

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

February 23, 2024

[REDACTED], DIRECTOR OF LICENSING
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 01/04/2024 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]

Certificate(s) of Occupancy

Type: C-3 SP Date: 06/11/1991 Issued By: PA Dept. of L&I

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: 01/04/2024

Inspection Dates and Department Representative

01/04/2024 - 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

01/04/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2024

02/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/20/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/17/2024

Inspections / Reviews *(continued)*

02/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

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 1/4/2023, a copy of the chapter 2600 regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 02/05/2024)

2600 Regulations were posted in the home on 1/4/24 by the Personal Care Home Administrator.

The Personal Care Home Administrator will review this regulation and notate the location of the posting at the next house meeting on 2/13/24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (█) - 02/23/2024)

5a1 - DHS Access

2. 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 1/4/2024 at 9:00 am, a licensing representative of the Department arrived at the home for its annual licensing renewal inspection. Staff member A was the only employee in the home. The administrator was not present. The Department's licensing representative explained that staff records and resident records were needed to conduct the inspection. The staff member said that they didn't have access to these materials and referred the representative to the Beechwood/Woods Services main campus, at 469 East Maple Avenue, where the home's records were kept one mile from the home.

The Department's representative arrived at this location and waited until 9:39am for an entrance conference with representatives of the company. At this time, a resident list and staff list were requested. The home provided the lists approximately forty-five minutes later. The Department then selected two residents and two staff members and requested their records. Staff records were not provided until 11:21am and resident records at 11:45am.

Plan of Correction

Accept (█) - 02/05/2024)

Participant and staff records locations were reviewed with the assigned staff on 1/4/24 by the Personal Care Home Administrator. The Personal Care Home Administrator will review this regulation and review the locations of these records at the next house meeting on 2/13/24. Additionally the Director of Licensing reviewed the specific steps to take upon arrival of licensing with the Director of Community Residences on 1/4/24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (█) - 02/23/2024)

20b9 - Record Keeping

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

On 1/4/2024, there was no account of financial transactions in resident #1's record for any period.

Plan of Correction

Accept ([redacted] - 02/05/2024)

Financial transactions were provided by the Personal Care Home Administrator to be placed in resident #1's official record on 1/5/24. The Director of Community Residences will hold a training with the Personal Care Home Administrator regarding financial management and reporting of financial transactions to keep all records up to date on 2/1/24.

The PCH administrator will audit resident records at least twice annually to ensure a copy of the resident's financial records are maintained in the resident file, starting immediately. (slw 2/5/24)

Proposed Overall Completion Date: 02/02/2024

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented ([redacted] - 02/23/2024)

53a - Qualifications

6. Requirements

2600.

53.a. The administrator shall have one of the following qualifications:

- 1. A license as a registered nurse from the Department of State.
- 2. An associate's degree or 60 credit hours from an accredited college or university.
- 3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- 4. A license as a nursing home administrator from the Department of State.
- 5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 1/4/2024, the home was serving 7 residents. Staff member B, [redacted], does not have documentation of education from an accredited institution in the United States.

Plan of Correction

Accept ([redacted] - 02/05/2024)

The Personal Care Home Administrator is currently enrolled and close to completion of a Master's Degree (5/24/24) at Philadelphia College of Osteopathic Medicine (PCOM). Documentation on registration and enrollment for graduation were provided to Human Resources on 1/31/24 to be included in their personnel file. The Director of Licensing reviewed education documentation requirements with Human Resources on 1/4/24 to ensure that all new hires have the proper documentation to meet this regulation.

53a - Qualifications (continued)

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented () - 02/23/2024)

64c - Annual Training

7. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, (), completed only 23.25 hours of Department-approved training in training year 2022 to 2023.

Plan of Correction

Directed () - 02/07/2024)

The Director of Community Residences will be meeting with the Personal Care Home Administrator to review the annual training requirements on 2/1/24.

Personal Care Home Administrator training will be reviewed on a quarterly basis by the Director of Community Residences starting at the end of this first quarter 3/24.

Directed Plan of Correction () 2.7.24):

1. In addition to the Plan of Correction above, the administrator will complete 24 hours of Department approved training sources listed in the Departments training resource directory or by an accredited college or university by 6/30/24, and annually thereafter.
2. The administrator will sign up for the Department approved trainings by 2/17/24.
3. Documentation of the certificates received at completion of the training will be maintained for the Departments review.

Proposed Overall Completion Date: 02/09/2024

Directed Completion Date: 02/17/2024

Implemented () - 02/23/2024)

65f - Training Topics

8. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
5. Personal care service needs of the resident.

Description of Violation

Staff person A, a direct care worker, did not receive training in medication self-administration or personal care service needs of the resident during training year 2022-2023.

Plan of Correction

Directed () - 02/05/2024)

Following closer review of staff person A's training record by the Director of Licensing, it was noted that Staff person A took Medication training on 11/4/22 and 1/9/24. Staff A took Personal Care Training on 3/30/22 and 12/13/23.

The PCHA will continue to implement training plans for staff at Beechwood Center 7 and monitor the annual

65f - Training Topics (continued)

training for compliance.

Directed Plan of Correction (slw 2/5/24):

1. In addition to the above stated plan, the administrator will ensure all required topics are included in the online Relias training, by 2/15/24) for all staff.
2. Staff A will retake the self-administration of medication and personal care training by 2/15/24 to ensure it is accurately noted on the staff's training record.
3. Documentation of these directed steps will be maintained for the Department review.

Proposed Overall Completion Date: 01/31/2024

Directed Completion Date: 02/17/2024

Implemented (████) - 02/23/2024)

65g - Annual Training Content

9. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Staff person C did not receive training in falls and accident prevention during training year 2022 to 2023.

Plan of Correction

Accept (████) - 02/05/2024)

The Director of Community Residences will be meeting with the Personal Care Home Administrator to review the annual training requirements for ancillary staff and the importance of including ancillary staff with their quarterly monitoring on 2/1/24.

The PCHA will meet with Staff person C to review the training requirements on 2/5/24 and the training will be completed by 2/16/24. The PCHA will include all ancillary staff in their quarterly monitoring starting at the end of the first quarter 3/24.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented (████) - 02/23/2024)

85a - Sanitary Conditions

10. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/4/2023 at approximately 1:00pm, the floor of bedroom 3 was strewn with roughly a dozen uncovered cookies among other foods and beverages, concentrated in the area near the bed and nightstand.

Plan of Correction

Accept (████) - 02/05/2024)

Resident occupying bedroom #3 was approached with the issue on 1/5/24 and has since thoroughly cleanup the room.████/resident has also promised to keep █████ room tidily. The PCHA will include the cleanliness of bedrooms in the monthly environmental check starting 2/1/24.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented () - 02/23/2024)

101o - Walls, Floors, Ceilings

11. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On the afternoon of 1/4/2024, the ceiling in the right rear corner of bedroom 2 had a hole roughly two feet in length reaching from the corner to the ceiling vent, exposing the wooden ceiling beneath the paint. The hole was fringed with water stains. The floor in the corner under the hole had a large pile of fallen paint and plaster material.

Plan of Correction

Accept () - 02/05/2024)

A maintenance request was submitted on 1/5/24 by the PCHA. Occupant of bedroom #2 was formally discharged on 1/18/24 and the room is under full renovation for the next occupant. Estimated room completion is 2/29/24. The PCHA will include the cleanliness and good repair of bedrooms in the monthly environmental check starting 2/1/24.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented () - 02/23/2024)

132a - Monthly Fire Drill

13. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home does not have records of fire drills for August and September of 2023.

Plan of Correction

Accept () - 02/05/2024)

The Director of Community Residences reviewed the fire drill logs for Beechwood Center 7 on 1/4/24 and confirmed the missing documents. The responsible PCHA is no longer employed at Beechwood Center 7. The Director of Community Residences will include a reminder to the current PCHA on the importance of completing fire drills monthly and submitting the paperwork in a timely manner on 2/1/24.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented () - 02/23/2024)

132c - Fire Drill Records

14. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 11/28/2023 does not include the amount of time it took for evacuation.

Plan of Correction

Accept () - 02/05/2024)

The Director of Licensing reviewed the fire drill logs and noted that the time of the drill was repeated in the evacuation time column. The drill evacuation time was 1 minute and 20 seconds. The documentation error will be corrected on the log by the Director of Community Residences on 2/1/24.

The Director of Licensing reviewed the importance of transcribing information correctly on the logs with the Director of Community Residences on 2/1/24.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented () - 02/23/2024)

132e - Fire Drill Sleeping Hours

15. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

According to the home's log, the last fire drill conducted during sleeping hours was on 4/29/2023 at 4:15am. This was more than six months before the inspection.

Plan of Correction

Accept () - 02/05/2024)

The Director of Licensing reviewed the fire drill logs and noted that on 11/25/23 a fire drill was held at 5:02am. The Director of Community Residences failed to document am or pm on the fire drill log. The documentation error will be corrected on the log by the Director of Community Residences on 2/1/24.

The Director of Licensing reviewed the importance of transcribing information correctly on the logs with the Director of Community Residences on 2/1/24.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented () - 02/23/2024)

171b5 - First Aid Kit

16. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 1/4/2024, the station wagon used to transport residents did not include a first-aid kit.

Plan of Correction

Accept () - 02/05/2024)

Van was taken off the property and sent back to transportation on 1/4/24 by the PCHA for replacement of the First

171b5 First Aid Kit (continued)

Aid kit.

The PCHA will include a vehicle check in the monthly environmental check starting 2/1/24.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented () - 02/23/2024)

224a - Preadmission Screen Form

17. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form was completed on [redacted] However, the resident was not admitted to the home until [redacted] more than 30 days later.

Plan of Correction

Directed () - 02/05/2024)

The residential admissions process has changed since 2016 and is now managed by the Woods Services Admissions Department who provides more direct oversight on incoming admissions and associated paperwork. The Assistant Director of Admissions who is assigned to work directly with Beechwood facilitates a warm handoff of all paperwork in compliance with regulatory guidelines to prevent such errors from occurring.

A pre admission checklist for the current process was developed at that time and is utilized when bringing new admissions into the program.

Directed Plan of Correction (slw 2/5/24):

1. In addition to the plan submitted, the administrator will develop an admission document checklist to ensure preadmission screening forms are completed within 30 days prior to admission to the home.
2. The Woods Service Admissions Department will be trained on the requirements of this regulation to ensure they are completing all pre admission documents timely and in accordance with the regulations by 2/15/24.
3. The administrator of the home will audit all of the resident records upon admission to ensure all documents are completed in accordance with the regulations, starting immediately.
4. Documentation of the checklist and training will be maintained for the Department review.

Proposed Overall Completion Date: 02/15/24

Directed Completion Date: 02/17/2024

Implemented () - 02/23/2024)

227i - Support Plan Accessible

18. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 1/4/2023 at 9:00am, there was one staff member in the home. The administrator was not present. The Department's licensing representative asked for resident records, including support plans. The staff member said that

227i - Support Plan Accessible (continued)

this was outside the scope of their duties. The staff member pointed the Department's representative toward the Beechwood/Woods Services main campus, where the home's records were kept one mile from the home.

The Department arrived at this location and waited until 9:39am for an entrance conference with Beechwood representatives. At this time a resident list was requested. The home provided the list approximately forty-five minutes later. The Department then selected residents #1 and #2 and requested their records. These residents' records, including support plans, were not provided until 11:45am.

In the afternoon, during a physical site inspection of the home, staff eventually located most, but not all, of the residents' support plans on site.

Plan of Correction

Accept (████) - 02/07/2024)

All participants support plans are kept in the building as well as in an electronic healthcare record accessible in the home. The Support Plans are reviewed during each RSP meeting and a hard copy is printed out for that period, copy of which is placed in the individual participant's file in the residence by the PCHA. Participant record locations were reviewed with the assigned staff on 1/4/24 by the PCHA.

The Personal Care Home Administrator will review the locations of these records with all staff at the next house meeting on 2/13/24

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (████) - 02/23/2024)

251d - Resident Records on Premises

19. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

On 1/4/2024, residents' records were not kept at the home. They were kept at Beechwood/Woods Services headquarters at 469 E Maple Avenue, one mile from where the residents live.

Plan of Correction

Accept (████) - 02/07/2024)

All participants support plans are kept in the building as well as in an electronic healthcare record accessible in the home. The Support Plans are reviewed during each RSP meeting and a hard copy is printed out for that period, copy of which is placed in the individual participant's file in the residence by the PCHA. Participant record locations were reviewed with the assigned staff on 1/4/24 by the PCHA. The Personal Care Home Administrator will review the locations of these records with all staff at the next house meeting on 2/13/24

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (████) - 02/23/2024)

252 - Record Content

20. Requirements

2600.

252 - Record Content (continued)

- 252. Content of Resident Records - Each resident's record must include the following information:
 - 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 - 3. A photograph of the resident that is no more than 2 years old.
 - 20. The financial records of residents receiving assistance with financial management.

Description of Violation

On 1/4/2024, the Department received resident records two hours and forty-five minutes after they were first requested. The records for both residents and staff were kept at the company's central campus a mile from the home. Administrators struggled to find documents for residents #1 and #2, and then presented them loose and in random order, rather than in individual files with a face sheet for each resident. The records for residents #1 and #2 did not contain photographs that were no more than two years old, and lacked listings of race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. The home assists resident #1 with financial management but the resident's record did not contain a financial log.

Plan of Correction

Accept ([REDACTED] - 02/07/2024)

Resident Records are kept in the Electronic Healthcare Record (EHR) that is accessible by staff at each location. Face sheets containing the required demographic information are located in the EHR for each participant along with photos. During the inspection on 1/4/24 paper copies were utilized by the Director of Licensing in lieu of the Electronic Healthcare Record and the Facesheet was not provided at that time. For future Inspections the Electronic Healthcare Record will be utilized to ensure that all aspects of data are available for the inspector to review. The Director of Licensing will send out a notice of this procedure on 2/1/24 to the other Directors within the program.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented ([REDACTED] - 02/23/2024)