

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

December 19, 2023

[REDACTED], ADMINISTRATOR
WOODS SERVICES, INC.

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 11/09/2023 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 7 License #: 12969 License Expiration: 11/01/2024
Address: 228 SOUTH BELLEVUE AVENUE, 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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 11/09/2023

Inspection Dates and Department Representative

11/09/2023 - 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: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/09/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/25/2023

11/27/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/18/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/27/2023

Inspections / Reviews *(continued)*

12/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 11/9/23, at 9:40 am, an agent of the Department, requested access to the staff schedule for October and November, internal investigation documents, incident reports, Mandatory Abuse Reporting form submitted for the incident, staff record for staff person A, and the resident record for resident 1. Staff person B provided the Resident Assessment and Support Plan and Documentation of Medical Evaluation for resident 1 and annual training transcript for staff person A at 12:15 pm. Internal investigation documents and resident 1's contract were received at 12:55 pm. Staff record for staff person A was received at 1:15 pm. The Mandatory Abuse Reporting Form was received at 1:17 pm.

Plan of Correction

Accepted (████) - 11/27/2023)

On 11/10/23 the Director of Accreditation, Licensing, and Program Development held a training with the Director of Community Residences on the steps to take when the Department is present and requesting information. The training included document locations, key people to notify and the expectations of the Department as it related to this regulation.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented (████) - 12/19/2023)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On ██████ at approximately ██████, resident 1 reported being hit by staff person A. This incident was reported to staff person C. This incident was then reported to staff person B on ██████. Staff person A was not suspended and returned to work on 10/14/23 and was not placed on a plan of supervision.

Plan of Correction

Accepted (████) - 11/27/2023)

On 11/9/23 the representative from the Department provided educational information to the Director of Accreditation, Licensing and Program Development and the Director of Community Residences during the exit. A follow-up meeting was held by the Director of Accreditation, Licensing and Program Development post the exit on 11/9/23 with Beechwood management to review this regulation and train the team on the appropriate steps to take regarding a plan of supervision.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented (████) - 12/19/2023)

16d - Final Incident Report

3. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

16d - Final Incident Report (continued)

Description of Violation

On [redacted] resident 1 reported being hit by staff person A. The home submitted an initial incident report on [redacted]. The home did not submit a final report to the Department.

Plan of Correction

Accept ([redacted] - 11/27/2023)

A copy of the final report was provided to the Department by the Director of Accreditation, Licensing, and Program Development on 11/9/23 with no fax transmittal receipt. The final report was faxed to the Department by the Director of Accreditation, Licensing, and Program Development on 11/22/23. The Director of Accreditation, Licensing, and Program Development issued a memo on 11/22/23 to all management responsible for completing incident reports to stress the importance of obtaining a confirmation receipt to ensure that the report was received.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented ([redacted] - 12/19/2023)

42c - Treatment of Residents

4. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately [redacted] am, staff person A poked resident 1 in the stomach and said "have a good day". Staff person A reported doing this because resident "has a little round stomach" and the resident's parents are on the resident about losing weight. Resident 1 was bothered by the interaction and reported it to staff person C at approximately 10:30 am the same day.

Plan of Correction

Accept ([redacted] - 11/27/2023)

On 10/13/23 Woods internal Administrative Review Committee reviewed the investigation completed by Woods Certified Investigator. Following review, Human Resources determined that Staff A acted in an unprofessional manner as it related to this citation. The Director of Community Residences spoke to staff A on the phone on 10/13/23 to review staff expectations surrounding dignity and respect. The Director of Community Residences additionally met with staff A in person on 10/19/23 to reinforce the phone conversation and ensure that staff A was able to demonstrate an understanding of the staff expectations and resident treatment.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented ([redacted] - 12/19/2023)

65f - Training Topics

5. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.

65f - Training Topics (*continued*)

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and safe management techniques during training year 2022.

Plan of Correction

Accepted [REDACTED] - 11/27/2023)

The Director of Accreditation, Licensing, and Program Development audited Staff A's training record on 11/22/23 and noted the following:

Staff A completed infection control and general principles of cleanliness and hygiene on 7/15/22 and 7/5/23.

Staff A completed safe management techniques on 11/2/22.

Staff A completed skin integrity on 1/4/23.

Beechwood Center 7 training year starts 6/1 and ends 7/31.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented [REDACTED] - 12/19/2023)