

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

July 1, 2024

[REDACTED]  
WOODS SERVICES, INC.

[REDACTED]  
ATTN DAWN SHAFFER  
[REDACTED]

RE: BEECHWOOD CENTER 4  
586 BEECHWOOD CIRCLE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 12966

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2024 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 4* License #: *12966* License Expiration: *11/01/2024*  
 Address: *586 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: *08/29/1984* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *05/21/2024*

**Inspection Dates and Department Representative**

05/21/2024 - 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: *6* Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *4* Have Physical Disability: *0*

**Inspections / Reviews**

05/21/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2024*

06/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/21/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/27/2024*

Inspections / Reviews *(continued)*

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at approximately [REDACTED], Resident [REDACTED] grabbed another resident by the upper arm for no reason and tried to hit them. This incident was observed by Staff person A. However, this allegation of abuse was not reported to Area Agency on Aging in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27.

Plan of Correction

Accepted [REDACTED] - 06/13/2024)

The Director of Community Residences held a training on 5/23/24 to review with the Personal Care Home Administrator and staff the reportable incident policy. It is the responsibility of the Personal Care Home Administrator to notify the Leadership team of any incidents that fall under reporting to external agencies.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented [REDACTED] 07/01/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at approximately 3:05pm, Resident [REDACTED] grabbed another resident by the upper arm for no reason and tried to hit them. The home did not report this incident to the Department.

Plan of Correction

Accepted [REDACTED] 06/13/2024)

The Director of Community Residences held a training on 5/23/24 to review with the Personal Care Home Administrator and staff the reportable incident policy. It is the responsibility of the Personal Care Home Administrator to notify the Leadership team of any incidents that fall under reporting to external agencies.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented [REDACTED] - 07/01/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] relies on a rollator and a wheelchair for mobility. However, the resident's medical evaluation, dated 6/13/23, did not include body positioning and movement for the resident.

Plan of Correction

Accept [redacted] - 06/13/2024)

Resident [redacted] is scheduled to see [redacted] primary care physician to have [redacted] DME updated on [redacted]. AVP of nursing will meet with the primary care physician on [redacted] to review the importance of mobility needs in regards to the DME documentation. The administrative assistant will review all DMEs prior to entering them into the record to ensure thoroughness starting [redacted]

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented [redacted] - 07/01/2024)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] exhibited several problematic behaviors towards other residents and staff members, including verbal aggression, physical aggression, and inappropriate sexual comments on the following dates:

- On [redacted] at 4:00pm, Resident [redacted] threatened to punch another resident in the face.
- On [redacted] at 12:00pm, Resident [redacted] made an inappropriate sexual comment to a staff member, stating that they wanted the staff member to sleep in bed with them.
- On [redacted] at 3:05pm, Resident [redacted] grabbed another resident by the upper arm for no reason and tried to hit them.

Despite these incidents, no additional assessment was completed beyond the most recent annual assessment and support plan dated 6/15/23.

225c - Additional Assessment (continued)

**Plan of Correction**

**Accept (█ - 06/13/2024)**

*The Care Coordinator requested 14 hours of H2019 from the participant's funder on 6/3/24 which is necessary for completion of a Functional Behavioral Analysis (FBA). Pending funder authorization, the participant will have a thorough behavioral assessment to provide strategies that will support █ staff and treatment team in supporting █ in the management of behavioral concerns. These strategies can be included in █ support plan.*

*The team recognizes the role of social determinants in the population served and how this participant specifically has been affected by changes in family dynamics during the times mentioned. While the team does not feel that all behavioral incidents warrant further evaluation, we are conscious of the need to provide individualized support and document those changes where needed.*

*Starting 6/1/24, Behaviors will be added to the incident management report that is reviewed monthly by the leadership team. Frequency and scope of the incidents will be reviewed and the team will collectively determine if further assessment is needed based on the participant's history and known determinants that may have affected behavior at the time of occurrence.*

**Licensee's Proposed Overall Completion Date: 06/10/2024**

**Implemented (█ - 07/01/2024)**