

Department of Human Services
Bureau of Human Service Licensing

October 3, 2022

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

RE: BEECHWOOD CENTER 7
228 SOUTH BELLEVUE AVENUE
LANGHORNE, PA, 19047
LICENSE/COC#: 12969

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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 7* License #: *12969* License Expiration: *11/01/2022*
Address: *228 SOUTH BELLEVUE AVENUE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-750-4299* Email: [REDACTED]

Legal Entity

Name: *WOODS SERVICES, INC.*
Address: *469 E. MAPLE AVE., ATTN DAWN SHAFFER, LANGHORNE, PA, 19047*
Phone: *215-750-4001* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *03/11/1991* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/01/2022*

Inspection Dates and Department Representative

09/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2022*

09/22/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/03/2022*

10/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/1/22 the home's license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 the home's current license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home along with the home's most recent license inspection summary, dated 6/25/2021. It is important for these items to be posted as it permits the residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found. To ensure compliance, the Director of Accreditation, Licensing and Program Development will ensure that the current license inspection certificate and licensing inspection summary are uploaded to a folder on a shared accessible drive. The PCHA will be made aware when the updated document is available via e-mail. The PCHA will remove the outdated posted documents and replace them with the new ones. They will be posted in an area that is accessible to Residents and visitors for review. The PCHA of the home will ensure that it remains in place and accessible, by adding this field to the mandatory environmental forms submitted to the Assistant Director's monthly.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 the home's current license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home along with the home's most recent license inspection summary, dated 6/25/2021. It is important for these items to be posted as it permits the residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found. To ensure compliance, the Director of Accreditation, Licensing and Program Development will ensure that the current license inspection certificate and licensing inspection summary are uploaded to a folder on a shared accessible drive. The PCHA will be made aware when the updated document is available via e-mail. The PCHA will remove the outdated posted documents and replace them with the new ones. They will be posted in an area that is accessible to Residents and visitors for review. The PCHA of the home will ensure that it remains in place and accessible, by adding this field to the mandatory environmental forms submitted to the Assistant Director's monthly.

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/21/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 8/23/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

63a - First Aid/CPR Training (continued)

On 8/24/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 8/25/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 8/26/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 8/30/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 8/31/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

On 9/1/21, from 7:00 am to 3:00 pm, 7 residents were present in the home. During this time there were no staff persons present in the home certified in obstructed airway techniques and CPR.

Plan of Correction

Accept

On 9/1/22 during a licensing survey it was noted that the assigned staff for the 7am-3pm shift did not have an up to date CPR certification. To ensure compliance with the regulation moving forward the PCHA will assign a CPR certified staff to work in the home at all times. In the absence of a CPR certified staff a CPR certified PCHA will provide coverage as staff. The Assistant Director will ensure future compliance with CPR certification by verifying the dates of certifications for staff members and will provide quarterly reports to PCHA identifying staff coming due for recertification. The Assistant Director will co-ordinate CPR recertification classes on an as needed basis.

Completion Date: 09/30/2022

Document Submission

Implemented

On 9/1/22 during a licensing survey it was noted that the assigned staff for the 7am-3pm shift did not have an up to date CPR certification. To ensure compliance with the regulation moving forward the PCHA will assign a CPR certified staff to work in the home at all times. In the absence of a CPR certified staff a CPR certified PCHA will provide coverage as staff. The Assistant Director will ensure future compliance with CPR certification by verifying the dates of certifications for staff members and will provide quarterly reports to PCHA identifying staff coming due for recertification. The Assistant Director will co-ordinate CPR recertification classes on an as needed basis.

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.

65a - FS Orientation 1st Day (continued)

- 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:

- 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.

Plan of Correction

Accept

On 9/1/22 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 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 file.

Completion Date: 09/30/2022

Document Submission

Implemented

On 9/1/22 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 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 file.

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the dry storage cabinet, there was a bag of rice that was not sealed and not dated.

103g - Storing Food (continued)

Plan of Correction

Accept

During a licensing inspection on 9/1/22 there was a bag of rice not sealed or dated in the dry storage cabinet. It is important for food to be stored safely and protected from spoilage or infestation by insects and rodents. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 there was a bag of rice not sealed or dated in the dry storage cabinet. It is important for food to be stored safely and protected from spoilage or infestation by insects and rodents. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage cabinet, there was a bag of rice that was not sealed and not dated.

Plan of Correction

Accept

During a licensing inspection on 9/1/22 there was a bag of rice not sealed or dated in the dry storage cabinet. It is important to ensure that food is safe for use. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 there was a bag of rice not sealed or dated in the dry storage cabinet. It is important to ensure that food is safe for use. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

124 - Notice to Fire Department

1. Requirements

- 2600.
- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Plan of Correction

Accept

During a licensing inspection on 9/1/22 it was noted that the home did not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. This is important as in the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuated residents quickly. The Director of Accreditation and Licensing will notify the fire department in writing of the address, location of bedrooms, and assistance needed to evacuate in writing. The Director of Licensing and Accreditation will be responsible for updating and reporting any future changes in the home to the fire department as needed.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 it was noted that the home did not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. This is important as in the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuated residents quickly. The Director of Accreditation and Licensing will notify the fire department in writing of the address, location of bedrooms, and assistance needed to evacuate in writing. The Director of Licensing and Accreditation will be responsible for updating and reporting any future changes in the home to the fire department as needed.

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

There is no documentation of annual furnace inspections.

Plan of Correction

Accept

During a licensing inspection on 9/1/22 the home was noted to not have an annual furnace inspection on file. It is important to inspect furnaces annually to ensure that the home's furnace will produce heat and that residents are protected from carbon monoxide poisoning. To ensure compliance, the Director of Accreditation and Licensing notified the maintenance department of the missing documentation. The furnace was inspected on 9/1/22 to ensure safety and will be included in the annual furnace inspections. The Director of Accreditation and Licensing will monitor the documentation submitted for completion.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 the home was noted to not have an annual furnace inspection on file. It is important to inspect furnaces annually to ensure that the home's furnace will produce heat and that residents are protected from carbon monoxide poisoning. To ensure compliance, the Director of Accreditation and Licensing notified the maintenance department of the missing documentation. The Director of Accreditation and Licensing will monitor the documentation submitted for completion.

132f - Alternate Exit Routes

1. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the only exit route used during the fire drills held from 12/9/21 to 4/21/22.

Plan of Correction

Accept

During a licensing inspection on 9/1/22, it was noted that the front door was the only exit route used during fire drills held from 12/9/21 to 4/21/22. Alternating the locations of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios. To ensure compliance with this standard and to prevent recurrence, an assistant director or a designated person will review each fire drill once completed (monthly) to make sure staff and residents are alternating the exits and locations of the fire scenarios during drills. If the same exit/s are used for two consecutive months, the staff scheduled to conduct drill for the following month will be notified by the assistant director or designated person and required to change the exits to be used.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22, it was noted that the front door was the only exit route used during fire drills held from 12/9/21 to 4/21/22. Alternating the locations of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios. To ensure compliance with this standard and to prevent recurrence, an assistant director or a designated person will review each fire drill once completed (monthly) to make sure staff and residents are alternating the exits and locations of the fire scenarios during drills. If the same exit/s are used for two consecutive months, the staff scheduled to conduct drill for the following month will be notified by the assistant director or designated person and required to change the exits to be used.

162c - Menus Posted

1. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/1/22, there were no menus posted in the home.

Plan of Correction

Accept

During a licensing inspection on 9/1/22 it was noted that there were no menus posted in the home. Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance. Staff will be retrained regarding posting of the food menus as required. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by observation. The PCHA of the home will ensure that it remains in place and accessible. The Assistant Director's will complete random observations to confirm the procedure is being followed.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 it was noted that there were no menus posted in the home. Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance. Staff will be retrained regarding posting of the food menus as required. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by observation. The PCHA of the home will ensure that it remains in place and accessible. The Assistant Director's will complete

162c - Menus Posted (continued)

random observations to confirm the procedure is being followed.

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 is prescribed Tylenol 500 MG as needed. On 9/1/22 at 9:27 am, the medication was not available in the home.

Plan of Correction

Accept

During a licensing inspection on 9/1/22 a resident was prescribed Tylenol 500 MG as needed. At 9:27am, the medication was not available in the home. Having procedures for access to medication is important to reduce the risk of medications and medical equipment being misplaced, lost, or misused. To ensure medication availability the staff in the home will be retrained on the procedure for medication refills. Additionally, nursing staff will complete an audit of the medication cart monthly to monitor medication storage, access, and security.

Completion Date: 09/30/2022

Document Submission

Implemented

During a licensing inspection on 9/1/22 a resident was prescribed Tylenol 500 MG as needed. At 9:27am, the medication was not available in the home. Having procedures for access to medication is important to reduce the risk of medications and medical equipment being misplaced, lost, or misused. To ensure medication availability the staff in the home will be retrained on the procedure for medication refills. Additionally, nursing staff will complete an audit of the medication cart monthly to monitor medication storage, access, and security.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/1/22 at 9:15 am, the storm door off the kitchen was locked and blocked egress from the home's kitchen door exit.

Repeat Violation: 7/14/21

Plan of Correction

Accept

During a recent licensing inspection conducted on 9/1/22, the storm door off the kitchen was locked and blocked egress from the home kitchen door exit. It is important to keep all exits unblocked so residents and staff can escape danger in case of real emergency situation. To ensure compliance with this standard, a maintenance request will be made for the replacement of the lock on the residence back door. The new lock to be installed will have the capability of being locked from outside, which would restrict unauthorized personnel from entering the residence but will allow residents and staff to exit the home without hindrances in case of emergency.

Completion Date: 09/30/2022

121a - Unobstructed Egress (continued)**Document Submission*****Implemented***

During a recent licensing inspection conducted on 9/1/22, the storm door off the kitchen was locked and blocked egress from the home kitchen door exit. It is important to keep all exits unblocked so residents and staff can escape danger in case of real emergency situation. To ensure compliance with this standard, a maintenance request will be made for the replacement of the lock on the residence back door. The new lock to be installed will have the capability of being locked from outside, which would restrict unauthorized personnel from entering the residence but will allow residents and staff to exit the home without hindrances in case of emergency.