

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

November 17, 2025

[REDACTED]
WOODS SERVICES, INC.
[REDACTED]

RE: BEECHWOOD CENTER 1
585 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12677

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2025 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 1 License #: 12677 License Expiration: 11/01/2025
 Address: 585 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: 08/31/1984 Issued By: Dept of Health

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/18/2025

Inspection Dates and Department Representative

09/18/2025 - 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: 1 Are 60 Years of Age or Older: 2
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

09/18/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/16/2025

10/16/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/13/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2025

Inspections / Reviews *(continued)*

10/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2025

11/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at 9:00am, an agent of the Department was on site at the home. While waiting to conduct the entrance conference, several residents and staff members were observed sitting in the dining room of the home. Staff Member A was heard by an agent of the Department speaking disrespectfully to Resident [REDACTED] about their incontinence issues in front of other residents and staff members. Staff Member A stated to Resident [REDACTED], "You better not come back from the program with [REDACTED] all over yourself again. Why don't you ever let them know you need to go to the bathroom? Don't come back here covered in [REDACTED] again. Use the bathroom at the program."

Plan of Correction

Accepted [REDACTED] - 10/22/2025)

The staff member involved in the incident was immediately identified and counseled by the Director of Community Residences regarding inappropriate comments and the importance of treating all residents with dignity and respect. All staff will complete mandatory retraining on residents' rights, dignity, and respectful communication to be conducted by the PCHA by 10/16/2025. Training will include:

- Appropriate vs. inappropriate communication
- Person-centered care principles
- Maintaining resident dignity during personal care
- Reporting concerns about disrespectful behavior

1. Ongoing Monitoring and Supervision:

- o Supervisory staff will conduct regular, unannounced observations during personal care times to ensure compliance with dignity standards starting November 2025
- o Monthly team huddles will include discussions on respectful communication scenarios during monthly staff meetings starting November 2025
- o Annual refresher training on dignity and respect protocols
- o Post clear information about residents' rights and how to report concerns in common areas and resident rooms
- o Clearly communicate progressive disciplinary procedures for violations of any residents right.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] 11/17/2025)

65g - Annual Training Content

2. 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.

65g Annual Training Content (continued)

Description of Violation

Staff Member A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2024 training year.

Staff Member B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2024 training year.

Plan of Correction

Accept [redacted] - 10/22/2025)

Staff A and B will complete fire safety on the job training (OJT) by a trainer meeting fire safety expert requirements by 10/31/2025.

Fire Safety OJT training will be established as a standing annual training in the home every October, beginning in October 2025, to ensure all staff receive onsite training annually. This will be overseen by the Director of Community Residences.

All PCHAs will be trained by the Director of Community Residences on 10/16/2025 to ensure annual fire safety training remains in compliance. The training will be added to the monthly staff meeting agenda by the PCHA.

A comprehensive staff training audit will be completed by 10/24/2025 to review all current staff records and ensure Fire Safety OJT was completed in full for the 2024 training year by the Director of Community of Residences. Any staff found to be non compliant will receive required training by October 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/17/2025)

103e - Left Overs

3. 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 [redacted] at 9:29am, unlabeled, undated frozen waffles and pancakes were found in the kitchen freezer.

Plan of Correction

Accept [redacted] - 10/16/2025)

All unlabeled food items were immediately removed from the freezer on 9/18/2025 by the PCHA.

All staff will be retrained on proper food storage procedures by the PCHA by 10/17/2025, including the requirement to label and date all food items upon opening or receipt. This retraining will emphasize compliance with DHS and health department standards.

Beginning November 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: 10/17/2025

Implemented [redacted] - 11/17/2025)

183e - Storing Medications

4. 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 medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

On [redacted] a [redacted] was found loose in the home's medication cart.

On [redacted] an [redacted] belonging to Resident [redacted] was found in the home's medication cart. This medication expired on [redacted]

Plan of Correction

Accept [redacted] 10/16/2025)

The loose pill was immediately removed and disposed of per facility policy by nursing.

All punctured medication cards were reviewed, and medications were reordered as needed by nursing.

The expired EpiPen was immediately removed and replaced with a current EpiPen on 9/19/25 by nursing.

A weekly medication cart audit checklist will be implemented by the PCHA starting 11/2025 and will be ongoing that includes:

- Checking for loose medications
- Inspecting cards for damage
- Verifying no expired medications, including EpiPens

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [redacted] - 11/17/2025)

184b - Labeling OTC/CAM

5. 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 found in the home's medication cart. It was not labeled with a resident's name or room number.

Plan of Correction

Accept [redacted] - 10/16/2025)

The unlabeled saline nasal spray was immediately removed from the cart on 9/18/2025 by nursing.

All medication administrator staff will be trained on proper labeling procedures by nursing staff by 10/31/2025.

184b - Labeling OTC/CAM (continued)

The training will include:

- *All medications must be labeled with resident name*
- *Stock medications must be in original labeled containers*
- *Facility policy on labeling standards*

Weekly medication cart audits will be implemented to specifically check for proper labeling of all medications and supplies by the PCHA starting 11/2025 and will continue ongoing.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 11/17/2025)