

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

October 13, 2026

[REDACTED], DIRECTOR OF RISK AND ACCREDITATIONS
WOODS SERVICES INC
[REDACTED]
[REDACTED]

RE: BEECHWOOD CENTER 1
585 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12677

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2026 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 1 License #: 12677 License Expiration: 11/01/2026
Address: 585 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: 08/31/1984 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/20/2026

Inspection Dates and Department Representative

08/20/2026 - 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: 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: 0

Inspections / Reviews

08/20/2026 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2026

09/14/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/12/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2026

Inspections / Reviews (*continued*)

09/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/12/2026

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 states that carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 08/20/2026, there was no carbon monoxide monitor installed near the home's gas operated furnace.

Plan of Correction

Accept () - 09/21/2026)

A carbon monoxide alarm meeting PA standards was ordered 8/20/2026 and was installed within 15 feet of the furnace by 9/12/26 by maintenance.

PCHA will retrain all staff by 9/17/26 on carbon monoxide safety and alarm procedures; documented in staff files.

Monthly facility inspection checklist (Start Date: October 1, 2026, ongoing monthly): PCHA (Personal Home Care Administrator) will verify carbon monoxide alarm is present and functional. Document findings on monthly inspection form with date and signature. Reviewed by Maintenance Facility Manager.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/13/2026)

54a - Direct Care Staff**2. Requirements**

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 09/21/2026)

Staff person A was immediately removed from the direct care schedule on 8/20/2026 and will not be scheduled for direct care duties until educational requirements are met.

The organization will file a waiver request with the Department in accordance with regulation. Staff person A will remain off all direct care schedules pending the Department's determination. Ongoing Compliance Measurement: By September 30, 2026, Director of Community Residences will complete an audit of all current direct care staff to verify credentials. Quarterly verification during annual performance reviews.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 10/13/2026)

65f - Training Topics

3. 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 medication self-administration during training year 2025.

Plan of Correction

Accept () - 09/21/2026)

PCHA will ensure Staff person B will complete the Department-approved medication self-administration training by 9/12/26; certificate of completion will be filed in the staff file.

PCHA will complete a review of all direct care staff training records to identify any other staff missing required 2025 training topics and ensure completion by 9/17/26.

Effective 9/1/26, all staff training completion is tracked on a training matrix. PCHA (Personal Home Care Administrator) is responsible for ensuring Staff person B completes medication self-administration training by 9/12/26. Training matrix reviewed monthly by PCHA and Director of Community Residences to identify any staff with incomplete required training. Matrix includes: staff names, training topics, completion dates, expiration dates for certification renewal. Prevents future gaps by tracking all required 2025 topics.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 10/13/2026)

85a Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/20/2026 around 09:30 AM, the paper towel dispenser in the shared bathroom between resident room #14 and #16 was empty and there was no other means of hand drying available.

Plan of Correction

Accept () - 09/21/2026)

The paper towel dispenser was refilled immediately on 8/20/2026 and hand sanitizer was placed at the sink as a backup by the PCHA.

PCHA will retrain all staff by 9/17/26 on maintaining sanitary bathroom conditions; documented in staff files.

Monthly environmental bathroom checklist (Start Date: September 17, 2026, ongoing monthly): PCHA (Personal Home Care Administrator) will verify paper towel dispensers are stocked and functional, soap dispensers are filled, and bathroom is clean. Document results on checklist form with date and PCHA signature. Purpose: Maintain sanitary conditions in all bathrooms.

Licensee's Proposed Overall Completion Date: 09/30/2026

85a Sanitary Conditions (continued)

Implemented () - 10/13/2026)

102h Toilet Paper

5. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 08/20/2026 at 09:30 AM, there was no toilet paper for the toilet in the shared bathroom between resident room #2 and #4.

Plan of Correction

Accept () - 09/21/2026)

Toilet paper was immediately restocked in all bathrooms on 8/20/2026 by the PCHA.

Daily shift checklists now include verification that toilet paper is present and adequately stocked in all bathrooms effective 8/20/26, initialed by the charge staff person.

PCHA will retrain all staff by 9/17/26 on bathroom maintenance requirements under 2600.102; documented in staff files.

Monthly environmental inspection (Start Date: September 2026, ongoing monthly): PCHA (Personal Home Care Administrator) will verify toilet paper is present and adequately stocked in all bathrooms. Daily shift checklist: Charge Staff (defined as RN/LPN on duty or senior direct care staff assigned shift supervision) verifies toilet paper presence at start of shift, initials form. Purpose: Ensure compliance with 2600.102.h.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 10/13/2026)

103f Refrigerator/Freezer Temps

6. 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

On 08/20/2026 at 09:40 AM, the temperature in the refrigerator was 49 degrees Fahrenheit and at 11:00 AM, it was 45 degrees Fahrenheit.

Plan of Correction

Accept () - 09/14/2026)

On 8/20/2026, the PCHA inspected the refrigerator and identified that the temperature control was malfunctioning. Maintenance was called; the refrigerator was replaced by 8/20/2026.

Kitchen staff will check and document refrigerator and freezer temperatures at the start of each shift effective 8/21/26; PCHA reviews temperatures weekly.

PCHA will retrain all food preparation staff by 9/17/26 on food temperature requirements and thermometer reading; documented in staff files.

Monthly food safety inspection includes refrigerator and freezer temperature verification will be added to the monthly environmental completed by the PCHA starting 10/1/26.

Licensee's Proposed Overall Completion Date: 09/30/2026

103f - Refrigerator/Freezer Temps (*continued*)*Implemented () - 10/13/2026)*

103i - Outdated Food

7. Requirements

2600.

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

Description of Violation*Present in the home's freezer was unlabeled, undated breakfast sausage and a plastic bag containing "tater tots".***Plan of Correction****Accept () - 09/21/2026)***On 8/20/2026, the PCHA inspected the refrigerator and identified that the temperature control was malfunctioning.**Maintenance was called; the refrigerator was replaced by 8/20/2026.**Kitchen staff will check and document refrigerator and freezer temperatures at the start of each shift effective 8/21/26; PCHA reviews temperatures weekly.**PCHA will retrain all food preparation staff by 9/17/26 on food temperature requirements and thermometer reading; documented in staff files.**Monthly food safety inspection includes refrigerator and freezer temperature verification will be added to the monthly environmental to be completed by the PCHA starting on 10/1/26 and ongoing indefinitely.***Licensee's Proposed Overall Completion Date:** 10/10/2026*Implemented () - 10/13/2026)*

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation*The last fire drill observed by a fire safety expert was conducted on 06/25/2025.***Plan of Correction****Accept () - 09/21/2026)***A fire safety expert was contacted on 8/20/2026 by the to schedule the annual fire safety inspection and fire drill by the Director of Licensing; inspection and drill was held on 9/1/26. The fire safety expert plans to come out and observe another drill before 9/30/26 prior to issuing the formal letter.**Documentation of the fire safety inspection and fire drill (photos, inspector certification, resident attendance, drill timing) will be provided to the Department by the Director of Community Residences upon receipt.**Tracking System (Start Date: October 1, 2026, ongoing): Director of Community Residences will implement tracking system to monitor: annual fire safety inspection expiration date, annual fire drill expiration date, fire safety expert contact information, required documentation. System generates reminder 60 days before inspection/drill expires to the Director of Community Residences. Director schedules appointment with fire safety expert, coordinates drill participation, collects photos/inspector certification/resident attendance records/drill timing, files documentation for Department review. Annual verification by Director.***Licensee's Proposed Overall Completion Date:** 10/01/2026

132b - Safety Inspection/Fire Drill (continued)

Implemented () - 10/13/2026)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 08/20/2026 at 09:28 AM, (), prescribed for resident #1, was unlocked, unattended, and accessible in the bathroom the resident shared with another resident.

Plan of Correction

Accept () - 09/21/2026)

The medication was immediately secured in the locked medication storage on 8/20/2026 by the PCHA.

PCHA completed a comprehensive sweep of all resident rooms, bathrooms, and common areas; all unsecured prescription, OTC medications, CAM, and syringes were secured in locked storage on 8/20/26.

PCHA will retrain all staff by 9/17/26 on 2600.183(b), including that topical medications kept in resident bathrooms must be locked and unattended medications prohibited; documented in staff files.

PCHA will complete a weekly medication storage audit of all resident rooms, bathrooms, and common areas;

Director will complete a monthly audit for six months through 2/28/2027.

Weekly medication storage audit (Start Date: August 21, 2026, ongoing): PCHA (Personal Home Care Administrator) will audit all resident rooms, bathrooms, and common areas to ensure medications/syringes are locked. Monthly medication storage audit (Start Date: August 20, 2026, ongoing through 2/28/2027):

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/13/2026)

183d - Prescription Current

10. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/20/2026, () prescribed for resident #2 was in the home's medication cart; however, the medication was discontinued on 08/08/2026.

Plan of Correction

Accept () - 09/21/2026)

The discontinued medication was removed and destroyed per the home's medication disposal policy on 8/20/2026; disposal was documented and witnessed by nursing.

The program nurse and PCHA completed a full audit of the medication cart against current physician orders by 8/23/2026; all discontinued medications were removed and destroyed.

Medication cart reconciliation occurs each time new or changed orders are received and at the monthly medication audit, with documentation signed by the program nurse and PCHA starting 9/1/26.

PCHA will complete a weekly medication cart audit using the audit tool for six months through 2/28/2027, reviewed monthly by the Director of Nursing. All medication-trained staff will be retrained by 9/17/26 and quarterly on maintaining only current medications by the PCHA.

Medication cart reconciliation (Responsible Parties: Program Nurse [Director of Nursing] and PCHA [Personal

183d - Prescription Current (continued)

Home Care Administrator]): Occurs each time new/changed medication orders received and at monthly medication audit. Upon receipt of new/changed/discontinued orders, immediately reconcile cart against orders. Remove discontinued medications. Document reconciliation with date, orders reviewed, medications removed, and signatures of Program Nurse and PCHA.

Weekly medication cart audit (Start Date: September 1, 2026, ongoing through 2/28/2027): PCHA (Personal Home Care Administrator) will use medication cart audit checklist to verify all medications match current physician orders. Complete audit form with date, discrepancies (if any), PCHA signature. Monthly summary provided to Director of Nursing.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/13/2026)

187b - Date/Time of Medication Admin.**11. 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 #1 is prescribed [REDACTED] however, the resident's August Medication Administration Record (MAR) does not include any staff initials for [REDACTED].

Resident #2 was [REDACTED] 08/03/2026 till 08/08/2026. The pharmacy dispensed [REDACTED] On 08/20/2026, there was [REDACTED] still left in the blister card, which means only [REDACTED] were administered during the prescribed time frame; however, the resident's August medication administration record (MAR) was documented as if all [REDACTED] were administered.

Plan of Correction

Accept () - 09/21/2026)

All staff were counseled on 8/20/2026 on medication administration recording requirements by the PCHA: all administered medications must be initialed on the MAR at the time of administration; missed doses must be documented with reason and reported to the PCHA immediately.

Resident #1's MAR was corrected to document that only actual administrations were recorded. Resident #2's missed dose was documented in the medical record and reported to the physician on 8/20/2026.

PCHA/Nursing will retrain all medication-trained staff by 9/17/26 on accurate documentation and immediate reporting of missed, refused, or held doses; documented in staff files.

Shift-End MAR Review (Start Date: September 1, 2026, ongoing): Charge Staff (RN or LPN on duty; if no nursing staff, senior direct care staff assigned supervision) reviews MAR at end of each shift to verify all administrations are initialed with date/time. Weekly MAR Audit (Start Date: September 1, 2026, ongoing): PCHA (Personal Home Care Administrator) audits all MARs for accuracy and timely documentation. Monthly MAR Audit (Start Date: September 1, 2026, through 2/28/2027): Program Nurse (Director of Nursing)

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/13/2026)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #2 was prescribed [REDACTED] from 08/03/2026 till 08/08/2026 and the pharmacy dispensed [REDACTED]; however, there was one [REDACTED] still remaining in the blister card on 08/20/2026.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

The prescriber was notified by the nurse on 8/20/2026 of the missed dose and clinical implications assessed. PCHA/Nursing will retrain all medication-trained staff by 9/17/26 on following prescriber directions exactly, documenting all administered doses, and immediately reporting any missed, refused, or held dose to the PCHA and program nurse; documented in staff files.

Medication administration accuracy is audited weekly by the PCHA and monthly by the program nurse and Director for six months through 2/28/2027 to verify all doses are administered as prescribed.

Medication administration accuracy audits (Start Date: September 1, 2026, through 2/28/2027): Weekly audits by PCHA (Personal Home Care Administrator); Monthly audits by Program Nurse (Director of Nursing Verify all prescribed doses administered as ordered by physician.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented [REDACTED] - 10/13/2026)

190a - Completion Medication Course

13. 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 A completed the Department-approved medication administration course on 08/08/2025 but did not complete all annual practicum requirements by 08/08/2026. Only one medication record review was completed during the certification year. Staff A administered medications to resident #2 on 08/20, 18, 10/2026.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

Staff person A's medication administration authorization was immediately suspended by the PCHA on 8/20/2026 until all practicum requirements are completed and verified by the program nurse.

Staff person A will complete the required annual practicum requirements (medication record reviews and observed medication administration competency assessments) by 9/15/26 with documentation signed by the program nurse.

A tracking system was implemented effective 8/20/26 to monitor each medication-trained staff member's certification renewal date and practicum requirement completion within the Relias system by Woods Training. All medication-trained staff are retrained by 9/17/26 on the annual practicum requirements and competency standards; documented in staff files by the PCHA.

Audit of Medication-Trained Staff (Completed 8/20/2026): Program Nurse and PCHA confirmed only qualified staff

190a Completion Medication Course (continued)

are currently administering medications. Relias System Tracking (Start Date: August 20, 2026, ongoing): PCHA (Personal Home Care Administrator) monitors via Relias System: each staff member's certification date, 2 year renewal expiration, annual practicum due dates, completion dates for medication record reviews and competency assessments. System generates alerts 30 days before certification expiration and 60 days before practicum due. PCHA reviews monthly; reports to Director of Community Residences quarterly.

All medication trained staff are retrained by 9/30/26 on the annual practicum requirements and competency standards; documented in staff files.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented (████ - 10/13/2026)