

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

June 5, 2025

[REDACTED]
WOODS SERVICES
[REDACTED]

ATTN BRANDI LINDER
[REDACTED]

RE: BEECHWOOD CENTER 10
588 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 14148

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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 10 License #: 14148 License Expiration: 05/02/2025
Address: 588 BEECHWOOD CIRCLE, LANGHORNE, PA 19047
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WOODS SERVICES
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 16 Waking Staff: 12

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 03/20/2025

Inspection Dates and Department Representative

03/20/2025 - 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: x

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 5
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 8 Have Physical Disability: 8

Inspections / Reviews

03/20/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/21/2025

05/08/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/02/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2025

Inspections / Reviews *(continued)*

05/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2025

06/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 dinner time, resident [redacted] and resident [redacted] engaged in a physical altercation, resulting in bruising and two small wounds above the left eye of resident [redacted]. The home did not report this incident to the department until [redacted].

Plan of Correction

Accept [redacted] - 05/14/2025)

On 03/10/2025, the home submitted a written incident report to the Department regarding the altercation between resident [redacted] and resident [redacted]. All involved staff will be retrained by the PCHA of the home on the requirement to report incidents within 24 hours by April 30, 2025. The home administrator will conduct monthly in-service refreshers during the staff meetings for the next three months to reinforce the importance of timely reporting.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/05/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident [redacted] indicates the resident's supervision need as "eyes on" every ten minutes during awake hours in the home. On [redacted] around 6pm, the resident was involved in an altercation with resident [redacted] in the home's kitchen, which was beyond staff A's line of vision who was sitting at a desk not far from the dining table. Staff A heard the verbal exchanges and intervened to separate the residents but denied any physical interactions between the two residents.

Plan of Correction

Accept [redacted] - 05/14/2025)

Resident [redacted] supervision needs were reviewed by the PCHA and a staff-specific supervision schedule was developed on 3/10/25. Staff A was counseled and will receive retraining by the PCHA by 4/30/2025 on the importance of maintaining line-of-sight supervision for residents requiring "eyes on" supervision.

Beginning 5/15/2025 and continuing indefinitely, the PCHA or designee will conduct random direct observations twice weekly at various times to ensure staff are maintaining required supervision levels for residents.

By 5/25/2025, the PCHA will revise the home's floor plan to identify the most desirable staff positioning for maintaining visual supervision of residents with "eyes on" requirements.

Beginning 5/20/2025, the PCHA will conduct monthly audits of supervision compliance records for three months, then quarterly thereafter, with results documented and reviewed during monthly staff meetings.

The PCHA will perform monthly reviews of all residents' assessment and support plans to ensure supervision requirements are clearly communicated to staff during staff meeting.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 06/05/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] around 6pm,, resident [redacted] hit resident [redacted] knee while wheeling backwards in [redacted] wheelchair backwards in the home's kitchen. Resident [redacted] yelled "Don't hit me with your wheelchair, you [redacted], if you hit me with your wheelchair, I will [redacted] you." Resident [redacted] started mimicking resident [redacted] who struck resident [redacted] on the left side of the face in response, resulting in a contusion of the left-eye and broken glasses. Staff A intervened and asked staff B, who was assisting another resident in the resident's room, to take resident [redacted] to [redacted] room. Staff A stated that there was no physical attack between them. However, resident [redacted] was observed on [redacted] having two small wounds above the left eyebrow during day program in the community. The cause of this injury was never questioned/investigated by any of the home's staff. When asked why the resident did not report this incident to anybody, resident [redacted] responded that it was because both staff and other residents witnessed it.

Plan of Correction

Accept [redacted] - 05/14/2025)

Staff A and B will be retrained by the PCHA of the home on abuse recognition and mandatory reporting. All staff will complete mandatory abuse identification and reporting training with emphasis on verbal threats and physical altercations by the PCHA of the home. The training includes proper documentation and escalation procedures for suspected abuse. The training will be completed by 4/30/25.

The PCHA will Conduct monthly audits of all staff training compliance starting June 1, 2025

The PCHA will Review incident prevention strategies in monthly staff meetings starting June 1, 2025-September 2025.

The PCHA Ensure all staff complete annual refresher abuse training starting June 1, 2025.

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

Implemented [redacted] - 06/05/2025)

225c - Additional Assessment

4. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted] around dinner time, resident [redacted] struck resident [redacted] in the face after a verbal altercation. Resident [redacted] most recent assessment, completed on [redacted], indicates the resident's tendency to get agitated and aggressive and make verbal threats towards other residents or staff when feeling frustrated. The home has not completed a new assessment for resident [redacted] after the escalation to physical aggression.

Plan of Correction

Accept [redacted] - 05/14/2025)

The Director of Rehabilitation Care Coordination sent a reminder to the Rehabilitation Care Coordinator of the importance of completing and updating assessments based on significant changes in the condition of the resident.

The Rehabilitation Care Coordinator completed a new assessment for resident [redacted] on 4/9/25 with the appropriate

225c Additional Assessment (continued)

changes. The Director of Rehab Care Coordination will monitor the assessments of the Care Coordinator for updates when a significant change warrants it as needed starting 4/9/25. Starting 4/9/25 the following steps to monitor resident conditions will be taking place: conditions of our residents will be reviewed monthly by the Care Coordinator and resident's team at which time any changes on status and needs for updated assessments will be documented. Any time an individual is admitted to the hospital, our clinical team is required to complete 24 hours screenings to assess for changes in medical status that would also necessitate and updated assessment. Return from hospitalization is communicated by our nursing to the care coordinator who will then follow through on assuring the 24 hour screenings are completed. Incidents will be reviewed bi weekly by the Care Coordinator as an additional measure to identify changes in resident needs and the need for new assessments.

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented ([REDACTED] - 06/05/2025)