



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED March 12, 2019

Mr. Robert W. Chapin, Jr.
President
Rapps Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143591

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing Incident inspection on July 31, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

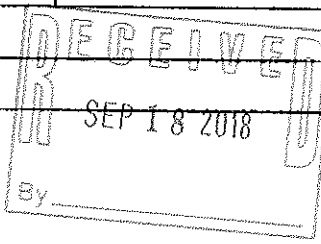
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: WOODBRIDGE PLACE		License Number: 14359
Address: 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460		County: Chester
Administrator: Deb Bodnar		Region: SOUTHEAST
Legal Entity Name: RAPPS SENIOR CARE LLC		
Legal Entity Address: 1000 LEGION PLACE SUITE 1600, ORLANDO, FL 32801		
Certificate(s) of Occupancy C-2 LP 07/01/1996 PA Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 82 Waking Staff: 62		
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/31/2018: Gray, Dean; Swisher, Michele		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 61 Secured Dementia Care Unit in Home: Yes Area: Life Guidance 1st Floor Secured Dementia Unit Capacity, if Applicable: 21 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 21 Have a Physical Disability: 1	

Violation Report: 14359 - 07/31/2018 - Gray, Dean
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 7/16/18 at 4:15 pm Resident 1 was experiencing leg pain and did not want to walk from living room to the dining room for dinner. Staff person A told the resident to stand up multiple times and the resident declined to stand up to walk. Resident #1 was seated in a wheeled dining room chair. Staff person A spun the chair around while resident was seated and pushed resident, in the chair, down the hallway to the dining area. The dining room chair is not intended to be used as a transport device for residents and it was determined that this use of the chair for transport purposes and the staff persons attitude toward resident was disrespectful and undignified.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents at Woodbridge Place, regardless of age, disability or behavior will be treated with dignity and respect.

Woodbridge Place will ensure that all residents are treated in a respectful, dignified manner. Staff person (A) provided a written statement concerning the incident. Staff person (A) was immediately suspended pending outcome of the investigation and left the Community. The investigative process and subsequent statements obtained from the family who observed the incident revealed that the staff person (A) did not treat Resident 1 in a dignified, respectful manner. Therefore, staff person (A) was terminated from employment from Woodbridge Place. Completed: 7/16/2018

An inservice was provided to staff to review the forms of abuse and procedures that are implemented following the report of an abuse. This inservice emphasized preserving the dignity of a resident, the necessity of treating a resident in a dignified manner and respecting the choices and preferences of each resident. Staff obligation to report suspected abuse was reviewed and reinforced. This inservice incorporated hypothetical situations, policy review and discussions. Completed: 8/24/2018
 (Refer to attachment 1)

All staff are aware of the importance of observing interactions between residents and fellow staff members. Any suspected abuse or interactions with are not respectful or dignified will be reported as per procedure and immediate intervention and follow-up with that staff person will occur. Ongoing compliance will be the responsibility of the Sr. Executive Director. Outcomes of any subsequent investigations will be reviewed at the Quality Assurance Meeting Scheduled for 9-28-2018.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Bodnar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH BODNAR, SR. EXECUTIVE DIRECTOR</i>	Date <i>9-18-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/7/19</u> (Date) The above plan of correction was approved by <u>AAA</u> (Initials)	Plan of correction implementation status as of <u>3/7/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 14359 - 07/31/2018 - Gray, Dean
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On the Physicians Orders form dated 4/29/18, Resident 1 has an order for Tubi-grip stockings, bilateral knee to forefoot daily, on 12 hours, off at night. The home did not obtain stockings for resident and resident is not wearing any form of compression stockings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To ensure that resident's receive medications and treatments as ordered by the physician, Woodbridge Place will follow the directions of the prescriber. On 7-31-2018, Resident 1 had her TED/compression stockings D/C'd by the attending physician.

An audit was completed of all resident's physician orders. Currently no other residents have an order for the application of TED/compression stockings. All treatments have been reviewed by the Wellness Staff and confirmed specific to all residents.

Attending physicians have been educated on the specific form to use for providing orders. Notification of change to be completed for new orders if no script is provided. Attachment: 2

The Wellness Department will continue to audit physician orders relative to each resident to ensure ordered medications and treatments are being followed. Outcome of audit will be reviewed at the Quality Assurance Meeting scheduled for 9/28/2018.

On receiving this POC, the Administrator or a designee will audit all residents record for the next two consecutive months and quarterly thereafter; to ensure that physician orders for medications and assistive devices are promptly implemented. 3/7/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Bodnar*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBORAH BODNAR, Sr. EXECUTIVE DIRECTOR* Date *9-18-18*

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The above plan of correction is approved as of 3/7/19
 (Date)

The above plan of correction was approved by AAA
 (Initials)

Plan of correction implementation status as of 3/7/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented