

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

February 6, 2023

[REDACTED]
WOODS SERVICES, INC.
[REDACTED]

RE: BEECHWOOD CENTER 2
589 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12964

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2023 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 2 License #: 12964 License Expiration: 11/01/2023
 Address: 589 BEECHWOOD CIRCLE, 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: Other Date: 04/22/1998 Issued By: L & I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 01/04/2023

Inspection Dates and Department Representative

01/04/2023 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: 5 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

01/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/21/2023

01/23/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/02/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/02/2023

Inspections / Reviews *(continued)*

02/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 ordered to have accuchecks 4 times daily [redacted] On [redacted]/23 at [redacted] P.M. Resident #1's blood sugar reading was [redacted] This [redacted] was not recorded on the resident's Medication Administration Record (MAR).

Plan of Correction

Accept [redacted] 01/23/2023)

On 11/2/22 during a licensing survey, glucometer documentation was noted to have incorrect recordings. In response, the following plan was implemented: nursing staff responsible for scanning and documenting the glucometer readings were re-trained by the AVP of Nursing Services on 11/30/22. The Nursing Manager began weekly checks/reviews of the documentation and glucometer readings starting 12/5/22 and plans to continue for at least three months to ensure that the nursing staff are accurately implementing the glucometer procedures. After 3 months of weekly monitoring (Week of 3/5/22) the AVP of Nursing Services will review the reports submitted at the end of each month and determine if monitoring can taper to monthly. On 1/3/23 the weekly check was completed and it was noted that the glucometer reading was not recorded on the MAR for 1/2/23. This was additionally noted on 1/4/23 during a licensing inspection. In response the following items were added to the original plan: The AVP of nursing scheduled an additional training for staff responsible for documenting the glucometer on 1/17/23. The Nursing Manager is increasing the checks/reviews of the documentation and glucometer readings to twice weekly starting on 1/16/23 and will continue for at least 3 months (4/16/23) at which time the the AVP of Nursing Services will review the reports submitted at the end of each month and determine if monitoring can taper to weekly or monthly. The steps for Glucometer documentation have been added as a standing monthly meeting agenda item, held by the Nursing Manager, for nursing staff starting on 1/23/23.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [redacted] - 02/06/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] based on a sliding scale. The sliding scale is listed below:

1. 2 units for a blood sugar reading between 200 and 250.
2. 4 units for a blood sugar reading between 251 and 300.
3. 6 units for a blood sugar reading between 301 and 350.
4. 8 units for a blood sugar reading between 351 and 400.
5. 10 units for a blood sugar reading above 400.

187d - Follow Prescriber's Orders (continued)

On [REDACTED]/23 Resident #1 had a blood sugar reading of [REDACTED] at [REDACTED] P.M. The medication administration record does not document this reading. According to the physician's orders, this resident should have been administered 6 units of [REDACTED]. However, the resident was not administered this medication.

Plan of Correction**Accept ([REDACTED] - 01/23/2023)**

Upon review of Resident #1's MAR the documentation of 6 [REDACTED] units given was present. Nursing responsible for using the electronic MAR and documentation system were trained by the AVP of Nursing Services for how to access [REDACTED] data within the electronic MAR on 1/17/23.

EMR access to [REDACTED] reports have been added as a standing monthly meeting agenda item, held by the Nursing Manager, for nursing staff starting on 1/23/23.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented ([REDACTED] - 02/06/2023)