

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

November 4, 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 08/14/2025 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: 05/02/2026
 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

Type: R-4 Date: 04/08/2015 Issued By: Middletown 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: 08/14/2025

Inspection Dates and Department Representative

08/14/2025 - 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: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 2
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 8 Have Physical Disability: 8

Inspections / Reviews

08/14/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2025

09/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/10/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2025

Inspections / Reviews *(continued)*

09/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/11/2025

11/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

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 [REDACTED] the home's current violation report, dated [REDACTED] was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 09/10/2025)

The License Inspection Summary (LIS) was posted immediately on the entry/exit wall at the residence in a conspicuous and publicly visible location by the PCHA on 8/14/25. The Personal Care Home Administrator (PCHA) is responsible for maintaining all posted documents. A verification checklist to ensure the LIS remains posted in a visible location has been added to the monthly environmental checklist by the PCHA on 8/20/25 and will start to be used on 9/1/25 to prevent future compliance issues.

The Director of Community Residences will complete training with the PCHA by 9/17/2025 to ensure the LIS posting requirement is understood and properly documented in the monthly environmental checklist.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 11/04/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster posted in a conspicuous public place.

Plan of Correction

Accept [REDACTED] - 09/10/2025)

The Personal Care Home Administrator (PCHA) is responsible for maintaining the posted influenza information. The PCHA posted the influenza poster in a public place on 8/14/25. Verification of influenza poster will be added to the monthly environmental checklist and Document monthly compliance checks by the PCHA on 8/20/25 and will start on 9/1/25.

The Director of Community Residences will complete training with the PCHA by 9/17/2025 to ensure the Influenza poster posting requirement is understood and properly documented in the monthly environmental checklist.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 11/04/2025)

95 - Furniture and Equipment

3. Requirements

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] the toilet in the common bathroom across from the laundry room would not flush.

Plan of Correction

Accept [redacted] - 09/10/2025)

Maintenance was contacted immediately by the PCHA on 8/14/25 and fixed the toilet the same day. All staff will be trained by the PCHA of the home by 9/17/2025 to report any plumbing or fixture malfunctions to management team. A clear procedure for addressing maintenance issues promptly. All reported concerns will be communicated to maintenance by the PCHA immediately to address issues.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 11/04/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 09/10/2025)

A wall mount bedside lighting was ordered by the PCHA to install in resident's room 8/14/2025. The PCHA of the home will include a checklist of all resident bedrooms to ensure compliance with lighting requirements are added to the monthly environmental checklist on 8/20/25 and will start on by 9/1/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 11/04/2025)

103d - Storing Food Off Floor

5. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [redacted]

- at 9:40 AM, there was a box of Nestle Nutren 1.5 nutritional drinks stored on the floor of bedroom [redacted].
- at 9:52 AM, several boxes of Nestle Boost nutritional drinks were stored on the floor in the common area next to the medication cart.

103d - Storing Food Off Floor (continued)

Plan of Correction

Accept (█ - 09/18/2025)

The PCHA of the home immediately relocated all nutritional drink boxes from bedroom 8 floor to appropriate storage on 8/14/25. All Nestle Boost boxes were moved from common area floor to designated storage areas. The PCHA of the home will conduct training for all staff on proper food storage requirements by 9/17/2025. PCHA will Review proper storage procedures during monthly staff meetings starting 9/1/25. All employees will be trained on emphasizing on the importance and the reasons for elevated storage for all food items by the PCHA of the home. The PCHA will monitor the home for proper food storage monthly during their environmental review starting 10/1/25.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ - 11/04/2025)

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

There was an unlabeled, undated Ziploc bag containing fish and an unlabeled, undated package of sausage in the home's freezer.

Plan of Correction

Accept (█ - 09/10/2025)

The unlabeled item was immediately discarded by the residential staff upon discovery to prevent any potential food safety issues on 8/14/2025. 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 9/17/2025. This retraining will emphasize compliance with DHS and health department standards. October 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 and reported to the supervisor.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ - 11/04/2025)

162c - Menus Posted

7. 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 █ through █ was posted. However, there was not a menu posted for the week of █ through █

Repeat violation: █

Plan of Correction

Accept (█ 09/10/2025)

The issue was identified by the Director of Community Residences on 8/11/2025 during the weekly menu

162c - Menus Posted (continued)

verification check. The responsible party was contacted immediately; however, due to unforeseen event, they were unable to provide the following week's menu within the required timeframe.

Corrective Measures:

The Director of Community Residences will continue conducting weekly menu posting verification checks starting 9/1/25

An enhanced notification system will be implemented by the Director of Community Residences, requiring menu submission 10 days in advance instead of the current 7-day requirement for the PCHA. This will allow for earlier notification to the food and nutrition department and prevent a lapse in menu delivery.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█) - 11/04/2025)

182b - Prescription Medication

8. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home, A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home, or a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. Staff person A administered medications in August 2025 on the following dates and times:

- On █ and █ at 8:00 AM, █ and █ was administered to resident █
- On █ and █ at 8:00 AM, █ and █ mg was administered to resident █

Plan of Correction

Accept (█) - 09/18/2025)

Staff person A completed the medication administration course on 7/29/24. On 8/14/25 the PCHA was not able to provide the paperwork to demonstrate the completed training due to a mislabeling in the file by the trainer. The

182b Prescription Medication (continued)

record was located on 8/15/25 and verified by the PCHA. The trainer was reminded of the importance of accurate labeling of documentation by the Director of Community Residences on 8/15/25. An audit of the current medication trained staff paperwork in Beechwood Center 10 will be completed by the PCHA by 10/10/25. The PCHA will monitor the training documentation monthly during monthly supervision starting 10/1/25.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [redacted] - 11/04/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 9:19 AM, the home's medication cart was unlocked, unattended, and accessible in a common area, near the living room of the home.

Plan of Correction

Accept [redacted] - 09/18/2025)

Upon notice, the PCHA completed a cart review to ensure that medications were present and the cart was properly secured. PCHA will conduct mandatory training on medication security protocols for all authorized staff by 9/17/2025. The training will include reviewing proper medication cart handling procedures Emphasize "never leave cart unattended" policy require signed acknowledgment of training completion. The PCHA will monitor medication administration by staff during their weekly hours in the home for a period of 8 weeks starting 9/15/25. Following 8 weeks of observation, based on the staff performance, the PCHA will determine if they can begin fading from weekly observation.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 11/04/2025)

183d - Prescription Current

10. 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 [redacted], [redacted] prescribed for individual [redacted], was in the home's medication cart; however, the medication was discontinued on [redacted]

On [redacted] [redacted] prescribed for individual [redacted] was in the home's medication cart; however, the medication was discontinued on [redacted].

Plan of Correction

Accept [redacted] - 09/10/2025)

On 8/14/25 the medications were removed by the PCHA and handed over the the assigned nurse for proper disposal. A medication cart review will be implemented and completed by the PCHA on a weekly basis starting 8/25/25. This review will include: Review all current medication orders against physical inventory. Cross reference all medications in cart with active physician orders. Remove and properly dispose of all expired or discontinued medications Update medication administration records to reflect current orders only.

183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] 11/04/2025)

183e - Storing Medications

11. 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 [REDACTED], the following medications were observed to be in the home's medication cart without an open date indicated:

- [REDACTED], dispense date [REDACTED]. According to the manufacturer's instructions this medication is to be disposed of 6 weeks after opening.
- [REDACTED] dispense date [REDACTED]. According to the manufacturer's instructions this medication is to be disposed of 4 weeks after opening.
- [REDACTED], dispense date [REDACTED]. According to the manufacturer's instructions this medication is to be disposed of 4 weeks after opening.

Plan of Correction

Accept [REDACTED] - 09/10/2025)

On 8/14/25 the medications were removed by the PCHA and handed over the the assigned nurse for proper disposal. The replacement medications were properly dated by the PCHA upon opening. The PCHA of the home will Train all medication administration staff on proper medication dating procedures by 9/17/25. The training will include: Review manufacturer storage requirements for all commonly used medications. educate staff on identifying medications requiring special storage conditions. Provide training on proper disposal timeline calculations. A medication cart review will be implemented and completed by the PCHA on a weekly basis starting 8/25/25 to monitor for proper dating.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 11/04/2025)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED] a bottle of [REDACTED] was in the home's medication cart and was not labeled to identify which resident it belonged to.

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Immediate Plan of Correction The house stock bottle of [REDACTED] was correctly labeled for Resident [REDACTED] on 8/14/2025
POC Corrective action date:8/14/25

184b - Labeling OTC/CAM (continued)

Responsible parties noted in POC: Director of Community Residences

Proposed Completion Date: 09/02/2025

Plan of Correction: A re-fresher on how to complete a Quality assurance check of the medication cart will be conducted with all PCHA staff by 9/22/25. Thereafter each PCHA will complete a weekly quality assurance check to include a medication inventory review to ensure all prescribed medications are available and properly labeled.

Provider's plan to maintain compliance: The Director of Community residences will assign a supervisor to complete cart checks weekly to ensure ongoing compliance. At each cycle fill delivery on the third Tuesday of the month the cart will be rechecked for compliance by the PCHA before putting the new medications in. Any medication discrepancies will be corrected by covering nurse immediately. PCHA to complete weekly cart checks and report discrepancies to nursing starting 9/8/25.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 11/04/2025)

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

Resident [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Plan of Correction

Accept [redacted] - 09/10/2025)

Immediate Plan of Correction: Resident [redacted] prescribed [redacted] OP was reordered on 8/14/2025 at 10:53am and delivered to the home on 8/15/25. House stock bottle of [redacted] was labeled for Resident [redacted] and placed on cart on 8/14/2025

POC Corrective action date:8/14/25

Responsible parties noted in POC: Director of Community Residences

Proposed Completion Date: 09/02/2025

Plan of Correction: A re-fresher on how to complete a Quality assurance check of the medication cart will be conducted with all PCHA staff by 9/22/25. Thereafter each PCHA will complete a weekly quality assurance check to include a medication inventory review to ensure all prescribed medications are available by Friday. The assignment nurse will coordinate with the pharmacy immediately for timely refills and delivery of medications.

Provider's plan to maintain compliance: The Director of Community residences will assign a supervisor to complete cart checks weekly to ensure ongoing compliance. At each cycle fill delivery on the third Tuesday of the month the cart will be rechecked for compliance by the PCHA before putting the new medications in. Any medication discrepancies will be corrected by covering nurse immediately. PCHA to complete weekly cart checks and report discrepancies to nursing starting 9/8/25

Licensee's Proposed Overall Completion Date: 09/22/2025

185a Implement Storage Procedures (continued)

Implemented [REDACTED] - 11/04/2025)

187b Date/Time of Medication Admin.

14. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. Resident [REDACTED] August 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] and [REDACTED] on [REDACTED] at 8:00 AM.

Resident [REDACTED] is prescribed [REDACTED]. Resident [REDACTED]'s August 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] and [REDACTED] at 8:00 PM.

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Immediate Plan of Correction: Nursing was able to verify that the medications for resident [REDACTED] were administered on 8/5 by staff and updated the MAR to reflect staff acknowledgement of giving the medication on 8/5/25. Nursing was able to verify that the medications for resident [REDACTED] were administered on 8/ and 8/4 by staff and updated the MAR to reflect staff acknowledgement of giving the medication.

POC Corrective action date: 8/14/25

Responsible parties noted in POC: PCHA Director of Nursing

Proposed Completion Date: 09/22/2025

Plan of Correction: The PCHA will provide a reinforcement of proper documentation in the MAR with all med trained staff by 9/22/25

Provider's plan to maintain compliance: The Nursing Care Manager will complete weekly audits of the medication administration records to ensure compliance starting 9/22/25

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 11/04/2025)

187d Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], apply a small amount to right eye four times a day, and is scheduled to be administered this medication at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. However, resident [REDACTED] was not administered [REDACTED] on [REDACTED] and [REDACTED] at 12:00 PM.

Resident [REDACTED] is prescribed [REDACTED] apply a small amount topically to [REDACTED] twice a day, and is scheduled to be administered this medication at 8:00 AM and 8:00 PM. However, resident [REDACTED] was not administered [REDACTED] from [REDACTED] through [REDACTED] at neither 8:00 AM nor 8:00 PM.

187d Follow Prescriber's Orders (continued)

Plan of Correction

Accepted [redacted] - 09/10/2025)

Immediate Plan of Correction: Nursing was able to verify that the medications for resident [redacted] were administered b dates listed by staff and updated the MAR to reflect staff acknowledgement of giving the medication. Resident [redacted] was suspended and reflected on the MAR at the time of the review on 8/14/25.

POC Corrective action date: 8/14/25

Responsible parties noted in POC: PCHA Director of Nursing

Proposed Completion Date: 09/22/2025

Plan of Correction: The PCHA will provide a reinforcement of proper documentation in the MAR with all med trained staff by 9/22/25

Provider's plan to maintain compliance: The Nursing Care Manager will complete weekly audits of the medication administration records to ensure compliance starting 9/22/25

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 11/04/2025)

225a - Assessment 15 Days

16. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] has a bedside mobility device in their bedroom. The assessment for resident [redacted] dated [redacted] does not document resident [redacted] has a need for a bedside mobility device or how this need will be met.

Plan of Correction

Accepted [redacted] - 09/10/2025)

Immediate Plan of Correction: Resident [redacted]'s annual RASP is scheduled for update on 9/10/25. All required documentation pertaining to the bedside mobility device will be included in the support plan at that time.

POC Corrective action date: 9/5/25

Responsible parties noted in POC: Director of Allied Health Services, Director of Rehab and Community Care Coordination

Proposed Completion Date: 09/10/2025

Plan of Correction: The Director of Allied Health Services in conjunction with the clinical team, assessed participant 4 for the ongoing need for the bedside mobility device and provided language to the care coordination team justifying the need and appropriateness to include in the support plan.

Provider's plan to maintain compliance: At admission and at every subsequent RSP meeting, the Care coordinator will lead dialogue reviewing any equipment used by the participant. This discussion will prompt further exploration of the following:

The specific need for the device

- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

225a Assessment 15 Days (continued)

Language included in the support plan will be reviewed, updated, added or modified at that time to reflect the resident's current needs.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] 11/04/2025)