

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

May 9, 2025

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

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 03/13/2025 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: *11/01/2025*  
 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *05/17/1995* Issued By: *CWOPA*

**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: *03/13/2025*

**Inspection Dates and Department Representative**

*03/13/2025 - 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: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/13/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2025*

**04/17/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/01/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2025*

Inspections / Reviews *(continued)*

04/23/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/03/2025

05/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

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 3/13/25, the home's licensing inspection summary, dated 11/5/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 04/23/2025)

- The missing licensing inspection summary was immediately posted in a visible area by The Director of Community of Residences on 3/13/2023.
- The PCHA of the home will receive a training on ensuring all Posting and required listings are posted at the home by the Director of Community of Residences on 4/17/25
- A monthly compliance check will be conducted by the administrator during the monthly environmental starting May 2025 and continuing indefinitely.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/06/2025)

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 3/13/25, at 10am, an agent of the Department requested access to resident financial records . Staff person █ the home's administrator, was scheduled off that day and held the only key to the safe in which the financial records were kept. The financial records could not be accessed or reviewed by the agent of the Department while on site.

Plan of Correction

Accept (█) - 04/23/2025)

A duplicate key to the secured cabinet containing resident financial records will be created by Maintenance by 4/30/25 and provided to the Director of Community Services. This ensures that more than one authorized staff member can access the records at any time upon request by the Department. The Director of Community Residences will be provided training by 5/1/25 on the importance of double access to resident records and ensuring access during quarterly monitoring by the Director of Risk.

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented (█) - 05/06/2025)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

42s - Privacy (continued)

Description of Violation

On 3/13/25, there was no lock installed on the second floor shared resident bathroom.

Plan of Correction

Accept (█) - 04/23/2025)

- A privacy lock was installed by Maintenance on 4/8/25
- PCHA of the home will conduct monthly checks to ensure all required locks remain functional during their monthly environmental check effective May 2025.
- Residents and staff will be informed of their privacy rights and how to report any concerns by the PCHA of the home by 4/30/25

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/09/2025)

65g - Annual Training Content

4. 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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive in-person fire safety training during the 2024 training year.

Staff person C did not receive in-person fire safety training during the 2024 training year.

Staff person D did not receive in-person fire safety training during the 2024 training year.

Plan of Correction

Accept (█) - 04/23/2025)

Staff B, C and D will be trained in fire safety OJT by a trainer meeting the fire safety expert rule and a full staff audit will be conducted by the PCHA by 05/01/25. 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 October 2025 to ensure that all staff receive their onsite training annually. All PCHAs will be trained by the Director of Community Residences on 4/17/25 to ensuring the annual training for the fire safety is within compliance. The training will be added to the monthly PCHA meeting agenda by the Director of Community of Residences starting 4/17/25.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/09/2025)

102f - Towel/Washcloth/Soap

5. Requirements

102f - Towel/Washcloth/Soap (continued)

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

On 3/13/25, at approximately 9:45am, there was no soap available in the second floor resident-use shared bathroom.

Plan of Correction

Accept (████) - 04/23/2025

Soap was replenished immediately by maintenance department on 3/13/25.

Staff will be trained by the PCHA on the importance of ensuring towels and soap is available for each resident by 5/1/25.

Monthly supply checks will be conducted by designated staff in the home effective May 2025.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (████) - 05/09/2025

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 3/13/25, at approximately 9:30am, there was an unlabeled, undated bag of blueberries in the basement chest freezer.

Plan of Correction

Accept (████) - 04/23/2025

The unlabeled item was immediately discarded by the residential staff upon discovery to prevent any potential food safety issues on 3/13/2025. All staff will be retrained on proper food storage procedures, including the requirement to label and date all food items upon opening or receipt by the PCHA of the home by April 30th 2025. This retraining will emphasize compliance with DHS and health department standards.

Effective May 2025, staff will complete a weekly food inventory check during routine food shopping. This check will include verifying that all items in storage are properly labeled and dated. Any noncompliant items will be removed by staff and reported to the PCHA.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (████) - 05/09/2025

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/13/25 at 9:30am the temperature in the basement chest freezer was 5 degrees Fahrenheit and at 9:50am it was 5 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█) - 04/23/2025

The freezer temperature was adjusted to meet compliance standards by maintenance service repair on 3/14/25.
• A temperature log will be implemented to the monthly environmental checklist completed by the PCHA of the home starting May 2025.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/09/2025

124 - Notice to Fire Department

8. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (█) - 04/23/2025

The Director of Risk and Accreditation Management sent a notification to the local fire department the information required in this regulation on 4/11/25. The letter will be updated and resent to the local fire department following any changes in the evacuation needs and information of the home by the Director of Risk and Accreditation Management starting on 4/11/25. Fire related letters will be reviewed annually by Woods Facilities Department March of every year with the next review being March 2026.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 05/06/2025

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 3/13/25 at 10am, an oxygen tank was stored in the medication room on the floor next to a baseboard heater.

Plan of Correction

Accept (█) - 04/23/2025

The oxygen tank was immediately relocated to a designated safe storage area by the Director of Community of Residences on 3/13/25
Staff will be trained on safe storage practices for combustible materials by the PCHA of the home by 4/30/25.
Monthly safety inspections will be conducted to prevent recurrence by the PCHA starting 5/1/25.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/09/2025

162c - Menus Posted

10. 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 for the week of 3/16/25 was posted. However, the current menu for the week of 3/9/25 was not posted in the home.

Plan of Correction

Accept ( ) - 04/23/2025

The Director of Community Residences immediately posted the current and following week's menu in the designated area of the home upon discovery of the violation on 3/13/25.

Beginning May 1, 2025, the PCHA will verify that the two-week menu is properly posted during their weekly presence on the floor. Also starting May 1, 2025, the Director of Community Residences will conduct a secondary weekly performance check during their scheduled rounds across all homes starting 5/1/25. The purpose of this check is to ensure compliance with the menu posting requirement and to provide immediate corrective support if discrepancies are noted. The weekly checks will continue for two months at which time the Director will determine the need for continued weekly checks.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented ( ) - 05/09/2025

183d - Prescription Current

11. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/13/25, a bottle of Bismuth subsalicylate was found in the home's medication cart. No residents of the home have a current prescription for Bismuth subsalicylate.

Plan of Correction

Accept ( ) - 04/23/2025

The bottle of Bismuth subsalicylate was immediately discarded by the PCHA on 3/13/25 warranting no further action. Staff will receive refresher training on medication storage regulations from the PCHA by April 30, 2025. Starting 3/21/25 and ongoing the PCHA will complete a weekly quality assurance check to include a medication inventory review to ensure all prescribed medications are available, dated, and not expired by Friday of every week.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented ( ) - 05/09/2025

183e - Storing Medications

12. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/13/25, [redacted] belonging to Resident #1 were in the home's medication cart. These [redacted] were opened 6/22/24. According to the manufacturer's instructions, [redacted] should be discarded six months after opening.

183e - Storing Medications (continued)

**Plan of Correction**

**Accept (█ - 04/23/2025)**

The █ were immediately discarded by the PCHA and reordered upon notification of discrepancy (3/13/25). Staff will be retrained by the PCHA on proper medication storage and expiration tracking by 4/30/25. Starting 3/21/25 and ongoing the PCHA will complete a weekly quality assurance check to include a medication inventory review to ensure all prescribed medications are available, dated, and not expired by Friday of every week.

**Licensee's Proposed Overall Completion Date: 05/01/2025**

**Implemented (█ - 05/09/2025)**

185a - Implement Storage Procedures

**13. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

On 3/13/25, a shower chair was found in the second floor resident-use shared bathroom. No label was present indicating which resident this shower chair was intended for.

**Plan of Correction**

**Accept (█ - 04/23/2025)**

The chair was labeled with the resident's name by the PCHA of the home on 3/14/25. Staff will be trained on the importance of labeling all personal medical equipment by the PCHA of the residence by 4/30/25. The PCHA will monitor the home for compliance o resident equipment safety monthly starting 5/1/25.

**Licensee's Proposed Overall Completion Date: 05/01/2025**

**Implemented (█ - 05/09/2025)**