

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

January 28, 2025

[REDACTED], DIRECTOR OF COMMUNITY SERVICES
WOODS SERVICES, INC.
[REDACTED]

RE: BEECHWOOD CENTER 3
587 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12965

Dear Nelto Gerlus,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2024 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 3* License #: *12965* License Expiration: *11/01/2024*
 Address: *587 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: *C-1* Date: *09/07/1984* Issued By: *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* Exit Conference Date: *11/05/2024*

Inspection Dates and Department Representative

11/05/2024 - 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: *3* Are 60 Years of Age or Older: *2*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *8*

Inspections / Reviews

11/05/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/29/2024*

12/03/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/20/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2024*

Inspections / Reviews *(continued)*

12/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/20/2025

01/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

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 11/05/2024, the home's licensing inspection summary, dated 11/16/2023, was not posted in a conspicuous and public place in the home. The one posted was dated 08/27/2021.

Repeat Violation: 09/14/2023

Plan of Correction

Accept ([redacted] - 12/12/2024)

The most recent LIS was posted by the PCHA on 11/5/24. All future LIS reports will be posted on a shared drive for access by the Director of Accreditation and will be e-mailed out to the PCHA upon receipt for posting starting 11/5/24. The LIS will be added on the monthly Environment checklist by the PCHA effective 12/19/24. PCHAs will be trained by Residential Director to ensure all required posting are present and ensure monthly checklist is assessed thoroughly on 12/19/24.

Proposed Overall Completion Date: 12/19/2024

Licensee's Proposed Overall Completion Date: 12/19/2024

Implemented ([redacted] - 01/28/2025)

41c - Rights Poster

2. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 12/12/2024)

The DHS rights were printed out by the PCHA on 11/5/24 and posted within the home next to the resident rights in photo version that are currently posted in the home. The posting of the rights will be added on to the monthly environmental check complete by the PCHA starting 12/1/24 and will remain on the check list indefinitely to ensure all required posting are present.

Proposed Overall Completion Date: 12/07/2024

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([redacted] - 01/28/2025)

44g - Telephone Number

3. Requirements

2600.

44g - Telephone Number (continued)

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 12/12/2024

The Ombudsman was contacted on 11/5/24 by The Director of Accreditation for posters and were dropped off for posting by the Ombudsman on 11/8/24. The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective Services information were placed in the home by the PHCA on 11/8/24. The DRP posting will be added on the monthly Environment checklist by the PCHA effective 12/19/24 and will remain on the checklist indefinitely. PCHAs will be trained by Residential Director on 12/19/24 to ensure all required posting are present and ensure monthly checklist is processed effectively.

Proposed Overall Completion Date: 12/19/2024

Licensee's Proposed Overall Completion Date: 12/19/2024

Implemented () - 01/28/2025

64c - Annual Training

4. 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 () the home's administrator, did not complete any training hours of Department-approved training in training year 2023.

Plan of Correction

Directed () - 12/12/2024

PCHA will be formally counseled by the Director of Community Residences on 12/3/24 regarding the incomplete trainings. A system was put in place on 12/1/24 to submit and monitor the PCHA trainings by the Director of Community Residences. The PCHA will be trained on the new system by the Director of Community Residences during their next meeting on 12/19/24.

PCHAs will be retrained on all 2600 Regulations by Residential Director on 12/19/24 which includes maintaining current PCHA licensing and obtaining annual training. As of 12/19/24, Residential Director to place the annual training on the PCHA's monthly meeting as a reminder for each PCHA to complete the annual training as well as obtaining any updates on each PCHA's annual training status.

Proposed Overall Completion Date: 12/19/2024

Directed Plan of Correction:

64c - Annual Training (continued)

Immediately, the administrator shall develop and implement a schedule of training for administrator [REDACTED] which includes a total of 24 hours of department approved training to be completed by 03/31/2025. This training is remedial training to make up for missed training in 2023 and will not count towards the annual training requirements for 2024 or 2025. A schedule shall be provided to the department within 30 days of the receipt of the acceptable plan of correction to show the proposed courses and sources of training. A minimum of 12 of the training hours shall be either in-person or through an online live presentation.

Within 30 days of the receipt of the acceptable plan of correction, the administrator shall provide to the department proof of completion of 24 hours of department approved administrator training completed for the 2024 training year. If the administrator has not completed the required training, a remediation plan will be sent to the department with expected completion dates scheduled for and completed by 6/30/2025.

Directed Completion Date: 01/18/2025

Implemented ([REDACTED] - 01/28/2025)

65g - Annual Training Content

5. 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:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person B and C completed fire safety training online only without being accompanied by an onsite staff person trained by a fire safety expert during training year July 2023 to June 2024.

Repeat Violation: 09/14/2023

Plan of Correction

Accept ([REDACTED] - 12/12/2024)

Staff B and C will be trained in fire safety OJT by a trainer meeting the fire safety expert rule by 12/16/24. An audit of the staff OJT training in Beechwood Center 3 will be completed by the Residential Director on 12/16/24 and all outstanding staff will be trained by the Residential Director by 12/31/24. The Fire Safety OJT training is being set as a standing annual training in the home every October by the Director of Community Residences starting in 2025 to ensure that all staff receive their onsite training annually. All PCHAs will be trained by the Director of Community Residences on the ensuring the annual training for the fire safety is within compliance on 12/19/24. The training will be added to the monthly staff meeting agenda starting 12/19/24.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 01/28/2025)

81b - Resident Personal Equipment

6. Requirements

2600.

81b - Resident Personal Equipment (continued)

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 11/05/2024, resident [redacted] bed was equipped with a bedside mobility device, which was 16 inches wide and 15 inches high and not covered. This device was slid under the mattress and not securely attached to the structure of the bed.

Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstances.

Plan of Correction

Accept ([redacted] - 12/12/2024)

The bedside mobility device was removed and all other bedrooms in the home were checked by the PCHA for compliance on 11/5/24. The Director of Community Residences trained the PCHA on the Bedside Mobility Devices and expectations of the PCHA to monitor and check during monthly environmental on 11/21/24. Checks of equipment is to begin on the date of the training and will remain on the monthly checks indefinitely. Checks are to include if device is present, is it in the plan? Does it require a covering and is it present? Is the device Secure? All PCHAs will be trained by the Residential Director on 12/19/24 to inspect all Bedside Mobility Devices in their home during their monthly environmental checks indefinitely.

Proposed Overall Completion Date: 12/19/2024

Licensee's Proposed Overall Completion Date: 12/19/2024

Implemented ([redacted] - 01/28/2025)

82a - Poisonous Materials

7. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A spray bottle without a label containing a yellow liquid was present in the cabinet under the kitchen sink. According to staff B, who could not identify the specific contents, the spray bottle was for cleaning purposes.

Plan of Correction

Accept ([redacted] - 12/12/2024)

On 11/5/24 the spray bottle was discarded by the Life Skills Trainer. On December 3rd the PCHA will train staff on the importance of all liquids being in their original container and labeled. The PCHA will check the environment for chemicals during the monthly environmental starting 12/1/24 and will continue indefinitely. The check will include right storage location, in it's original container, and an approved chemical for the home. All chemicals that do not meet this criteria will be disposed of or stored properly in accordance to the labels by the PCHA. The checks will begin on 12/1/24 and will remain as a part of the monthly environmental checklist indefinitely.

Proposed Overall Completion Date: 12/07/2024

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([redacted] - 01/28/2025)

103i - Outdated Food

8. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were two plastic containers of unidentifiable liquid in the freezer in the stand-alone refrigerator in the kitchen. The lids were labeled with expiration dates of 10/12/2024 and 10/31/2024.

Plan of Correction

Accept ([REDACTED] - 12/12/2024)

On 11/5/24 the outdated items were discarded by the Life Skills Trainer. On 12/3/24 the PCHA will train staff on the importance of all outdated items to be disposed of on the date they expire. The PCHA be by trained by the Director of Community Residences to continue to check all food items during the monthly environmental by 12/19/24 with the checks starting on 1/1/25 and continuing indefinitely. All unlabeled and outdated food will be disposed of by the PCHA if found during the monthly environmental checks.

Proposed Overall Completion Date: 01/01/2025

Licensee's Proposed Overall Completion Date: 01/01/2025

Implemented ([REDACTED] - 01/28/2025)

107c - Food/Water 3 Day Supply

9. 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 11/05/2024, the home served 8 residents, requiring 24 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.

Plan of Correction

Accept ([REDACTED] - 12/12/2024)

On 11/5/24 the PCHA replaced the missing gallons of drinking water in the home. The home additionally has an emergency water supply held at the Food and Nutrition Center on Woods Services, Inc. campus should the supply run low. The PCHA will check the water supply directly within the home during their monthly environmental review starting 12/1/24 and continue indefinitely. Should the water supply be found low by the PCHA, the PCHA will be responsible to immediately replace the supply.

Proposed Overall Completion Date: 12/07/2024

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([REDACTED] - 01/28/2025)

141b1 - Annual Medical Evaluation

10. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation completed on [REDACTED] does not answer (8) Body

141b1 - Annual Medical Evaluation (continued)

Positioning/Movement. The form did not include the license number of the medical professional that signed the form.

Plan of Correction

Accept ([redacted]) - 12/12/2024

The DME will be corrected by the Primary Physician on 12/10/24. An audit of Beechwood Center 3 DME's will be conducted by the Administrative Supports Specialist on 12/11/24. The Nursing Administrative Supports Specialist will be trained by the AVP of nursing on how to review the completed medical evaluation form for completion on 11/26/24. Going forward to indicate the document was reviewed and finalized the Nursing Administrative Supports Specialist will initial the medical evaluation upon completion starting 12/2/24 and remaining in place indefinitely.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: 12/11/2024

Implemented ([redacted]) - 01/28/2025

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu posted was for the week of 11/03/2024. The menu for the following week was not posted in a conspicuous and public place in the home.

Repeat Violation: 09/14/2023

Plan of Correction

Accept ([redacted]) - 12/12/2024

The following week menu was posted by the Director of Community Residences on 11/5/24. The PCHA will check the weekly menu posting once a week during their hours on the floor in the home starting 11/18/24 to ensure that the two week menu is up for a period of 6 months at which time will be re-evaluated by the Residential Director and determined if necessary to continue. The Director of Community Residences will provide a secondary weekly check of the menus during rounds within the home starting 11/18/24 for a period of 6 months and will be re-evaluated for the need to continue.

Proposed Overall Completion Date: 12/07/2024

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([redacted]) - 01/28/2025

182c - Medication Administration

12. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

On 09/17/2024 at 04:00 PM, staff D administered resident #3's [redacted]

186b - Medication Used by Resident (continued)

months and will be re-evaluated at that time to determine the continued need. Any identified errors by the Nursing Manager will be remediated as necessary starting 12/1/24.

Proposed Overall Completion Date: 12/07/2024

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([REDACTED] - 01/28/2025)