

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

May 20, 2024

[REDACTED], DIRECTOR LICENSING  
WOODS SERVICES, INC.

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 03/07/2024, 03/08/2024 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 6 License #: 12968 License Expiration: 11/01/2024  
 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]

**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: 03/08/2024

**Inspection Dates and Department Representative**

03/07/2024 - On-Site: [REDACTED]  
 03/08/2024 - 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: 0 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**

03/07/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2024

04/29/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/17/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2024

Inspections / Reviews *(continued)*

05/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2024

05/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for Resident #1. However, the home's financial records do not include the balance for the month of February 2024 or the carry-over balance from January of 2024.

Plan of Correction

Accept (████ - 04/29/2024)

The PCHA of the home was trained on keeping all financial records and current balances by the Director of Community Residences on 3/21/24. The Director of Community Residences will hold an additional training with the Personal Care Home Administrator regarding financial management and reporting of financial transactions to keep all records up to date on 4/18/24.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented (████ - 05/20/2024)

20b6 - Interest Bearing Account

2. Requirements

2600.

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

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for Resident #2, from September 2023 through February 2024, during which time the balance of those funds did not fall below \$200. The home has not notified the resident and/or deposit the money to Resident#2's interest-bearing account.

Plan of Correction

Accept (████ - 04/29/2024)

The PCHA of the home was informed by the Director of Community Residences on 3/8/24 to assist the resident to spend down by making all needed purchases. The PCHA was also informed by the Director of Community Residences on 3/8/24 to return any funds back to the interest bearing account that is over \$100. The Director of Community residents will hold a formal training with the Personal Care Home Administrator regarding financial management and reporting of financial transactions to keep all records up to date on 4/18/24.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented (████ - 05/20/2024)

20b8 - Quarterly Account

3. Requirements

2600.

20b8 Quarterly Account (continued)

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

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since 2023.

Resident #2 has not received a quarterly account of financial transactions since 2023.

Plan of Correction

Accept ( ) - 05/07/2024)

The Director of Community Residences will be meeting with the Personal Care Home Administrator on 4/18/24 to review the quarterly financials for each resident. The Director of Community Residences will monitor the quarterly reports on a quarterly basis starting 4/1/24. The administrator will be meeting with residents #1 and #2 the week of ( ) (no later than 5/10/24 to review the quarterly financials.

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented ( ) - 05/20/2024)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On ( ), from ( ), five residents were present in the home. During this time, no staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept ( ) - 04/29/2024)

Both Staff in violation were assigned to a CPR training course for recertification on 4/15/2024. A staff certified in CPR will be assigned to the home at all times along with that staff. The staff in violation will received CPR training and certification on 4/15/24. An audit was conducted by PCHA on 3/9/24 to identify any staff in the home who is not first aid/CPR certified. Beginning 4/1/24, PCHA will conduct monthly audits of all staff in the home to ensure compliance with 2600.63a"

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( ) - 05/20/2024)

107c - Food/Water 3 Day Supply

5. Requirements

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 03/08/24, the home served 5 residents, requiring 15 gallons of emergency drinking water. However, the home had only 12 gallons. The home does not have a contract with a local bottled water supplier.

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

Plan of Correction

Accept ( ) - 04/29/2024)

On 3/11/24 three gallons of water was added to the emergency drinking water by the PCHA. The PCHA of the home will provide a monthly check on all emergency food supplies and ensure all need food supplies are available at the home. As of 4/1/24, A monthly checklist will be placed during the environmental checklist which will include all nonperishable food and drinking water for residents. if any items are needed, PCHA of the home will be responsible to ensure the items are replaced/purchased for the home.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( ) - 05/20/2024)

132a - Monthly Fire Drill

6. Requirements

2600.

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

Description of Violation

An unannounced fire drill was not held during the month of January 2023 or January 2024.

Plan of Correction

Accept ( ) - 04/29/2024)

The Director of Community Residences met with the PCHA of the home to train them on the importance of monthly fire drills and the expectations for the monthly drills on 3/21/24. The PCHA lead will monitor monthly fire drills and report any untimely completions to the Director of Community residents starting 4/1/24.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( ) - 05/20/2024)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on April 21, 2023, at 2:03 am. The previous sleeping hours fire drill was conducted in February 2022.

Plan of Correction

Accept ( ) - 04/29/2024)

The Director of Community Residences met with the PCHA of the home to train them on the importance of fire drills being held during sleeping hours once every 6 months and the expectations for the monthly drills on 3/21/24. The PCHA lead will monitor monthly fire drills and report any concerns with compliance with sleeping hours to the Director of Community residents starting 4/1/24.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( ) - 05/20/2024)

132g - Fire Drills Days/Times

**8. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

*The home routinely holds fire drills during the last week of the month as evidenced by the following drills: 08/30/2023, 09/28/23, 10/23/23,11/28/23 and 12/29/2023.*

**Plan of Correction**

**Accept ( [REDACTED] - 04/29/2024)**

*The Director of Community Residences met with the PCHA of the home to train them on the importance of fire drills being held at various dates within a month and the expectations for the monthly drills on 3/21/24. The PCHA lead will monitor monthly fire drills and report any concerns with compliance of 2600.132.g to the Director of Community residents starting 4/1/24.*

**Licensee's Proposed Overall Completion Date: 04/08/2024**

**Implemented ( [REDACTED] - 05/20/2024)**

**187d - Follow Prescriber's Orders**

**9. Requirements**

2600.

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

**Description of Violation**

*Resident #1 is prescribed [REDACTED], take one tablet by mouth at bedtime. However, Resident #1 was not administered this medication from [REDACTED].*

**Plan of Correction**

**Accept ( [REDACTED] - 05/07/2024)**

*Nursing staff contacted pharmacy to verify delivery date of Myrbetriq Med on 3/7/24 and was delivered/administered on 3/11/24. The Personal Care Home Administrator with review MARs weekly starting 4/15/24 and re-order medications as needed and notify nursing staff for appropriate follow up. The Certified Administration Trainer will train staff administering medication on the importance of following physician orders and review the re-ordering of medication procedure on 5/3/24.*

**Licensee's Proposed Overall Completion Date: 05/03/2024**

**Implemented ( [REDACTED] - 05/20/2024)**

**188b - Medication Error Reporting**

**10. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*Resident #1 is prescribed [REDACTED], one tablet by mouth at bedtime. However, Resident #1 was not administered this medication on [REDACTED]. The medication error was not reported to the resident, resident's designated person, and prescriber.*

188b - Medication Error Reporting (continued)

**Plan of Correction**

**Accept ( [REDACTED] - 04/29/2024)**

*The MTS Certified Trainer reviewed the Medication Re-ordering Procedure with the Med Certified Staff on 3/11/24. The Personal Care Home Administrator will review MARs weekly starting 4/15/24 and re-order medications as needed and notify nursing staff for appropriate follow up. All Med Certified Staff will be re-trained by nursing on Medication Error Reporting Procedures by 4/26/24.*

**Licensee's Proposed Overall Completion Date: 04/26/2024**

**Implemented ( [REDACTED] - 05/20/2024)**