

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

April 13, 2026

[REDACTED]
WOODS SERVICES, INC.

[REDACTED]
ATTN DAWN SHAFFER
[REDACTED]

RE: BEECHWOOD CENTER 5
135 WEST RICHARDSON AVENUE
LANGHORNE, PA, 19047
LICENSE/COC#: 12967

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2026 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 5 License #: 12967 License Expiration: 11/01/2026
 Address: 135 WEST RICHARDSON AVENUE, 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: Other Date: 10/20/1989 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/24/2026

Inspection Dates and Department Representative

02/24/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 7 Residents Served: 7
 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: 3
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 3

Inspections / Reviews

02/24/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2026

04/03/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/12/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/07/2026

Inspections / Reviews *(continued)*

04/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/12/2026

04/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident [REDACTED]. However, the home does not maintain a record of financial transactions.

The home manages the finances for resident [REDACTED]. However, the home does not maintain a record of financial transactions.

The home manages the finances for resident [REDACTED]. However, the home does not maintain a record of financial transactions.

Plan of Correction

Accept [REDACTED] - 04/03/2026)

- The financial transaction records for Residents [REDACTED] and [REDACTED] were maintained in the home by the PCHA in a locked safe. On the date of inspection (02/24/2026), the Personal Care Home Administrator (PCHA) had left the safe key at home and was therefore unable to access the records for the inspector's review.
- To prevent a recurrence, a duplicate/backup key to the financial records safe will be provided to the Director of Community of residences by 3/19/2026.

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

Implemented [REDACTED] 04/09/2026)

64c - Annual Training

2. 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

Staff person A, the home's administrator, completed only 16 hours of Department-approved training in training year June 2024 to May 2025.

Plan of Correction

Accept [REDACTED] - 04/03/2026)

- The Administrator will immediately enroll in and complete the remaining 8 hours of Department-approved training to meet the 24-hour annual requirement for training year June 2024–May 2025 by 3/31/26.
- Proof of completed training (certificates) will be submitted to the Director of Community of residences upon completion.
- A training tracking spreadsheet will be implemented to monitor the Administrator's training hours throughout each training year (June–May), with quarterly check-ins to ensure hours are on pace by the Residential Director starting 4/1/26.

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

64c Annual Training (continued)

Implemented () - 04/13/2026)

95 Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

The freezer door had come off its hinges on (). The door would come off after opening, causing a hazardous condition for the residents.

Plan of Correction

Accept () - 04/03/2026)

- On the date of inspection (02/24/2026), staff were directed by the PCHA to restrict resident access to the kitchen freezer until the door was repaired.
- A qualified maintenance technician was contacted to repair or replace the freezer door hinges and ensure the door functions safely on 2/24/26.
- The Freezer door was unable to be fixed, a new freezer was ordered by maintenance on 3/17/26 for the home.
- A monthly equipment inspection checklist will be implemented and added to the monthly environmental checklist completed by the PCHA to identify and address equipment hazards proactively by April 2026

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

Implemented () - 04/09/2026)

100b Removal Snow/Obstructions

4. 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 (), at approximately 10:00 am, there was an accumulation of ice in the smoking area and on the exit ramp.

Plan of Correction

Accept () - 04/03/2026)

- On the date of inspection 2/24/26, maintenance staff were contacted by the PCHA immediately to apply ice melt and remove the snow from the smoking area and exit ramp to eliminate the hazard.
- All employees will be trained by the PCHA on 3/19/26 on Snow and Ice Removal Policy that all walkways, ramps, exits, and outdoor areas be inspected and cleared before residents access those areas each morning and after any precipitation event.
- Ice melt and shoveling supplies will be kept stocked and readily accessible in the homes at all times during winter months by the PCHA in coordination with maintenance starting 2/24/26.

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

Implemented () - 04/09/2026)

103f Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the kitchen.

Plan of Correction

Accept [redacted] - 04/03/2026)

- A thermometer was immediately replaced and placed inside the kitchen freezer by the PCHA on 2/24/26.
- Staff will be trained by the PCHA by 3/19/26 and instruct to check and log freezer and refrigerator temperatures daily to ensure food is stored at or below required temperatures (freezer at or below 0°F; refrigerator at or below 40°F).
- The PCHA of the home will add the thermometer check to the monthly environmental checklist to ensure the thermometer is present starting 4/1/26.

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

Implemented [redacted] - 04/09/2026)

103i Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bag of mozzarella cheese, waffles, vegetables, rice, and some sort of meat in the freezer.

Plan of Correction

Accept [redacted] - 04/03/2026)

- All unlabeled and undated food items identified on the day of the inspection were immediately discarded by the PCHA on 2/24/26.
- All kitchen staff will receive retraining on proper food labeling and dating procedures, including leftover storage requirements by the PCHA, by 3/19/2026. 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 3/23/26.

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

Implemented [redacted] - 04/09/2026)

107c Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents.

Description of Violation

On [redacted], the home served 7 residents, requiring 21

107c Food/Water 3 Day Supply (continued)

gallons of emergency drinking water. However, the home had only 15 gallons. The home does not have a contract with a local bottled water supplier that includes emergency water.

Plan of Correction

Accept ([redacted] - 04/03/2026)

- Immediately upon submission, the home PCHA will purchase and stock a minimum of 21 gallons of emergency drinking water (3 gallons per resident x 7 residents) on site 3/28/26.
- The PCHA of the home contacted the organization emergency food and water supplier to request for adequate amount of water supplies in the home on 2/24/26.
- A monthly emergency supply inventory checklist will be implemented and adding on to the monthly environmental checklist completed by the PCHA to verify that the required 3 day supply of nonperishable food and water is maintained at all times starting 4/1/26.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] - 04/09/2026)

184b - Labeling OTC/CAM

9. 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] Tab belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept ([redacted] 04/03/2026)

- A label with the resident's name, DOB, the name of the medication, its strength, and the administration details were placed on the medication bottle immediately upon discovery by the Nursing Care Manager on 2/24/26.
- Nurse Care Manager reordered the PRN medication and placed in medication cart on 2/24/26.
- Reeducation will be provided by Nurse Care Manager/DON/designee to all staff administering medications regarding the requirements of labeling ALL medications with the residents' specific information as well as administration details. This education will be completed by April 9th, 2026.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented [redacted] - 04/09/2026)

185a - Implement Storage Procedures

10. 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] take 1 tablet by mouth every 8 hours as needed for pain, [redacted] mg tabs; take two tablets every 6 hours as needed for pain/fever, [redacted] as needed for Vertigo, [redacted] as needed for [redacted], and [redacted] as needed for constipation. On [redacted] these medications were not available in the home.

185a - Implement Storage Procedures (continued)

Resident [REDACTED] is prescribed [REDACTED] tabs; take 3 tablets by mouth three times a day as needed for pain. On [REDACTED] this medication was not available in the home.

Repeat Violation [REDACTED]

Plan of Correction**Accept [REDACTED] - 04/03/2026)**

- All PRN medications for Resident [REDACTED] and Resident [REDACTED] that were identified as missing during the inspection survey have since been reordered and placed inside of their respective medication carts by the Nurse Care Manager on 2/24/26.
- A medication inventory system has been implemented by the Nurse Care Manager to ensure availability of all prescribed medications starting 3/23/26.
- All PRN and emergency medications will be tracked on the medication storage section that has been incorporated into medication cart audit checklist conducted weekly by nursing staff starting 3/23/26.

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

Implemented [REDACTED] - 04/09/2026)