



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]

April 11, 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 inspection on November 20, 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.

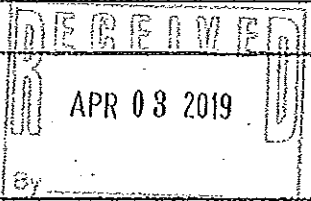
Sincerely,

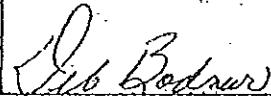
A handwritten signature in cursive script that reads "Shawn Parker".

Shawn Parker
Human Services Licensing Supervisor

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: Deborah 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 Other NM		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 82	Working Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/20/2018: Freeman, Sabrina; Gillespie, Denise		
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: 65 Secured Dementia Care Unit In Home: Yes Area: 1st floor Memory Care Secured Dementia Unit Capacity, If Applicable: 21 Number of Residents Served In Secured Dementia Care Unit, If applicable: 17 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	


DEB BODNAR
 SR. EXECUTIVE DIRECTOR
 4-3-2019

Violation Report: 14359 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Code §2000 -
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10226.101-10226.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person A was hired on 3/14/18. The criminal background check for staff person A was not complete until 5/28/18.

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.

Woodbridge Place will complete Criminal Record Hx. Background Checks in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. 10225.101-10225.5102) and PA Code Chapter 15, (relative to protective services for older adults). Staff Member A was terminated on 10-30-18. (Attachment 1) and was a closed Employee Record prior to this Survey.

The Business Office Coordinator conducted an audit of all current employee files. All current Employee Records are compliant with 2600.51. Completed: 11/21/2018 (Attachment 2)

An inservice was conducted with the Business Office Coordinator, Director of Nursing and Resident Care Coordinator to review and reinforce regulation 2600.51 and the Community Policy and Procedure on obtaining Criminal Record Background Checks. All background Checks for potential employees will be reviewed by the Business Office Coordinator and the Sr. Executive Director prior to the offer of employment to a potential staff person. Completed: 11/21/2018 (Attachment 3)

This review process will be continued by the Business Office Coordinator and Sr. Executive Director. Any issues will be corrected immediately and outcomes will be reviewed at the Quality Assurance Meeting scheduled for 12-21-2018. Completed: 12/21/18 (Attachment 4)

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 *4-3-2019*

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction Implementation status as of <u>04-11-19</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: 14369 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 10/29/18, 28 residents, did not receive their prescribed medication, as required by their assessment and support plan. According to the Incident Reporting Form and an interview with staff person B, these services could not be provided due to lack of available direct care staffing in the home.

There were only 3 med-techs scheduled on this day:

Staff person A was scheduled on the SDU from 7AM-7PM and worked 7:05AM-7:05PM.
 Staff person C was scheduled on the PC from 7AM-3PM and worked 6:41AM-3:10PM.
 Staff person D was scheduled the building from 11PM-7AM and worked 11PM-8:23AM.

Staff person B, the DON told Staff person C, direct care worker to tell staff person A, her co-worker that she had to stay to pass night medications to the entire building. Staff person A told staff person C that she could not stay to pass night medications. Staff person C did not tell staff person B that staff person A stated she could not stay to pass night medications.

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.

SEE ATTACHED

Home will ensure residents needs are being met according to support plan and staffing is adequate.
 SP 04-11-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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>4-3-2019</i>
---	-------------------------

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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

2600.60(a)

Woodbridge Place staffing will be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Staffing schedules were reviewed by the Director of Nursing and Resident Care Coordinator. Any identified staffing issues were scheduled with licensed nursing staff or med techs.

All Communications of absenteeism/modifications or changes to a schedule in the Nursing or Resident Care Department will be communicated directly to the Director of Nursing or Resident Care Coordinator as per the Woodbridge Place Employee Handbook. The communication procedure was reviewed at the Nursing/Med Tech Meeting. Completed 11-22-2018.

(Attachment: 5)

6 additional Med Techs participated and were trained in the State Approved Medication Administration Course, proctored by 2 In-house Community Trainers. (1 Med Tech certified in November, 2018, 2 Med Techs certified in December, 2018 and 3 Med Techs certified in February, 2019.

Additional Medication Administration Courses will be scheduled on an ongoing basis.

Completed: February, 2019 (Attachment: 6)

The Community Medication Administration Staffing Schedule now reflects the scheduling of 2 staff each to administer medications on first and second shift. There is either 1 Licensed Nursing staff or 1 Med Tech on third shift to administer medications. Note: Medications on third shift are PRN orders only.

To ensure adequate staffing to administer medications, The Director of Nursing/Resident Care Coordinator reviews the Medication Administration Staff Schedule daily and makes any adjustments to the schedule as deemed necessary. Any identified issues with Medication Administration Staffing are corrected immediately. Outcomes of the review of Medication Staff Scheduling will be discussed at the Quality Assurance Meeting Scheduled for March 14, 2019

Deb Bodnar
DEB Bodnar, Sr. EXECUTIVE
DIRECTOR

4-3-2019

Violation Report: 14350 - 11/20/2018 - Freeman, Sabrina POH Name: WOODBRIDGE PLACE	
1. REGULATION 55 Pa.Code §2600 2600.61 - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2600.54 and § 2600.65.	
2a. DESCRIPTION OF VIOLATION The Home has 85 residents, on 10/26/18, there was only 1 med-tech, staff person F, on duty from 3-11PM to administer medication to residents. On 10/27/18, there were no med-techs on duty so staff person G, a Wellness Nurse worked from 8:35AM-10:01PM. Staff person H, a Wellness Nurse worked from 11:02PM-8:17AM. On 10/28/18, there were no med-techs on duty so staff person G worked from 6:34AM-10:10PM. Staff person H worked from 11:04PM-8:04AM. Staff person B did not arrange for coverage on 10/29/18, as a result 28 residents did not receive their prescribed medication. Staff person B knew the morning of 10/29/18 that there was insufficient coverage to provide medication administration that evening, and failed to find or secure coverage. Staff person B, the DON told Staff person C, direct care worker to tell staff person A, her co-worker that she had to stay to pass night medications to the entire building. Staff person A told staff person C that she could not stay to pass night medications. Staff person C did not tell staff person B that staff person A stated she could not stay to pass night medications.	
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. <p style="text-align: center;">SEE ATTACHED</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Deb Bodnar</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEB BODNAR Sr. EXECUTIVE DIRECTOR</i>	Date <i>4-3-2019</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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

2600.61

Woodbridge Place will ensure that when regularly scheduled direct care staff persons are Absent, the Administrator or Designee (Director of Nursing or Resident Care Coordinator) Will arrange for coverage by substitute personnel who meet the direct care staff Quallifications and training requirements. On 10-29-2018, the Director of Nursing did Schedule for adequate coverage, however the Med Tech exited the building without Permission or notification to the Director of Nursing or Resident Care Coordinator.

All Communications of absenteism/modifications or changes to a schedule in the Nursing or Resident Care Department will be communicated directly to the Director of Nursing or Resident Care Coordinator as per the Woodbridge Place Employee Handbook. The Communication Procedure was reviewed at the Nursing/Med Tech Meeting. Completed 11-22-2018.

(Attachment: 7) All other staff received a copy of the Community Policy regarding absenteism as part of their payroll check on November 23, 2018

6 additional Med Techs participated and were trained in the State Approved Medication Administration Course, proctored by 2 In-house Community Trainers. (1 Med Tech certified In November, 2018, 2 Med Techs certified in December, 2018 and 3 Med Techs certified In February, 2019. Additional Medication Administration Courses will be scheduled on an ongoing basis. (Attachment: 8)

The Community Medication Administration Staffing Schedule now reflects the scheduling of 2 staff each to administer medications on first and second shift. There is either 1 Licensed Nursing staff or 1 Med Tech on third shift to administer medications. Note: Medications on third shift are PRN orders only. Completed: February, 2019

To ensure adequate staffing to administer medications and provide care, The Director of Nursing/Resident Care Coordinator reviews the Medication Administration Staff Schedule/Care Manager Staff Schedule daily and makes adjustments to the schedule as deemed necessary. Any identified issues with Medication Administration Staffing/Care Manager Staff Schedules are corrected immediately. Outcomes of the review of Medication Staff Scheduling/Care Manager Staff Schedules will be discussed at the Quality Assurance Meeting Scheduled for March 14, 2019

Deb Bodnar
DEB BODNAR, Sr. EXECUTIVE DIRECTOR

4-3-2019

Violation Report: 14369 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home failed to ensure the following residents received their prescribed meds at bedtime on 10/29/18:

Resident #1 was not administered their 7.6mg Mirtazapine, 8.6mg Senna or 2.5mg Elliquis.

Resident #2 was not administered their 500mg Acetaminophen, Refresh classic eye drops or the fungiform treatment.

Resident #3 was not administered their 50mg Trazodone, 8.6mg Senna or 0.5mg Allvan.

Resident #4 was not administered their Travatan eye drop, 200mg Amlodarone, 500mg Koflex or compression stocking treatment.

Resident #5 was not administered their 20mg Atorvastatin, 10mg Busprone, 10mg Donepezil, 25mg Metoprolol Tartrate, 100mg colace or 8.6mg Senna.

Resident #6 was not administered their 1mg Haloperidol.

There were numerous other residents who didn't receive their medication the night of 10/29/18.

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.

SEE ATTACHED

Home will ensure they are following the directions of the prescriber and residents are receiving medication in a timely manner. SP 04-11-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

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>4-3-2019</i>
--	-------------------------

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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

2600.187d

Woodbridge Place shall follow the directions of the prescriber.


Nursing staff contacted the Attending Physicians for each of the involved residents relative to the non-administration of specified medications. No New Orders were provided. Families of the involved residents were notified of event. Incident reports were completed for each involved resident. Completed 11-20-2018.

All Communications of absenteism/modifications or changes to a schedule in the Nursing or Resident Care Department will be communicated directly to the Director of Nursing or Resident Care Coordinator as per the Woodbridge Place Employee Handbook. The Communication Procedure was reviewed at the Nursing/Med Tech Meeting. Completed 11-22-2018.
(Attachment: 9)

6 additional Med Techs participated and were trained in the State Approved Medication Administration Course, proctored by 2 In-house Community Trainers. (1 Med Tech certified in November, 2018, 2 Med Techs certified in December, 2018 and 3 Med Techs certified in February, 2019. Additional Medication Administration Courses will be scheduled on an ongoing basis. (Attachment: 10)

The Community Medication Administration Staffing Schedule now reflects the scheduling of 2 staff each to administer medications on first and second shift. There is either 1 Licensed Nursing staff or 1 Med Tech on third shift to administer medications. Note: Medications on third shift are PRN orders only. Completed: February, 2019

To ensure adequate staffing to administer medications, The Director of Nursing/Resident Care Coordinator reviews the Medication Administration Staff Schedule daily and makes any adjustments to the schedule as deemed necessary. Any identified issues with Medication Administration Staffing are corrected immediately. Outcomes of the review of Medication Staff Scheduling will be discussed at the Quality Assurance Meeting Scheduled for March 14, 2019


DEB Bodnar, Sr. Executive Director
4-3-2019

Violation Report: 14359 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 85 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Staff person D completed the Department-approved medication administration course on 12/19/17. However, staff person E, the trainer's certificate expired on 8/30/2016.

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.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dub Bodman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DES BODMAN Sr EXECUTIVE DIRECTOR</i>	Date <i>4-3-2019</i>
---	-------------------------

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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
The above plan of correction was approved by <u>SP</u> (Initials)	

2600.190(a)

A staff person at Woodbridge Place who has successfully completed a Department approved medications administration course that includes the passing of the Departments performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescriptions medications and epinephrine injections for insect bites or other allergies. Staff person D was immediately removed from the medication administration schedule. Staff Person E, Trainer, is unknown to this entity representative. **Completed: 11-20-2018.**

Medication Administration certifications were reviewed by the Director of Nursing. All other Med Techs had their training completed by a different trainer, whose training certification is current. **Completed: 11-20-2018 (Attachment: 11)**

All Med Tech certification expiration dates have been entered into the Outlook Email Calendar Reminder on the Director of Nursing and Resident Care Coordinator Computers. The Director of Nursing and the Resident Care Coordinator will be reminded 4 weeks prior to the expiration of a Med Tech certification in order to allow sufficient time for the completion of the annual practicum. **Completed: 11-28-2018** As per regulation, the 2 current in-house Community trainers will participate in a recertification class every 3 years. Their certifications expire 12-15-19 (DON) and 11-13-2021 (Resident Care Coordinator). **(Attachment 12)**. Each date of expiration has been added to the Outlook Email Calendar Reminder on the Director of Nursing and Resident Care Coordinator computers. The Director of Nursing and the Resident Care Coordinator will be reminded 4 weeks prior to the expiration of the trainer certification to allow sufficient time for recertification. **Completed: 11-28-2018**

The Director of Nursing is responsible for the timely completion of the certification courses for Med Techs and the Trainers. The Executive Director will be responsible for the ongoing Compliance and will the dates on the certificates upon completion of everyone's Certificate. The Director of Nursing will report any issues with compliance at the Quality Assurance Meeting scheduled March 14, 2019.

Deb Bidman
DEB BIDMAN

SR. EXECUTIVE DIRECTOR

4-3-2019

Violation Report: 14359 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident #1, admitted on 10/6/18, does not include a determination that the home can meet the service needs of the resident.

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 complete a pre-admission screening for each resident within 30 days prior to admission. The preadmission screening for Resident 1 was corrected, dated and completed by the Director of Nursing on 11-20-2018. This correction indicated that the needs of the resident can be met by the services provided at Woodbridge Place.
Completed 11-20-18 (Attachment: 13)

The Director of Nursing conducted an audit of each Preadmission Screening Form. All Preadmission Screening Forms indicated that residents' needs could be met by the Services provided at Woodbridge Place. **Completed 11-20-2018 (Attachment: 14)**

To ensure the accurate completion of the Preadmission Screening Forms, the Director of Nursing will review all newly admitted residents Preadmission Screening Form prior to filling in the Resident's Clinical Record. Any issues identified will be corrected immediately by the individuals completing the form. Ongoing review.

Outcomes of each review of the newly admitted Resident Preadmission Screening Form will be reviewed by the Director of Nursing at the Quality Assurance Meeting Scheduled for December 21, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 *4-3-2019*

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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 - 11/20/2018 - Freeman, Sabrina
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 10/6/18. As of 11/20/18, the home has not completed an initial assessment for resident #1.

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 have a written initial assessment that is documented on the Department's Assessment form with 15 days of admission. Resident 1, who was admitted to Woodbridge Place on 10-6-2018, had the assessment finalized on 10-17-2018 and support plan finalized on 11-20-2018. Resident 1 signed as a participant verifying that she was a participant in the Assessment/Support Plan process on 11-20-2018. Completed: 11-20-2018 (Attachment 15)

An audit was performed by the Resident Care Coordinator to review all newly admitted Resident's (as of date of CHOW 2-15-2018.) to ensure the completion of a Resident Assessment, Support Plan. All current residents admitted since that date had an Initial Assessment-Support Plan present and within the regulated time frames. Completed: 11-25-2018

An audit tool has been developed which includes the resident name, date of admission, Date of Assessment and the date the Support Plan was finalized. This tool will be updated with each newly admitted resident. Data will be entered by the Resident Care Coordinator. Any issues identified will be corrected immediately by the Care Coordinator. This audit is ongoing.

The audit tool outcomes will be discussed by the Resident Care Coordinator at the Quality Assurance Meeting scheduled for 12-21-18.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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>4-3-2019</i>
---	-------------------------

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</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