

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

April 23, 2026

[REDACTED]
WOODS SERVICES, INC.

[REDACTED]
ATTN DAWN SHAFFER
[REDACTED]

RE: BEECHWOOD CENTER 3
587 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12965

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2026 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 3 License #: 12965 License Expiration: 11/01/2026
 Address: 587 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: 09/07/1984 Issued By: PA L&I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 03/09/2026

Inspection Dates and Department Representative

03/09/2026 - 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: 2 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

03/09/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/10/2026

04/14/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/20/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/20/2026

Inspections / Reviews *(continued)*

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

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

In January 2026, staff repeatedly cursed at residents directly and used profanity several times in close proximity to several residents who were able to hear it.

Resident [REDACTED] has a personal refrigerator in the dining room/kitchen area. The resident's family has asked staff to limit the resident's soda and calorie intake and resident is to get only one soda per meal every day. On [REDACTED] at approximately 2:30 pm, staff member A said to resident [REDACTED], "Get the [REDACTED] out of the fridge. You do not need another [REDACTED] soda." and sent the resident to their room. Staff member A later that day went to resident [REDACTED] bedroom and said, "Get up. I don't want you laying here all day," and continued cursing at the resident. On another unspecified date, resident [REDACTED] accused staff member A of taking the resident's soda, to which the staff member replied, "Shut the [REDACTED] up."

On [REDACTED] staff member B was in the kitchen preparing lunch with another staff person. The staff members were overheard discussing which residents they would each care for during the shift. Staff member B loudly expressed not wanting to interact with residents [REDACTED] and [REDACTED] disparaging the residents with profanities and complaining about the residents care needs. Staff member B's comments were overheard by several residents in the dining room, including resident [REDACTED] and resident [REDACTED]. Resident [REDACTED] had sent the home an email on [REDACTED] reporting that staff members A and B "curse at the clients constantly."

Plan of Correction

Accept ([REDACTED] - 04/14/2026)

- Upon investigation of the incidents described, Staff Member A was suspended by the Director of Community Residence's from resident care pending a formal disciplinary review. Staff Member A received a formal written warning from the Director on 2/13/26. Staff Member B was also removed from resident care pending review, and appropriate personnel action was taken in accordance with Woods Services' Human Resources policies by the Director on 2/13/26.*
 - All current direct care staff at Beechwood Center 3 were retrained by the Director of Community of residences on resident rights, dignity and respect, and the prohibition on profanity and demeaning language toward or in the presence of residents. Retraining was completed by the Director of Community Services by 03/20/2026.*
 - Resident [REDACTED], Resident [REDACTED], and Resident [REDACTED] as well as their designated persons, were contacted by the Director of Community Residences to address the incidents, offer support, and confirm ongoing resident rights on 1/10/26.*
- Ongoing Monitoring*
- The Administrator will conduct unannounced observations of staff interactions with residents at least twice per week for six (6) months (through 10/09/2026), then Weekly thereafter. Observations will be documented on a Staff Conduct Monitoring Log starting 4/1/26.*
 - Any future complaint or report involving staff conduct toward residents will be investigated by the Administrator within 24 hours and escalated to the Director of Risk Management. Substantiated findings will result in immediate disciplinary action starting 4/1/26.*

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented ([REDACTED] - 04/23/2026)

42c - Treatment of Residents (continued)

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 falls and accident prevention during training year [redacted] to [redacted]

Plan of Correction

Accept [redacted] - 04/14/2026)

• Staff Person A completed the required Falls and Accident Prevention training on 04/04/2026, achieving compliance for training year 06/01/2024 through 05/31/2025. Documentation of completion has been filed in their personnel record by the Administrator.

Ongoing Monitoring

- Beginning April 2026, the Administrator will audit 100% of direct care staff training records on the 1st of each month to verify all required annual training topics are on track for completion within the training year (06/01 through 05/31). Findings will be documented on a Training Compliance Tracking Sheet.
- Any staff member identified as missing a required training with 90 or fewer days remaining in the training year will receive written notice by the Administrator and be scheduled for the outstanding training within 30 days starting 4/1/26.
- The Administrator will conduct a year-end audit of all staff records by May 1st each year to remediate any gaps prior to the May 31st deadline starting 4/1/26.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [redacted] 04/23/2026)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On [redacted] at 10:21 am, there were no emergency telephone numbers, such as the nearest hospital and fire department, on or by the common telephone in the television room located to the right of the front entrance.

Plan of Correction

Accept [redacted] - 04/14/2026)

• On 03/09/2026, a complete list of emergency telephone numbers — including the nearest hospital, police

91 Telephone Numbers (continued)

department, fire department, ambulance, poison control, local emergency management, and the personal care home complaint hotline was printed and posted on the telephone in the television room located to the right of the front entrance by the Administrator.

- The Administrator reviewed all other telephones with outside lines throughout the facility and confirmed that emergency numbers are posted at each location on 3/9/26.

Ongoing Monitoring

- Starting 4/1/26 the emergency phone list will be added to the monthly environmental list. The Administrator will verify during monthly walkthroughs that emergency telephone number lists are posted, current, and legible at all telephones with outside lines. Any missing or outdated postings will be replaced immediately. Findings will be documented in the facility compliance log.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented [REDACTED] - 04/23/2026)