home. Not all the residents of the home, including residents #1 and #2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

On 4/14/22 during a licensing survey poisonous materials were noted accessible and not all participants were assessed for safety. It is important that poisonous materials are secured if safety is in question to protect residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons. All Residents will be accessed to determine their cognitive abilities to safely manage personal hygiene items. The RASP will give a clear depiction of what items they can safely manage. The home will also utilize soap dispensers in the bathrooms to ensure proper handling of hand soap. All cleaning products will be safely locked in a closet within the home, with the keys kept in an area accessible by staff. The staff will be trained on safe handling of chemicals and the importance of keeping them locked in a secure area.

Completion Date: 05/13/2022

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection observed by a fire safety expert was conducted on 03/09/22. The previous fire safety inspection was conducted on 02/09/21.

The last fire drill observed by a fire safety expert was conducted on 04/08/21.

132b - Safety Inspection/Fire Drill *(continued)***Plan of Correction****Accept**

*On 4/14/22 during a licensing survey it was noted that the annual fire safety export documentation had lapsed. It is important to ensure safety inspections and drills annually to identify and correct unsafe conditions to help prevent fires from occurring. To ensure future compliance, the Director of Accreditation, Licensing, and Program Development will schedule a time with the fire marshal to complete the observation of drills. The Director will further communicate coming due inspections directly to facilities to provide ample time to schedule future inspections and observations.*

**Completion Date:** 05/20/2022

## 144c1 - Smoking Area Guidelines

**1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*The home's designated smoking area is outside and uses a folding card table on which the residents place the ashtrays. The card table has dozens of burn marks on it and does not meet the definition of "fire resistant furniture".*

**Plan of Correction****Accept**

*On 4/14/22 during a licensing survey it was noted that the smoking area had a table that was not fire resistant. It is important that the furniture is fire resistant to reduce the risk of fire associated with unsafe smoking. The card table will be discarded by the and the importance of fire retardant furniture will be reviewed with the PCHA by the Assistant Director. Any future furniture purchased for the smoking area will meet the standard of flame retardant.*

**Completion Date:** 05/13/2022

## 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] does not indicate a need for assistance under the "Assessment - Supervision" area. However, the resident's support plan, dated [REDACTED], lists various descriptions and plans to meet resident's Supervision needs.*

*The assessment for resident #3, dated [REDACTED] indicates a need for assistance under "Ability to use and avoid poisonous materials". However, the resident's support plan, dated [REDACTED], does not list how this need will be met.*

**Plan of Correction****Accept**

*On 4/14/22 during a licensing survey, it was noted that two assessments were incomplete. It is important that this*

**227d - Support Plan Medical/Dental (continued)**

*information is complete to ensure that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established. On 4/29/22 the Director of Care Coordination held a training with the Care Coordination team to review the proper completion of Residential Assessment and Support Plan. Scenarios and reviews of RASP's were utilized as teaching tools and performance improvement measures to help the team improve their understanding of the information that should be included in the assessment side and the support plan side of the document to remain in compliance with regulatory standards.*

**Completion Date:** 04/29/2022