

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

May 19, 2026

[REDACTED]  
WOODS SERVICES, INC.

[REDACTED]  
ATTN DAWN SHAFFER  
[REDACTED]

RE: BEECHWOOD CENTER 4  
586 BEECHWOOD CIRCLE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 12966

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2026 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 4 License #: 12966 License Expiration: 11/01/2026  
 Address: 586 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: Other Date: 08/29/1984 Issued By: Middletown Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 03/12/2026

**Inspection Dates and Department Representative**

03/12/2026 - 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: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 4  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

03/12/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/04/2026

04/06/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/22/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2026

Inspections / Reviews *(continued)*

04/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/17/2026

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

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 finances for Residents [redacted] and [redacted]; however, the home could not provide ledgers for these residents since [redacted] as they state they were stolen from the home on [redacted]

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] - 04/06/2026)

Effective immediately, new financial ledgers were created for residents [redacted] and [redacted] to ensure all deposits, withdrawals, and balances are documented accurately by the PCHA on 3/12/26.

Going forward:

- All residents' financial records will be kept in a locked and secure location with access limited to authorized management staff only by the PCHA starting 3/12/26.
- Backup copies of all financial records will be maintained to prevent future loss by the PCHA starting 3/12/26.
- Management responsible for handling residents' funds will be retrained by the Director of Community Services on 2/19/26 on proper documentation and storage procedures.
- The Director will complete ongoing reviews to ensure all financial records remain current and compliant during monthly management meetings starting 3/12/26.

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

Implemented [redacted] - 05/19/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], upon their arrival at Beechwood Manor, Staff Member A noticed their office was "out of sorts". Their chair was pushed out from their desk and a safe located under the desk which held resident debit cards had its batteries removed, though the safe was not accessed and its contents were still inside. After further investigation, it was noticed that the debit cards and ledgers for Residents [redacted] and [redacted] which were left out in the office and not properly secured were missing. These debit cards also had each individual resident's debit card PIN number written on the cards. The debit cards were immediately cancelled, but not before the thief managed to withdraw money from the resident's debit cards.

The unauthorized withdrawals were as follows and occurred on [redacted]

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

42b - Abuse (continued)

- [REDACTED]

The investigation being conducted by the Middletown Police Department is ongoing and charges have yet to be filed. Per an interview with the Department, Staff Member A indicated that their office door is coded due to previous break in attempts and they believe the intruder entered the office through an unsecured window.

Repeated Violation: [REDACTED]

**Plan of Correction**

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

*Immediate Corrective Action*

- Effective 03/02/2026, all affected resident debit cards were canceled. Residents and/or their responsible parties were notified, and the Middletown Police Department was contacted to open an active investigation.
- Effective 03/12/2026, all resident debit cards, ledgers, and financial documents are stored in a locked safe accessible only to authorized management staff. PIN numbers will no longer be written on or stored with debit cards.
- Staff were retrained by the Director of Community Services on 03/12/2026 on resident rights, abuse prevention, protection of resident property, and proper handling of financial information.

*Additional Monitoring Plan starting 3/12/26*

- Weekly (every Monday): The Director of Community Services will physically inspect all resident financial storage locations to verify that cards, ledgers, and documents are locked and secured and that no PINs are visible or written on cards. This will continue for a minimum of six (6) months (through 10/11/2026).
- Monthly (first Monday): The Director of Community Services will conduct an unannounced walkthrough of all office spaces to verify windows, entry points, and safes are secured, and will hold a brief documented staff check-in (15–30 minutes) reinforcing financial safeguarding and abuse prevention expectations.

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

Implemented ([REDACTED] - 05/19/2026)

42x - Safeguard

**3. Requirements**

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

**Description of Violation**

On [REDACTED] it was found that debit cards and financial ledgers for Residents [REDACTED] and [REDACTED] had been stolen from Staff Member A's office in the Beechwood Manor building. The debit cards and ledgers were left in a folder outside of the safe inside of the office. The debit cards had each resident's PIN number written on their cards. These debit cards were then used to withdraw money from the resident's bank accounts. The home failed to provide a system for safeguarding the residents' debit cards and financial records.

**Plan of Correction**

Accept ([REDACTED] - 04/13/2026)

*Immediate Corrective Action*

42x Safeguard (continued)

- Effective 03/02/2026, all affected resident debit cards were canceled. Residents and/or their responsible parties were notified, and the Middletown Police Department was contacted to open an active investigation.
- Effective 03/12/2026, all resident debit cards, ledgers, and financial documents are stored in a locked safe accessible only to authorized management staff. PIN numbers will no longer be written on or stored with debit cards.
- Staff were retrained by the Director of Community Services on 03/12/2026 on resident rights, abuse prevention, protection of resident property, and proper handling of financial information.

Additional Monitoring Plan starting 3/12/26

- Weekly (every Monday): The Director of Community Services will physically inspect all resident financial storage locations to verify that cards, ledgers, and documents are locked and secured and that no PINs are visible or written on cards. This will continue for a minimum of six (6) months (through 10/11/2026).
- Monthly (first Monday): The Director of Community Services will conduct an unannounced walkthrough of all office spaces to verify windows, entry points, and safes are secured, and will hold a brief documented staff check in (15-30 minutes) reinforcing financial safeguarding and abuse prevention expectations.

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

Implemented [redacted] - 05/19/2026)

65f - Training Topics

4. 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 Safe Management Techniques during training year [redacted] through [redacted]

Plan of Correction

Accepted [redacted] 04/13/2026)

Immediate Corrective Action

- Staff Person B completed the required Safe Management Techniques training on 04/04/2026, achieving compliance with annual training requirements for the training year 07/01/2024-06/30/2025. Documentation has been filed in their personnel record by the Administrator.

Ongoing Monitoring Plan

- Beginning April 2026, the PCHA 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 designated training year (07/01-06/30). Findings will be documented on a Training Compliance Tracking Sheet.
- When a staff member has an outstanding required training with 90 or fewer days remaining in the training year, the PCHA will issue written notice and schedule the training within 30 days.

65f - Training Topics (continued)

- The Director of Community Residences is responsible for ongoing oversight of this protocol and will review compliance during monthly supervision starting 4/1/26.

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

Implemented (████) 05/19/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident ██████'s most recent medical evaluation was completed on ██████. The medical evaluation does not indicate that the needs of the resident can be met safely at the personal care home.

Plan of Correction

Accept (████) - 04/13/2026)

It was identified that the DME for resident ██████ which occurred on 10/08/2025 did not include a designation as to whether this resident remained personal care home or skilled nursing facility eligible.

The provider was contacted by the Nursing Care Manager on 3/20/26 and completed the form to include what was identified during the initial DME: that resident ██████ care needs are able to be met within a personal care home.

A review was conducted for all other residents by the Nursing Care manager on 3/26/26 of Beechwood and all were found to be compliant.?

Providers were reminded of the need to complete the last page of the DME via in-person review, occurring on Friday, March 20th.?

All DME forms will be inspected by Nurse Care Manager for 2 months on a weekly basis to ensure providers have designated that the resident's needs can be met via a personal care home and/or nursing facility starting 4/1/26.

If this section of the DME form is missed, it will be requested of the provider to be properly filled out and returned to Nurse Care Manager.

Nurse Care Manager is responsible for submitting DME forms to Administrative Scheduling Specialist who will initial the bottom of the form and then upload into EMR starting 4/1/26.?

Director of Nursing or designee will audit the aforementioned process on a monthly basis by reviewing 20% of all completed DME forms starting 4/1/26.

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

Implemented (████) - 05/19/2026)