

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

December 16, 2022

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

RE: BEECHWOOD CENTER 6  
166 BRENDWOOD DRIVE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 12968

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: BEECHWOOD CENTER 6 License #: 12968 License Expiration: 11/01/2023  
 Address: 166 BRENDWOOD DRIVE, LANGHORNE, PA 19047  
 County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WOODS SERVICES, INC.  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 3 SP Date: 05/17/1995 Issued By: Commonwealth of PA, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 5 Waking Staff: 4

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 11/03/2022

**Inspection Dates and Department Representative**

11/03/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 5 Residents Served: 5

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

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

**Inspections / Reviews**

**11/03/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2022

**11/28/2022 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 12/15/2022  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/13/2022

Inspections / Reviews *(continued)*

12/16/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 54a - Direct Care Staff

## 1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

## Description of Violation

*Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

## Plan of Correction

Accept (█ - 11/28/2022)

- Staff person A was immediately removed from Direct Care responsibilities.
- Review of employee history indicated that staff A was on the SUB list under the definition of a housekeeper and should only have been working in a housekeeping role.
- An audit will be conducted by the Residential Director on 11/18 to ensure that all SUB employees are working in the designated role of employment.
- Future SUB employees will be verified by the Personal Care Home Administrator through Human Resources to ensure that they are working in the designated role of employment.

Licensee's Proposed Overall Completion Date: 11/21/2022

Implemented (█ - 12/16/2022)

## 65d - Initial Direct Care Training

## 2. 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.

65d - Initial Direct Care Training (continued)

- xv. Infection control.
- vi. 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 B, hired on [REDACTED] 11, provides unsupervised ADL services. 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 [REDACTED] 11/28/2022)

- Audit of staff B files in home was completed and certificate was not on file.
  - Staff B completed training to meet regulation.
- System set in place for new hires to complete training during onboarding orientation prior to starting direct care.

Licensee's Proposed Overall Completion Date: 11/21/2022

Implemented ([REDACTED] 12/16/2022)

88a - Surfaces

**3. Requirements**

2600.  
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

The ceiling in the living room has a hole in the plaster around the smoke alarm. Cracks extend out from this hole indicating additional pieces of this layer of plaster may fall from the ceiling.

**Plan of Correction**

Accept [REDACTED] 11/28/2022)

- A maintenance request was submitted for evaluation and repair of the ceiling on the date of the inspection.
- The ceiling was evaluated and submission to a contractor was completed by maintenance on 11/17/22.
- The ceiling repair is estimated to be complete by 12/12/22.
- Checks for surface quality will be included in the environmental review completed monthly by the Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 11/21/2022

Implemented ([REDACTED] 12/16/2022)

89b - Hot Water Temperature

**4. Requirements**

2600.  
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

On 11/03/22, at 11:17 AM, the hot water temperature at the sink in bathroom #2 measured 124.8 degrees Fahrenheit and at 12:19 PM it was 120.5 degrees Fahrenheit.

On 11/03/22, at 11:23 AM, the hot water temperature at the sink in bathroom #1 measured 126.1 degrees Fahrenheit and at 12:16 PM it was 124.5 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept (MJ - 11/28/2022)

- A call was placed to maintenance on the date of the inspection to have the hot water temperature concerns address immediately.
- A contractor was able to come out on 11/3/22 to inspect and make repairs on the hot water heater. A valve was in need of replacement.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented [redacted] 12/16/2022)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/03/22, at 10:43 AM, the drainage hose from the washing machine was not properly fastened to the drainage pipe causing water and suds to overflow onto the floor in the laundry room.

Plan of Correction

Accept ([redacted] - 11/28/2022)

- The hose was connected to the pipe by staff on 11/3/22.
- Maintenance was contacted to evaluate the piping and completed on 11/17/22.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented ([redacted] - 12/16/2022)

102j - Towels/Wash Cloths Access

6. Requirements

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

On 11/03/22, at 11:20 AM, resident #1's personal sponge/brush was found in shared bathroom [redacted]

Plan of Correction

Accept ([redacted] - 11/28/2022)

- On 11/3/22 the item was removed from the bathroom by staff.
- Personal items will be labeled and maintained in the resident's living space.
- The importance of keeping personal items within personal living space is on the agenda for the next house meeting scheduled for 11/29/22.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented [redacted] - 12/16/2022)

107c - Food/Water 3 Day Supply

7. Requirements

107c - Food/Water 3 Day Supply (continued)

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

On 11/03/22, the home served 5 residents. On this date there was no supply of non perishable emergency food in the home.

**Plan of Correction**

Accept (████) - 11/28/2022)

- Two bins of food consisting of a three day supply were placed in the home on 11/3/22 by the Personal Care Home Administrator.
- The food/water supply will be included in the environmental review completed by the Personal Care Home Administrator monthly.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented (████) - 12/16/2022)

144c1 - Smoking Area Guidelines

**8. 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 does not have ashtrays or fire resistant furniture in the designated smoking area.

**Plan of Correction**

Accept (████) - 11/28/2022)

- Ashtrays were placed in the designated smoking area by staff on 11/3/22.
- The furniture designated as fire resistant was placed in the smoking area on 11/8/22.
- Review of the smoking area for these items will be included in the environmental review completed by the Personal Care Home Administrator monthly.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented (████) 12/16/2022)

144d - Smoking Outside

**9. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

**Description of Violation**

On 11/03/22, at 11:33 AM, resident #2 was smoking on the front patio which is not the home's designated smoking area. The home's designated smoking area is on the side patio.

**Plan of Correction**

Accept (████) - 11/28/2022)

- Resident #2 was counseled by staff and reminded to smoke in the designated smoking area.

**144d - Smoking Outside (continued)**

- A review of the designated smoking area was done by the Director of Licensing on 11/17/22 including interviews with the staff and residents.
- Resident feedback indicated that they would like to have the smoking area moved to a new designated location that will allow for overhead shelter.
- The designated smoking area will be moved to a new location by the Personal Care Home Administrator and maintenance by 11/30/22.
- Review of the smoking policy and new location is on the agenda for the next house meeting scheduled for 11/29/22.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented (█ - 12/16/2022)