

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

Facility Information

Name: *BEECHWOOD CENTER 3* License #: *12965* License Expiration: *11/01/2022*
Address: *587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *09/07/1984* Issued By: *Labor & Industry*

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: *08/08/2022*

Inspection Dates and Department Representative

08/08/2022 - 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: *3* 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: *0*

Inspections / Reviews

08/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

Inspections / Reviews *(continued)*

09/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/26/2022*

09/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/03/2022*

10/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/8/22, there was a national heat advisory for Southeast Pennsylvania. The temperature was 97 degrees Fahrenheit. The direct support staff manually transported resident #1 to the day program in extremely hot conditions. Resident #1 has a [redacted] diagnosis and receives [redacted]. The resident suffered a heat [redacted] at 11:18 am after being manually transported to the program.

The home failed to follow the policy which entails limiting outside activity in adverse "hot day" conditions. The policy states that any residents on the following medications, psychotropics, neuroleptic, and anticonvulsants may be required to stay indoors.

Plan of Correction

Accept

During a survey on 8/8/22 there was a heat advisory. An individual from the home was manually transported down the street for programming without taking any additional precautionary measures. It is important that the rights of residents are followed to avoid abuse and neglect. To reduce the risk of heat induced ailments while still allowing the resident the right to be manually transported to program, the following steps will be implemented to offer support during heat advisories. Nursing management will notify residential programming when Beechwood's hot day protocol is in effect. For resident #1 the team will update the client profile to include the use of an umbrella for shade to reduce the risk of a [redacted] when resident #1 wishes to be manually transporting during a hot day. Both residential (By the Personal Care Home Administrator on 9/23/22) and nursing staff (By the AVP of Nursing during their staff meeting on 9/29/22) will be trained on these additional steps for resident #1 to ensure extra safety measures to reduce risk on a hot day.

Completion Date: 09/29/2022

Document Submission

Implemented

During a survey on 8/8/22 there was a heat advisory. An individual from the home was manually transported down the street for programming without taking any additional precautionary measures. It is important that the rights of residents are followed to avoid abuse and neglect. To reduce the risk of heat induced ailments while still allowing the resident the right to be manually transported to program, the following steps will be implemented to offer support during heat advisories. Nursing management will notify residential programming when Beechwood's hot day protocol is in effect. For resident #1 the team will update the client profile to include the use of an umbrella for shade to reduce the risk of a [redacted] when resident #1 wishes to be manually transporting during a hot day. Both residential (By the Personal Care Home Administrator on 9/23/22) and nursing staff (By the AVP of Nursing during their staff meeting on 9/29/22) will be trained on these additional steps for resident #1 to ensure extra safety measures to reduce risk on a hot day.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed in room #9 did not have pillow cases.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction

Accept

During a survey on 8/8/22, the bed in room #9 did not have a pillow case. It is important for each resident to have bed linens as it provides comfort, cleanliness, and prevents infestation and the spread of disease. To ensure that each bed is made with the appropriate linens, the daily staff assignment sheets in the home were modified and implemented on 9/10/22 to include room maintenance. All Life Skills Trainers and housekeeping staff will be trained on the additional room checks by the Personal Care Home Administrator before 9/10/22 and the Administrator will monitor for completion when present in the home.

Completion Date: 09/23/2022

Document Submission

Implemented

During a survey on 8/8/22, the bed in room #9 did not have a pillow case. It is important for each resident to have bed linens as it provides comfort, cleanliness, and prevents infestation and the spread of disease. To ensure that each bed is made with the appropriate linens, the daily staff assignment sheets in the home were modified and implemented on 9/10/22 to include room maintenance. All Life Skills Trainers and housekeeping staff will be trained on the additional room checks by the Personal Care Home Administrator before 9/10/22 and the Administrator will monitor for completion when present in the home.

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 self-administers medications to include [REDACTED]; however, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept

During a survey on 8/8/22 a resident was noted to have a medication for self administration without the proper assessment. The assessment is to ensure that residents who wish to self-administer medications are able to do so safely. On the date of the survey the medication was removed and secured. Nursing followed up with the resident on the reason for the barrier cream and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.

Completion Date: 09/23/2022

Document Submission

Implemented

During a survey on 8/8/22 a resident was noted to have a medication for self administration without the proper assessment. The assessment is to ensure that residents who wish to self-administer medications are able to do so safely. On the date of the survey the medication was removed and secured. Nursing followed up with the resident on the reason for the barrier cream and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers medications and stores medications in his/her room. On 8/8/22, at 11:42 am, [redacted] was unlocked, unattended in resident #2's bedroom.

Plan of Correction

Accept

During a survey on 8/8/22 a medication was found to be left in a resident room unlocked. Securing medication is important to minimize the risk of damage to the medications or misuse of the medications by others. On the date of the survey the medication was removed and secured. Nursing followed up with the resident on the reason for the barrier cream and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.

Completion Date: 09/23/2022

Document Submission

Implemented

During a survey on 8/8/22 a medication was found to be left in a resident room unlocked. Securing medication is important to minimize the risk of damage to the medications or misuse of the medications by others. On the date of the survey the medication was removed and secured. Nursing followed up with the resident on the reason for the barrier cream and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 8/8/22, the home had multiple OTC medications that the home administers to multiple residents on the medication cart that are "house stock" medications. These medications were not labeled with residents names or as "house stock". There was no way to identify which residents are administered these medications.

Plan of Correction

Accept

During a survey on 8/8/22 OTC medications were identified without a house stock label or residents names. It is important that the staff in the home are aware of who the OTC medication belongs. On 9/13/22 leadership had a meeting with Beechwood's pharmacy and discussed the concern. The pharmacy will be providing house stock labels to be placed on the OTC medications to ensure that they are identified correctly.

Completion Date: 09/23/2022

184b - Resident's Meds Labeled *(continued)*

Document Submission

Implemented

During a survey on 8/8/22 OTC medications were identified without a house stock label or residents names. It is important that the staff in the home are aware of who the OTC medication belongs. On 9/13/22 leadership had a meeting with Beechwood's pharmacy and discussed the concern. The pharmacy will be providing house stock labels to be placed on the OTC medications to ensure that they are identified correctly.

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

On 8/8/22, at 11:42 am, in the room of resident #2 was the [REDACTED]. The medication was not stored in the medication cart.

Plan of Correction

Accept

During a survey on 8/8/22 an OTC medication was found in a resident room and not stored in the medication cart. It is important that medications are secured to reduce the risk of medications being misplaced, lost, or misused. Nursing followed up with the resident on the reason for the barrier cream and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.

Completion Date: 09/23/2022

Document Submission

Implemented

During a survey on 8/8/22 an OTC medication was found in a resident room and not stored in the medication cart. It is important that medications are secured to reduce the risk of medications being misplaced, lost, or misused. Nursing followed up with the resident on the reason for the [REDACTED] and the medication is no longer needed. Medication safety and awareness will be reviewed with the staff in the home to ensure that any future over the counter medications are submitted to nursing for assessment/review to ensure safe use, labeling, and storage.