

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

April 2, 2026

[REDACTED] DIRECTOR OF PQM
WOODS SERVICES, INC.
[REDACTED]
[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 02/05/2026 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BEECHWOOD CENTER 6* License #: *12968* License Expiration: *11/01/2026*
 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: *Commonwealth of Pennsylvania Dept. of L&I*

Staffing Hours

Resident Support Staff: *5* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/05/2026*

Inspection Dates and Department Representative

02/05/2026 - 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: *0* Diagnosed with Intellectual Disability: *0 (5 TBI)*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/05/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2026*

03/09/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/31/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2026*

Inspections / Reviews *(continued)*

04/02/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/5/26, at approximately 10:00 am, resident information containing times, dates, and full names of the residents who were going to doctor appointments were posted on the wall unlocked, unattended, and accessible.

Plan of Correction

Accept ([REDACTED]) - 03/09/2026

The posted resident information was immediately removed from the wall on 2/5/2026 by the Director of Community Residences. All staff will be retrained on resident confidentiality requirements, including proper handling and storage of documents containing identifying resident information by the PCHA of the home, by 03/05/2026. Training will be documented and maintained in staff files.

The PCHA will receive training from the Residential Director on establishing protocols for secure handling of all resident scheduling and appointment information by 03/05/2026. All such documents will be stored in a locked location and only accessed by authorized staff. The Residential Director will add a standing agenda item to monthly supervisory meetings to review confidentiality compliance and reinforce proper document handling procedures.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented ([REDACTED]) - 04/02/2026

63a - First Aid/CPR Training

2. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 2/3/26 and 2/4/26, from 11:00 pm to 7:00 am shift, 5 residents were present in the home. During this time 0 staff persons were present in the home who are certified in CPR and First Aid. Staff person A was the only staff in the home and their CPR and First Aid certification expired on 01/2026.

Plan of Correction

Accept ([REDACTED]) - 03/09/2026

Staff Person A will be enrolled in and complete an approved CPR and First Aid recertification course by 03/05/2026. Until recertification is obtained, a staff person with current CPR and First Aid certification will be present in the home during all shifts.

The PCHA will receive training from the Residential Director on implementing a tracking system for all staff CPR and First Aid certification expiration dates by 03/05/2026. The HR department will generate alerts no less than 60 days prior to any staff certification expiration to allow sufficient time for recertification scheduling. The Residential Director will review certification compliance at monthly supervisory meetings to ensure at least one currently certified staff person is present in the home at all times starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/05/2026

63a - First Aid/CPR Training (continued)

Implemented () - 04/02/2026

64a - Admin Training

3. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

() the home's administrator, has not successfully completed an orientation program approved and administered by the Department, a 100-hour standardized Department-approved administrator training course, and a department-approved competency-based training test with a passing score.

Plan of Correction

Accept () - 03/09/2026

() completed the Department-approved orientation program on () and the 100-hour standardized Department-approved administrator training course on (), including the Department-approved competency-based training test with a passing score. Documentation verifying () completion of all required training components were not easily located within the file due to file conversions to electronic record. Until the full conversion is complete, a designated management person will be assigned to assist with locating documentation for any future surveys within an employee file starting 3/5/26. The Director of Community Residences will be responsible to designate the management person to assist during future surveys.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented () - 04/02/2026

64c - Annual Training

4. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

() the home's administrator, completed 0 hours of Department-approved training in training year 2025.

Plan of Correction

Accept () - 03/09/2026

() is currently out of the office and is expected to return on 3/23/26. Upon return () will register for Department-approved annual training to fulfill the required 24 hours of training relating to job duties. All training registrations will be completed by 3/27/26 and all training completion is expected to be done within the next 3 months. The Director of Community Residences will be responsible to ensure that these timelines are met upon () return.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented () - 04/02/2026

65f - Training Topics

5. 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 B did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, and safe management techniques during training year 2025.

Direct care staff person C did not receive training in Medication self-administration instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, and safe management techniques during training year 2025.

Plan of Correction

Accept ([REDACTED] - 03/09/2026)

Staff Person B will complete all required outstanding training topics by 03/15/2026, including:

- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan*
- *Infection control and general principles of cleanliness and hygiene, including areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration*
- *Personal care service needs of the resident*
- *Safe management techniques*

Staff Person C will complete all required outstanding training topics by 03/15/2026, including:

- *Medication self-administration*
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan*
- *Care for residents with dementia and cognitive impairments*
- *Infection control and general principles of cleanliness and hygiene, including areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration*
- *Personal care service needs of the resident*
- *Safe management techniques*

The PCHA will receive training from the Residential Director on monitoring and documenting staff training completion by 03/05/2026. 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 annual training topics

65f - Training Topics (continued)

for all direct care staff starting 3/1/26. All staff will receive written notification of 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 (█) - 04/02/2026

65g - Annual Training Content

6. 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 training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2025.

Staff person C did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2025.

Repeat violation: 3/13/25

Plan of Correction

Accept (█) - 03/09/2026

Staff person B completed their fire safety training on 11/3/25. Staff person C completed EPP on 7/21/25 and Rights on 1/15/26. The documentation was filed in the PCHA's office and it was inaccessible at the time of the survey. The Director of Community Residents completed a training audit on 3/5/26 to ensure compliance in Beechwood Center #6. The Director of Community Residences will review annual training compliance with the PCHA monthly during their supervision starting 3/1/26. Staff person C was notified of training non-compliance by the Director of Community Residences on 3/6/26 and was given until 3/31/26 to meet compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/02/2026

85a - Sanitary Conditions

7. Requirements

85a - Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/5/26, at approximately 10:45 am, 2 unlabeled loofahs were in the shared shower of bathroom 2.

Plan of Correction

Accept () - 03/09/2026

The 2 unlabeled loofahs were immediately removed from the shared shower in bathroom 2 on 2/5/2026 by the Director of Community Residences. All staff will be retrained by the Director on sanitary conditions requirements, including the proper labeling and individual assignment of personal hygiene items, by 03/05/2026. Training will be documented and maintained in staff files.

The PCHA will implement a monthly bathroom inspection checklist to ensure all personal hygiene items are properly labeled and assigned to individual residents. This checklist will be reviewed by the PCHA and maintained in the facility's compliance records starting 3/1/26. The Residential Director will review sanitary condition compliance at monthly supervisory meetings starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/02/2026

85e - Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/5/26, at approximately 9:10 am, the home's outside trash cans were uncovered and overflowing with trash bags. There were approximately 11 clear trash bags and 1 brown box observed on the ground and on top of the trash cans.

Plan of Correction

Accept () - 03/09/2026

All trash bags and the brown box found on the ground and on top of the trash cans were immediately removed or properly secured on 2/5/2026 by the Director of Community Residences. Trash can lids were also replaced and properly secured by the Director. The PCHA will arrange for more frequent trash removal pickup to prevent overflow of outside receptacles starting 3/2/26.

All staff will be retrained by the Director on proper trash disposal and the requirement to keep outside receptacles covered at all times by 03/05/2026. The PCHA will implement a weekly exterior inspection checklist that includes verification that all outside trash receptacles are covered and not overflowing starting 3/1/26. This checklist will be reviewed weekly by the PCHA and the Residential Director will review compliance at monthly supervisory meetings starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/02/2026

88a - Surfaces

9. Requirements

2600.

88a - Surfaces (continued)

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The paint on the ceiling in the dining area was chipping. The kitchen vents were covered by a layer of dust.

Plan of Correction

Accept () - 03/09/2026

The chipping paint on the ceiling in the dining area will be repaired and repainted by maintenance by 03/15/2026.

The kitchen vents were cleaned and cleared of dust accumulation on 2/5/2026 by the direct care staff.

The PCHA will implement a monthly environmental inspection checklist that includes assessment of all ceiling surfaces for chipping or peeling paint and inspection of all kitchen vents for dust accumulation starting 3/1/26. This checklist will be reviewed and signed by the PCHA and maintained in the facility's compliance records. Any deficiencies identified will be corrected immediately by the PCHA starting 3/1/26. The Residential Director will review environmental compliance at monthly supervisory meetings starting 3/1/26.

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

Implemented () - 04/02/2026

100b - Removal Snow/Obstructions

10. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 2/5/26, at approximately 9:00 am, there was a layer of snow and ice on the stairs of the emergency exit leading from the second floor to the driveway of the home and on the desk and stairs leading down to the driveway from the kitchen. The last time it snowed was on 1/25/2026.

Plan of Correction

Accept () - 03/09/2026

Snow and ice were immediately removed from all affected stairs and walkways on 2/5/2026 by the PCHA. Ice melt was applied to all exterior stairs, walkways, and egress routes to prevent refreezing by the PCHA on 2/5/26.

All staff will be retrained on the requirement to ensure that ice, snow, and obstructions are removed from all outside walkways, ramps, steps, and egress routes promptly following any weather event by the PCHA by 03/05/2026. The PCHA will implement a written snow and ice removal protocol, designating staff responsibility for clearing all exterior egress routes following any precipitation event starting 3/1/26. Exterior egress routes will be inspected each morning during winter months and documented on a daily checklist by the staff starting 3/1/26. The Residential Director will review compliance at monthly supervisory meetings starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/02/2026

121a - Unobstructed Egress

11. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

On 2/5/26, at approximately 9:30 am, a trash can and trash bags blocked the egress from the home's storage room which was labeled as an exit in the home's basement.

Plan of Correction

Accept () - 03/09/2026

The trash can and trash bags blocking the egress from the basement storage room were immediately removed on 2/5/2026 by the Director of Community Residences, and the egress route was cleared and unobstructed. All staff will be retrained on the requirement to keep all egress routes, including basement exits, unlocked and unobstructed at all times by the PCHA by 03/05/2026. Training will be documented and maintained in staff files. The PCHA will implement a weekly walk through egress inspection checklist covering all stairways, hallways, doorways, passageways, and egress routes throughout the facility starting 3/1/26. The Residential Director will review egress compliance at monthly supervisory meetings starting 3/1/26.

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

Implemented () - 04/02/2026

131f - Fire Extinguisher Inspection

12. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in home's van has not been inspected by a fire safety expert since 2019.

Plan of Correction

Accept () - 03/09/2026

A licensed fire safety expert will be contacted immediately by the PCHA to schedule an inspection and approval of the fire extinguisher in the home's van. The inspection will be completed and documentation obtained by 03/05/2026. The fire extinguisher will be replaced if it does not pass inspection. The PCHA will implement a tracking system for all fire extinguisher inspection dates throughout the facility and in all vehicles used to transport residents by 03/05/2026. A weekly van checklist will be implemented for all vehicles inspection to be filled out by the drivers for the home starting 3/1/26. The Residential Director will review fire extinguisher compliance at monthly supervisory meetings starting 3/1/26.

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

Implemented () - 04/02/2026

141b1 - Annual Medical Evaluation

13. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, dated [redacted] did not include a determination by the practitioner that the needs of the resident can be met safely at the personal care home, or that the resident is Nursing Facility Clinically Eligible.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 03/09/2026

It was identified that the DME for resident #1 did not include a designation as to whether or not this resident remained personal care home or skilled nursing facility eligible. A review was conducted for all other residents of Beechwood by the Nursing Care Manager on 3/4/26 and found all were compliant.

-Providers were reminded by the Nursing Care Manager of the need to complete the last page of the DME via in person review, occurring on Friday, March 6th.

A system has been put into place for DME processing to be reviewed for completion by the Nursing Care Manager and again reviewed by the Administrative Support Specialist before uploading into the record starting on 3/6/26.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/02/2026

171c - Home's Vehicle Documents

14. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The home does not have a copy of a valid PA registration and insurance card for its van used to transport residents.

Plan of Correction

Accept () - 03/09/2026

Current copies of the PA vehicle registration and insurance card for the home's van will be obtained and placed in the facility's vehicle documentation file by the PCHA by 03/05/2026.

The PCHA will conduct a weekly van inspection, during which the PCHA will check for all proper vehicle documentation and current inspection status starting 3/1/26. The PCHA will implement a vehicle documentation checklist that includes verification of current registration, insurance, and inspection records for all vehicles used to transport residents starting 3/1/26. The Residential Director will review vehicle documentation compliance at monthly supervisory meetings by 03/05/2026

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

Implemented () - 04/02/2026

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed ()

187d - Follow Prescriber's Orders (continued)

. However, this medication was not administered to resident 1 on 2/5/26 because the medication was not available in the home. The medication administration record was initialed as administered, however this medication was not in the home.

Plan of Correction

Accept ([redacted]) - 03/09/2026)

- All staff were retrained on the importance of following prescribed orders exactly as they are written, and timely reordering of medications, specifically ointments which are not on automatic refill through our pharmacy provider by the Nursing Care Manager by 3/31/26.
- This education along with education on the importance of signing out medications within the EMR at the time they are administered will be conducted at the bedside for all staff, with an expected completion date of 03/31/26.
- 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 starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ([redacted]) - 04/02/2026)

190a - Completion Medication Course

16. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On 2/2/26 at [redacted] to resident #1
 - On 2/2/26 at [redacted] to resident #1
 - On 2/2/26 at [redacted] to resident #1
- Staff person B has not completed an annual practicum since [redacted]

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On 2/2/26 at [redacted] to resident #1
 - On 2/2/26 at [redacted] to resident #1
 - On 2/2/26 at [redacted], to resident #1
- Staff person C has not completed an annual practicum.

Plan of Correction

Accept ([redacted]) - 03/09/2026)

Staff B received practicum observations on 8/22/24, 5/2/25 and 9/12/25. Staff C received practicum observations on 6/29/25 and 12/5/25. At the time of the survey the Medication Administration Trainer was out of the office and the Director of Community Residences was unable to access the needed documentation. A system was put in place starting 2/5/26 for a shared access file to utilize between training and Beechwood Management.

Licensee's Proposed Overall Completion Date: 03/05/2026

190a - Completion Medication Course (continued)

Implemented (█) - 04/02/2026

221c - Post Activity Calendar

17. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept (█) - 03/09/2026

A current Monthly activity calendar was posted in a conspicuous and public place in the home on 2/5/2026 by the PCHA. The PCHA will be responsible for ensuring that a current Monthly activity calendar is prepared, updated, and posted in the designated public location each week going forward starting 3/1/26.

The PCHA will receive training from the Residential Director on the requirement to maintain and post a current monthly activity calendar by 03/05/2026. The Residential Director will add verification of the posted activity calendar to the monthly environmental inspection checklist starting 3/1/26. Compliance will be reviewed at monthly supervisory meetings to ensure ongoing adherence to this requirement starting 3/1/26.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█) - 04/02/2026