

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

March 24, 2026

[REDACTED], DIRECTOR OF PROGRAM DEVELOPMENT
WOODS SERVICES, INC.

RE: BEECHWOOD CENTER 2
589 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12964

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2026 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BEECHWOOD CENTER 2* License #: *12964* License Expiration: *11/01/2026*
 Address: *589 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-3 SP* Date: *04/22/1998* Issued By: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/03/2026*

Inspection Dates and Department Representative

02/03/2026 - 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: *3*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

02/03/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2026*

03/09/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/20/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/22/2026*

Inspections / Reviews *(continued)*

03/24/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 6/1/2024 through 5/31/2025.

Plan of Correction

Accept (█) - 03/09/2026

Staff Person A will complete the required training in infection control and general principles of cleanliness and hygiene, including areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration by 03/15/2026.

The PCHA will receive training from the Residential Director on monitoring and documenting staff training completion by 03/01/2026. The Residential Director will add a standing agenda item to monthly supervisory meetings to review staff training compliance and ensure timely completion of all required trainings starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/15/2026

Implemented (█) - 03/24/2026

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.

Description of Violation

Staff person A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) or falls and accident prevention during training year 6/1/2024 through 5/31/2025.

65g - Annual Training Content (continued)

Plan of Correction

Accept (█) - 03/09/2026

Staff Person A will complete all required annual trainings by 03/15/2026, including:

- Emergency preparedness procedures and recognition and response to crises and emergency situations
- The Older Adult Protective Services Act
- Falls and accident prevention

The PCHA will receive training from the Residential Director on establishing a tracking and monitoring system for all mandatory staff training requirements, including alerts sent by the HR department, by 03/01/2026.

All staff will receive written notification of their outstanding training requirements within 30 days of the training year start date, with monthly reminders until completion from the PCHA starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/15/2026

Implemented (█) - 03/24/2026

101j7 - Lighting/Operable Lamp

3. 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 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 03/09/2026

Operable bedside lamps will be installed in Resident 1's and Resident 2's bedrooms by 02/28/2026.

The PCHA will conduct a facility-wide inspection of all resident bedrooms to ensure compliance with lighting requirements by 02/28/2026. Any additional deficiencies identified will be corrected immediately.

The PCHA will implement a monthly bedroom safety checklist that includes verification of operable bedside lighting for all residents to. This checklist will be added to Monthly environmental checklist and will be reviewed and signed by the PCHA and maintained in the facility's compliance records starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/15/2026

Implemented (█) - 03/24/2026

103e - Left Overs

4. 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 2/3/2026 at 9:14 am, there was unlabeled, undated cheese in the refrigerator, and unlabeled, undated pizza in the freezer.

103e - Left Overs (continued)

Plan of Correction

Accept () - 03/09/2026

All unlabeled and undated food items identified on 02/03/2026 were immediately discarded by the PCHA. All kitchen staff will receive retraining from the PCHA on proper food labeling and dating procedures, including leftover storage requirements, by 02/28/2026. Training will be documented and maintained in staff files. The PCHA will implement a Weekly kitchen inspection checklist to ensure all food items in refrigerators and freezers are properly labeled and dated. This checklist will be completed at the end of each shift and reviewed weekly by the PCHA starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/07/2026

Implemented () - 03/24/2026

187b - Date/Time of Medication Admin.

5. 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 3 is prescribed [redacted]. Resident 3's January 2026 medication administration record does not include the initials of the staff person who administered [redacted]

Resident 4 is prescribed [redacted]. Resident 4's January 2026 medication administration record does not include the initials of the staff person who administered [redacted]

Resident 4 is prescribed [redacted]. Resident 4's January 2026 medication administration record does not include the initials of the staff person who completed [redacted]

Repeat violation: 1/28/25

Plan of Correction

Accept () - 03/09/2026

- Staff reeducated by Nurse Care Manager on the importance of signing out medications [redacted] within the EMR at the time it is prescribed AND administered, anticipated completion date of 03/20/26.
- Reeducation provided by Nurse Care Manager [redacted] is necessary to continue providing safe medication management for our residents anticipated completion date of 03/20/26.
- A medication record review has been implemented to prevent documentation omissions on the MAR. This is to be performed by the bedside nurse, reviewed/corrected by the Nurse Care Manager, and submitted to the ADON on a weekly basis beginning Friday, February 27th ongoing.

Licensee's Proposed Overall Completion Date: 03/20/2026

187b - Date/Time of Medication Admin. *(continued)*

Implemented ([REDACTED] - 03/24/2026)