

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

September 21, 2023

[REDACTED]  
WOODS SERVICES  
[REDACTED]  
[REDACTED]

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 review on 04/10/2023, 04/11/2023 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 10 License #: 14148 License Expiration: 05/02/2024  
Address: 588 BEECHWOOD CIRCLE, LANGHORNE, PA 19047  
County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WOODS SERVICES  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: R-4 Date: 04/08/2015 Issued By: Middletown L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 04/11/2023

**Inspection Dates and Department Representative**

04/10/2023 - On-Site: [REDACTED]  
04/11/2023 - 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: 1			
Number of Residents Who:			
Receive Supplemental Security Income:	8	Are 60 Years of Age or Older:	4
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	8	Have Physical Disability:	8

**Inspections / Reviews**

04/10/2023 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2023

05/05/2023 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 06/06/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2023

Inspections / Reviews *(continued)*

05/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/02/2023

09/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]/2023 at [redacted] PM, resident #1 reported to [redacted] support coordinator that staff A had stepped on [redacted] foot about a week before, causing a bruise on the foot. A nurse performed a body check on the resident and a small black bruise about the size of a dime was identified on the resident's left big toe. The resident stated that the staff had tried to stop [redacted] from going to another resident in the same building. Staff A stated the only times the resident had been stopped from going to the other resident were when the other resident was sleeping and denied stepping on or hurting the resident in any way. The resident is not keen on personal hygiene practices and other staff members admitted observing staff A engaged in heated verbal exchanges with the resident from time to time. When asked how the resident felt when stepped on, the resident said that it had hurt [redacted] pride.

Repeat Violation: 11/03/2022

Plan of Correction

Accept [redacted] - 05/12/2023)

Staff A was suspended on [redacted]/23 pending completion of an internal investigation by a Woods Services Investigator. As a result of the investigative findings, Staff A received a memo from Beechwood's Executive Director regarding professional conduct. Staff A additionally was assigned training classes by Woods Services Training to attend prior to being cleared to return to work. (About Caregiver Conduct, Employee Wellness: Managing Emotions, and Employee Wellness, Managing Stress). Trainings were completed on 4/18/23. Staff A was transferred out of Beechwood Center #10 following completion of the noted remediation steps. On 4/18/23 the Director of Accreditation and Licensing assigned all staff in 588 to complete a staff training on caregiver conduct with the due date of 5/18/23. The Personal Care Home Administrator held a staff meeting on 4/13/23 and discussed professionalism with the staff in the home. This agenda item will remain on the monthly staff meeting agenda for at least 6 months at which time the Assistant Director will evaluate the need for it to remain on the monthly agenda. On 4/28/23 the Personal Care Home Administrator held a house meeting with the residents in the home. Feeling safe in their home was a topic of discussion and the importance of letting others know if they ever do not feel safe in the presence of any staff or peers. This topic will remain on the agenda for house meeting minutes for at least six months at which time the Assistant Director will determine the need for it to remain as a topic.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented [redacted] - 09/21/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 04/10/2023 at 09:30 AM, there was a strong smell of urine in the shared bathroom of residents #2 and #3. There was a strong smell of urine in the shared bathroom of residents #1 and #4 and the toilet bowl was stained with feces on the outside.

Plan of Correction

Accept [redacted] - 05/05/2023)

Housekeeping was assigned to complete a deep cleaning of identified bathroom on 4/10/23 and a review of the importance of daily upkeep was done by the Personal Care Home Administrator. Starting on 4/13/23, spot

85a - Sanitary Conditions (continued)

checks/rounds will be completed by the Personal Care Home Administrator when in the home at least once a week for 3 months to ensure continued cleanliness of the bathroom.

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ( ) - 09/21/2023)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

Resident #1's bed is equipped with an enabler ( ), which is not covered.

Resident #2's bed is equipped with an enabler ( ), which is not covered.

Resident #4's bed is equipped with an enabler ( ), which is not covered.

Plan of Correction

Accept ( ) - 05/12/2023)

Temporary covers were placed on the enablers 4/12/23. More permanent enabler covers ordered and anticipate arrival by 5/31/23. Staff were trained on ensuring that enablers are covered at all time on 4/10/23 by Director and Personal Care Home Administrator. Enabler covers were added to the monthly environmental check completed by the Personal Care Home Administrator (who also completes the environmental checks) starting 5/1/23.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ( ) - 09/21/2023)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3's bedside lamp has no light-bulb. Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( ) - 05/12/2023)

All light bulbs were purchased and placed in the lamp by the Personal Care Home Administrator as of 4/10/23. Resident lamps will be added to the monthly environmental checklist completed by the Personal Care Home Administrator (who also completes the environmental checks) starting 5/1/23.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented ( ) - 09/21/2023)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.



183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] 05/05/2023)

The medication was replaced with a new bottle and Nursing manager provided open/discard after date labels to nursing for bottled medications. Nursing was trained on the importance of using the labels by the nursing manager on 5/1/23. The new bottle has not been opened as of this plan, but will be dated at the time in accordance with the training that was provided. Completed 05/01/2023.

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ([REDACTED] - 09/21/2023)

185b - Medication Procedures

8. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

Resident #3 is prescribed [REDACTED]. The most recent administration was on [REDACTED]/2023. According to the controlled substance record for the resident's [REDACTED], there is about 3 ml discrepancy between the remaining balance of 19.5 ml after [REDACTED]/2023 administration and the starting balance of 16.5 for [REDACTED]/2023 administration. On 0 [REDACTED]/2023 at [REDACTED] PM, the remaining balance was between 15 ml and 14 ml while the staff who last administered it on [REDACTED]/2023 did not record the remaining balance. Considering that there were only 3 more administrations since [REDACTED]/2023, the beginning balance of 16.5 ml on [REDACTED]/2023 is more plausible and the home could not explain this discrepancy,

Plan of Correction

Accept [REDACTED] - 05/12/2023)

Nurse manager will provide additional training during the next staff meeting on 5/26/23 to nursing staff regarding narcotic count sheets, process to investigate medications errors and discrepancy reporting. Narcotic counts are to be completed by the nurse assigned to the home during each shift. Any discrepancies are to be reported by nursing to the Nurse Manager who will investigate and implement any required actions steps to resolve and prevent further occurrence. The Nurse Manager will complete a monthly monitoring to ensure continued compliance beginning in June following the 5/26/23 staff meeting. Completion 05/26/2023.

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented ([REDACTED] - 09/21/2023)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #3 is prescribed [redacted] The resident's March MAR does not include the initials of the staff person who administered it on [redacted] 2023 at [redacted] PM and on [redacted] /2023 at [redacted] AM.

Plan of Correction

Accept [redacted] - 05/12/2023)

Nurse manager will provide additional training during the next staff meeting on 5/26/23 to nursing staff regarding narcotic count sheets, process to investigate medications errors and discrepancy reporting. Narcotic counts are to be completed by the nurse assigned to the home during each shift. Any discrepancies are to be reported by nursing to the Nurse Manager who will investigate and implement any required actions steps to resolve and prevent further occurrence. The Nurse Manager will complete a monthly monitoring to ensure continued compliance beginning in June following the 5/26/23 staff meeting. Completion 05/26/2023.

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented [redacted] - 09/21/2023)

202 - Prohibitions

10. Requirements

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #3 is prescribed [redacted]. According to the resident's March MAR, this medication was administered to the resident [redacted] on numerous occasions including [redacted] /2023, [redacted] /2023, [redacted] /2023, and [redacted] /2023.

Plan of Correction

Accept [redacted] - 05/12/2023)

Education provided to ordering physician by the nursing manager about regulation 2600.202, chemical restraints, and appropriate diagnosis for client's receiving hospice care on 5/1/23. Order changed and updated in EMAR. Completed 05/03/2023. The nursing staff will receive training from the Nursing Manager on 5/26/23 regarding regulation 2600.202 and the differences between medication administration and chemical restraints, as well as appropriate advocating for the residents placed on hospice care.

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented [redacted] - 09/21/2023)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 #5, dated [redacted]/2022, indicates the resident has a need for the ability to use and avoid poisonous materials. The resident's support plan, dated [redacted]/2022, does not document how this need will be met or who is responsible.

Repeat Violation: 04/14/2022

Plan of Correction

Accept [redacted] - 05/12/2023)

The notation of "C" next to poisonous materials was an error when completing the assessment side of the RASP. "A" should have been noted to align with the DME completed on 6/16/22. The Care Coordinator corrected the RASP on 4/11/23 and resubmitted the document for upload in the participants ECR and also provided a copy for the residence. The Director of Care Coordination, held a training with the Care Coordination team on 5/4/2023 to review documentation procedures for completing the RASP and discussed ways to eliminate potential errors. Every RASP in the home has been audited by the Care Coordinator on 5/8/2023 to ensure that accurate and complete information is present.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented [redacted] - 09/21/2023)

251b - Record Entries Legible

12. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Some entries on resident #3's [redacted] record are smeared blurry, making them illegible: signature of nurse receiving medication, quantity received and date, entry line 1, 9, 10, 16, and 24.

Plan of Correction

Accept [redacted] - 05/12/2023)

Nurse manager will provide additional training during the next staff meeting on 5/26/23 to nursing staff regarding narcotic count sheets, process to investigate medications errors and discrepancy reporting. Narcotic counts are to be completed by the nurse assigned to the home during each shift. Any discrepancies are to be reported by nursing to the Nurse Manager who will investigate and implement any required actions steps to resolve and prevent further occurrence. The Nurse Manager will complete a monthly monitoring to ensure continued compliance beginning in June following the 5/26/23 staff meeting. Completion 05/26/2023.

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented [redacted] - 09/21/2023)