



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RAPPS SENIOR CARE LLC
LEGAL ENTITY

To operate WOODBRIIDGE PLACE
NAME OF FACILITY OR AGENCY

Located at 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 125
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 21

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 13, 2019 until September 13, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **143592**

Robert E. Robinson

ISSUING OFFICER

Carolyn K. Ellison

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 -- 2/18cse



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 14 2019

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

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143592

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing inspections on October 3, 2018 and October 4, 2018 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Mr. Chapin

2

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

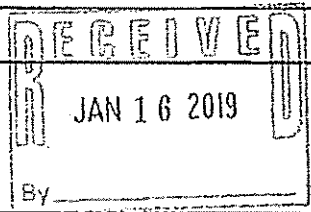
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2800

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 G-2 LP 07/17/1996 CWOPA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 87	Working Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/03/2018: Gillespie, Denise; Chung, Youn Hie 10/04/2018: Gillespie, Denise; Chung, Youn Hie		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 64 Secured Dementia Care Unit In Home: Yes Area: Memory Care 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: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 62 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 14369 - 10/03/2018 - Gillespie, Donise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 10/3/18 the home's Chapter 2600 Regulations were not posted in a conspicuous and public place in the home.

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.

Woodbridge Place will post a copy of the current license, a copy of the current licensing inspection summary issued by the Department of Human Services and a copy of the 2600 regulations in a conspicuous and public place at Woodbridge Place. A copy of the 2600 regulations was immediately moved from the shelf behind the concierge desk to the top of the concierge desk near the Community sign-in book. Attachment 1 Completed: 10-3-2018.

An audit of the location of the Community license, licensing inspection summary and a copy of the 2600 regulations revealed that all documents are in a conspicuous and public place. Attachment: 2 Completed: 10-3-2018.

All Community concierges were inserviced by the Executive Director relating to the location of the 2600 regulations and the necessity of its availability to residents, visitors and family members. Attachment: 3 Completed: 10-3-2018.

A Q.A. was developed by the Executive Director to ensure that the 2600 regulations remained in the public place on the concierge desk. This Q.A. was completed by the Concierge and Executive director daily for 2 weeks, followed by random checks for 2 weeks. There were no issues identified as a result of this Q.A. Due to ongoing compliance, this Q.A. was discontinued at the Quality Assurance Meeting held on 11-1-2018. Attachment: 4 Completed: 11-1-2018.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEB BODNAR, SR. EXECUTIVE DIRECTOR</i>	Date <i>1-16-19</i>
--	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-26-19</u> (Date)	Plan of correction implementation status as of <u>2-26-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<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

Violation Report: 14359 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident # 1 was not signed by the resident.
 The contract for Resident # 2 was not signed by the resident.
 The contract for Resident # 3 was not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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

Woodbridge Place will have all Resident Admission Contracts signed by the Executive Director or the Director of Community Relations, the resident and the payor, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contracts for residents 1, 2 and 3 were corrected.
 Attachment: 5 Completed: 10-12-2018

Utilizing February 15, 2018, (CHOW) as a start date, a review of all Resident Admission Contracts following that date was conducted by the Director of Community Relations. This review identified 1 Resident Admission Contract not signed by the resident. Attachment: 6 Completed: 10-8-2018

The Director of Community Relations was inserviced immediately by the Executive Director relating to the importance of attempting to obtain the resident's signature on the admission contract documentation. Emphasis was placed on the procedure for follow through with signatures. The resident will be approached x3 to sign the agreement. Each time a resident refuses, the Director of Community Relations will document the dates of the attempts as well as the resident's refusal to sign. The Director of Community Relations will document her signature for each attempt. Attachment: 7 Completed: 10-15-2018.

To ensure ongoing compliance with signatures in the Resident's Agreement, each new Resident Agreement will be reviewed by the Executive Director for resident signatures or documentation of resident refusal (or inability). Any issues identified as a result of this review will be discussed with the Director of Community Relations for immediate follow-up and correction. Outcomes of this review will be discussed at the Quality Assurance Meeting scheduled for November 1, 2018 by the Director of Community Relations. Attachment: 8 November 1, 2018.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEB BODNAR, SR. EXECUTIVE DIRECTOR.</i>	Date <i>1-16-19</i>
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Violation Report – 14359 – Gillesple, Denise

2600.25b Addendum:

Home will train administrative staff on different approaches to encourage residents to sign contracts. The home will also train on the importance of correct documentation of refusals to sign contracts within 15 days receipt of the approved plan of correction. All trainings to be maintained for 7 years.

SP 02-26-19

Violation Report: 14359 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
 Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
 Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

REFER TO NEXT PAGE

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deb Bodnar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEB BODNAR, Sr. EXECUTIVE DIRECTOR</i>	Date <i>1-16-19</i>
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41 e

Woodbridge Place will comply with regulation 2600.41(e) and have a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 2600.41(d), or documentation of efforts made to obtain signatures and will be kept in the resident's record. Residents 1, 2, and 3 were approached and now have either signatures indicating receipt of the Residents Rights and Complaint Procedures or a note of the resident refusing to sign and reason for refusal. Attachment: 5 Completed: 10-12-2018

All resident admitted after 2-15-2018 had their Woodbridge Place Resident Agreement reviewed. 1 Resident Agreement was noted to be non-compliant. Agreement updated and the resident refused to sign on 10/3/2018, 10/5/2018 and 10/8/2018. Note: The responsible party did sign the Agreement. Attachment 6: Completed: 10/8/2018

The Director of Community Relations was inserviced by the Executive Director relative to the procedure for obtaining signatures on the Resident Agreement. Completed: 10-3-2018. The Consulting Director of Community Relations also inserviced the Director of Community Relations, emphasize the importance of attempting to obtain the resident's signature on all areas of the Agreement, as well as the importance of the resident understanding how to make a complaint known, who to register a complaint and the timeframes for complaint resolution. Any Resident Agreement that does not have a Resident Rights or Community Complaint Procedures signed by the resident will be approached by the Director of Community Relations for signature. The resident will be approached x3 to sign the Agreement. Each time a resident refuses, the Director of Community Relations will document the dates of the attempts as well as the reason for a resident's refusal to sign. The Director of Community Relations will document her signature for each attempt. Attachment: 7 Completed 10-15-2018.

To ensure ongoing compliance with signatures acknowledging receipt of Resident Rights and Complaint Procedures, each new Resident Agreement will be reviewed by the Executive Director for resident signatures or documentation of resident refusal (or inability) to sign. Any issues identified as a result of this review will be discussed with the Director of Community Relations for immediate correction. Outcomes of this review will be discussed at the Quality Assurance Meeting by the Director of Community Relations scheduled for November 1, 2018. Attachment: 8.

Home will train administrative staff on different approaches to encourage residents to sign contracts. The home will also train on the importance of correct documentation of refusals to sign contracts within 15 days receipt of the approved plan of correction. All trainings to be maintained for 7 years.

SP 2-26-19

DEB Bodunn, Sr. EXECUTIVE DIRECTOR

1-16-19

Violation Report: 14359 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Codo §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The dumpster in the back of the home had the left and right side lids open. The receptacle was not covered.

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.

Woodbridge Place will comply with regulation 2600.85 (e.) Trash outside of Woodbridge Place will be kept in covered receptacles in order to prevent the penetration of insects and rodents. The lids on the dumpster were immediately closed by the Director of Maintenance. Completed: 10-3-2018.

There are no other trash receptacles located outside on the property.

All dietary and housekeeping staff were inserviced by the Director of Dining Services relative to the importance of keep the dumpster lids closed after depositing trash and cardboard Attachment: 9 Completed: 10-3-2018. An audit tool has been implemented requiring the housekeeping and Maintenance Departments to document their initials to signify the lids have been closed on the dumpster. Attachment: 10 Completed: 10-16-2018

The Director of Dining Services and the Maintenance Director will review the audit tool and observe for proper closure of the dumpster lid. Any issues identified will be reviewed at the Q.A. Meeting by the Director of Dining Services scheduled for November 1, 2018. Attachment: 11

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEB BODNAR SR. EXECUTIVE DIRECTOR* Date *1-16-19*

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Violation Report: 14359 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

1 - A general physical examination by a physician, physician's assistant or nurse practitioner.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #2, dated 9/30/18, does not include the physician's name or the physician's license number.
 The medical evaluation for Resident #4, dated 9/21/18, does not include the physician's license number.

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.

Woodbridge Place will comply with regulation 2600.141 (a) (2) and ensure the medical evaluation includes all the elements listed from 1-10 are completed and signed by the physician, physician's assistant or certified nurse practitioner. The Medical Evaluation for Residents 2 and 4 were corrected and the Physician's license number was added to the form. The DON received permission from the attending physician to add the license number. The DON documented the date, time and person spoken to on the DME next to the correction. Attachment: 12 Completed: 10-3-2018

An audit has been developed by the Director of Nursing. The audit will record the name and date of each resident's medical evaluation. Newly admitted residents will be added to the audit. Prior to filling a Medical Evaluation in the Resident's File, information documented on the form will be reviewed by the Wellness Staff. Corrections will be made as warranted, utilizing the protocol for corrections. The Wellness Staff will place a "Yes" on the Audit Tool, indicating that the Medical Evaluation form was reviewed, is correct and completed in its' entirety. Attachment: 13 Completed: 10/19/2018. All nursing staff were inserviced relative to regulation 2600.141 (a) (2). Attachment: 14 Completed: 10-19-2018.

The outcomes of the Medical Evaluation audit will be discussed by the Director of Nursing at the Quality Assurance scheduled for November 1, 2018. Attachment 15

Home will audit all DME's for accuracy within 30 days. Audit to be maintained for Department review.
 SP 02-26-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEB BODNAR, Sr. EXECUTIVE DIRECTOR* Date *1-16-19*

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Violation Report: 14359 - 10/03/2018 - Gillopie, Doniso
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 66 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #6 was ordered blood sugar readings twice daily, at noon and in the evening.

On 9/28/18 there is no blood sugar reading at noon in the glucometer. The medication administration record (MAR) has a blood sugar reading of 229 at noon on 9/28/18.

On 9/27/18 there is no blood sugar reading for the evening in the glucometer. The MAR has a blood sugar reading of 235 in the evening of 9/27/18.

On 9/24/18 there is a blood sugar reading of 277 for the evening in the glucometer. The MAR has a blood sugar reading of 221 in the evening of 9/24/18.

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.

The Community will comply with regulation 2600.185 (a) and develop and implement procedures for safe storage, security distribution and use of medications and medical equipment by trained staff persons. Completed: 10-4-2018.

All glucometers utilized in the Community were checked for functionality as per manufacturer's directions. No issues were identified. Completed 10-4-2018

All Nursing Staff and Medication Technicians were inserviced pertaining to "Single Use Blood Glucose Meters. Attachment: 16 Completed: 10-19-2018. In addition, all Nursing Staff and Medication Technicians were required to complete a Glucose Monitoring Competency Test. Completed: 10-30-2018. Attachment 17.

Annual Competency Training will be performed for Nursing Staff and Medication Technicians. Any issues identified will result in re-education and retraining. Outcomes will be reported by the Director of Nursing at the Quality Assurance Meeting scheduled for 11-1-2018. Attachment: 18.

Administrator will ensure glucometers are always calibrated and maintained. Training and in-service will be available for Department review. SP 02-26-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEB BODNAR, SR EXECUTIVE DIRECTOR* Date *1-16-19*

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Violation Report: 14359 - 10/03/2018 - Gillospla, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident # 5 does not include the signature of the staff administering the following medications:

1. Atrovastatin 10 mg.
2. Digoxin 105 mcg.
3. Eliquis 5mg.
4. Memantine 10 mg.
6. Tamulosin 0.4mg.

The dates the signatures are missing are as follows: 09/04/18, 09/07/18, 09/09/18, 09/10/18, 09/16/18, and 09/17/18.

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.

REFER TO NEXT PAGE

Repeat Violation: **Yes**

Date(s) of Previous Violation(s): **4/4/18**

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deb Bohman

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DEB BOHMAN Sr EXECUTIVE DIRECTOR

Date **1-16-19**

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187a

All Medication Technicians and Nurses were re-instructed on documentation of medications administered in the computerized medication administration program. The DON reviewed the Omission Report to ensure medications were signed out. Attachment: 19 Completed: 10/4/2018.

The DON reviewed the printed omission reports to verify other residents whose medication was not signed for. Completed: 10/4/2018

As of 10/4/2018, omission reports will be reviewed following each shift to ensure proper completion of documentation.

Random Q.A. checks will continue. Outcomes will be reported at the Quality Assurance Meeting scheduled for 11-1-2018. Attachment 20

Deb Bodnar
DEB BODNAR, Sr. EXECUTIVE DIRECTOR
1-16-19

Violation Report: 14350 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 6 was ordered a sliding scale of insulin. The sliding scale is as follows:
 Blood Sugar readings between 0-69 = 0 units, 70-150 = 4 units, 151-200= 6 units, 201-250= 6 units, 251-300=7 units, and 301-999=8 units.
 On 9/24/18 the evening reading on the glucometer was 277. The medication administration record had a reading of 221. The resident received 6 units of insulin. The resident should have received 7 units of insulin.

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.

Following prescription of subscribers, medication technician and nurses were instructed on following the sliding scale coverage as prescribed by the physician. Attachment: 19 Completed: 10-4-2018

DON checked all diabetics and documentation. No other errors were noted. Omission reports printed to verify any discrepancies. None were found. Completed: 10-4-2018

DON to continue to monitor documentation of insulin coverage on all diabetics. Outcomes to be reported at the Quality Assurance Meeting scheduled for November 1, 2018.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deb Bodnar Sr EXECUTIVE Director</i>	Date <i>1-16-19</i>
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 Not Implemented

Violation Report: 14359 - 10/03/2018 - Gillespie, Denise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 56 Pa.Code §2600.

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

PLEASE Refer to following page

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deborah Bodnar

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DEB. BODNAR

Date

1-16-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2-26-19
 (Date)

Plan of correction implementation status as of

2-26-19
 (Date)

The above plan of correction was approved by

SP
 (Initials)

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

Woodbridge Place will comply with regulation 2600.41(e) and have a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 2600.41(d), or documentation of efforts made to obtain signatures and will be kept in the resident's record. Residents 1, 2, and 3 were approached and now have either signatures indicating receipt of the Residents Rights and Complaint Procedures or a note of the resident refusing to sign and reason for refusal. Attachment: 5 Completed: 10-12-2018

All resident admitted after 2-15-2018 had their Woodbridge Place Resident Agreement reviewed. 1 Resident Agreement was noted to be non-compliant. Agreement updated and the resident refused to sign on 10/3/2018, 10/5/2018 and 10/8/2018. Note: The responsible party did sign the Agreement. Attachment 6: Completed: 10/8/2018

The Director of Community Relations was inserviced by the Executive Director relative to the procedure for obtaining signatures on the Resident Agreement. Completed: 10-3-2018. The Consulting Director of Community Relations also inserviced the Director of Community Relations, emphasize the importance of attempting to obtain the resident's signature on all areas of the Agreement, as well as the importance of the resident understanding their rights as a resident, including the right to refuse medication. Any Resident Agreement that does not have a Resident Rights signed by the resident will be approached by the Director of Community Relations for signature. The resident will be approached x3 to sign the Agreement. Each time a resident refuses, the Director of Community Relations will document the dates of the attempts as well as the reason for a resident's refusal to sign. The Director of Community Relations will document her signature for each attempt. Attachment: 7 Completed 10-15-2018.

To ensure ongoing compliance with signatures acknowledging receipt of Resident Rights, each new Resident Agreement will be reviewed by the Executive Director for resident signatures or documentation of resident refusal (or inability) to sign. Any issues identified as a result of this review will be discussed with the Director of Community Relations for immediate correction. Outcomes of this review will be discussed at the Quality Assurance Meeting by the Director of Community Relations scheduled for November 1, 2018. Attachment: 8

Deb Bodnar
DEB Bodnar
Sr. EXECUTIVE Director

1/16/19

Violation Report: 14369 - 10/03/2018 - Gillespie, Donise
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The outdoor courtyard did not have the correct code posted at this exit door.

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.

Woodbridge Place will comply with regulation 2600.233c and conspicuously post directions for the operation of the locking device used to lock and unlock exits in the Memory Care Unit. On the day of survey, the outdoor courtyard did not have the correct code posted at the exit door. The incorrect code was immediately replaced by the correct code on the day of the Community survey. Completed: 10-3-2018.

Codes for each door in the Memory Care unit were checked. All codes were correct. Completed 10-3-2018

As codes are changed on the exit doors in Memory Care, the Director of Maintenance will check the code by re-entering it into the keypad to ensure that the code is correct and the door(s) open. Completed: 10-3-2018

Upon notification of any change to the door codes the Executive Director will check the doors operated by a keypad to ensure that the posed door code is correct. Any issues identified will be immediately reported to the Director of Maintenance for correction. Outcomes of this audit will be discussed at the Quality Assurance Meeting scheduled for November 1, 2018. Attachment: 20.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

4/4/19

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deb Bodman

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DEB BODMAN Sr. Executive Director

Date

1-16-19

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