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 December 27, 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.

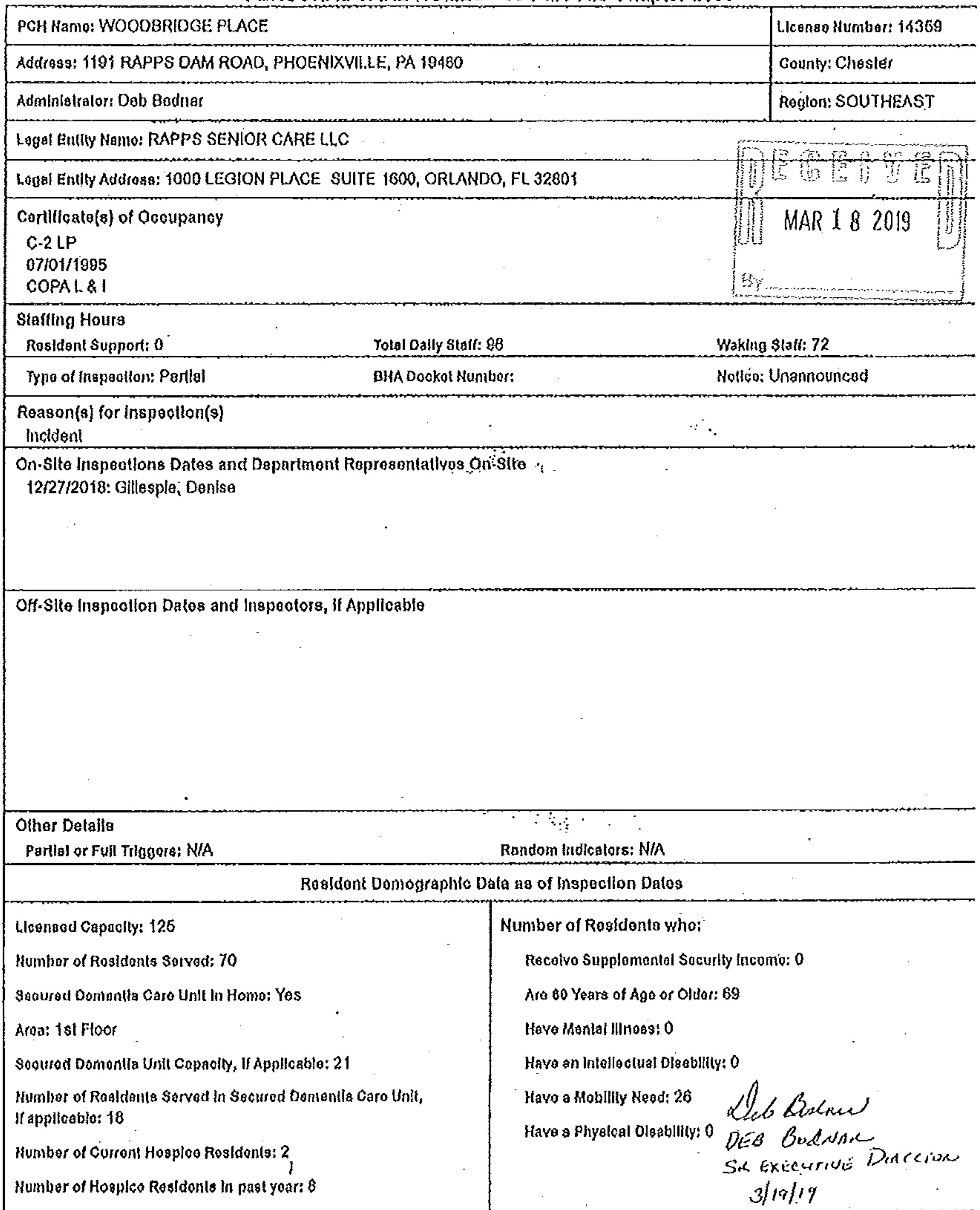
All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

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: 14369
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

RECEIVED
MAR 18 2019
BY

Certificate(s) of Occupancy
C-2 LP
07/01/1995
COPA L & I

Staffing Hours
Resident Support: 0 | Total Daily Staff: 98 | Waking Staff: 72

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
12/27/2018: Gillespie, Denise

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

	Number of Residents who:
Licensed Capacity: 125	Receive Supplemental Security Income: 0
Number of Residents Served: 70	Are 60 Years of Age or Older: 69
Secured Dementia Care Unit in Home: Yes	Have Mental Illness: 0
Area: 1st Floor	Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, If Applicable: 21	Have a Mobility Need: 26
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Physical Disability: 0
Number of Current Hospice Residents: 2	
Number of Hospice Residents in past year: 8	

Deb Bodnar
DEB BODNAR
SR EXECUTIVE DIRECTOR
3/19/19

Violation Report: 14359 - 12/27/2018 - Gillespie, Denise
PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 12/12/18 at approximately 10:30 PM, a police officer arrived at the home inquiring if Resident # 1 resided there. The home was not aware the resident had eloped and had traveled approximately 1/10th of a mile. A passerby observed Resident #1 on a dark busy roadway and drove the resident to the address listed on the resident's driver's license. When they arrived, the home was dark and the resident, when queried, did not have a key. The passerby then drove Resident #1 to the Phoenixville Police Department. Resident #1 was transported, by the Police Department, uninjured, except for a tear on the right pant leg, to the home.
Staff Member A stated the resident was last seen in his bedroom at approximately 10:00P.M. The home become aware of Resident #1's elopement after he was returned to the home. Resident # 1 resides in the homes memory care SOCU unit.

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.

ATTACHED

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 3-19-19

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

The above plan of correction is approved as of 04-11-19 (Date)

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

Plan of correction implementation status as of 04-11-19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

2600.42(b)

Woodbridge Place will not neglect, intimidate, physically or verbally abuse, mistreat or subject residents to corporal punishment or discipline.

A census count in the Memory Care Community was performed at the time of the incident to ensure that all residents were present. All residents were present. Following the incident, on the evening of December 12, the Maintenance Director noted that the left-hand window in the resident room could be opened more than 6 inches. A stopper was immediately placed on the window frame, allowing for a 6-inch opening. The area outside (underneath the window) was examined and there was no indication of an exit via the window. As of December 13, all Memory Care bedroom windows now have a 6 inch stopper. In addition, on December 12, the Maintenance Director checked each door in Memory Care. Apart from the main entry door into Memory Care, all door alarms were operational and functional. All staff had knowledge that the main entry door into Memory Care was in the process of repair. There was a note affixed to the inside and outside of the door indicating that the door was not in operation. In addition, a yellow caution tape was affixed to the door (door frame to door frame) indicating caution. Upon examination of the door on the evening of 12/12/2018, the caution tape remained intact as was not disturbed. There was no evidence that anyone exited through the door. The Memory Care door was repaired 12/14/2018. The resident was placed on 1:1 for 24 hours and was reassessed at the end of that time frame. In addition, the codes to the Memory Care doors were changed. **Completed: 12-12-2018**

All staff were inserviced relating to the importance of hourly checks, with emphasis placed on safety and awareness of resident location in Memory Care. The Elopement Policy and Procedure was reviewed and reinforced with staff as well as the initial risk assessment. **Completed: 12-13-2018 Attachment: 1**

Observation and monitoring of interventions are the responsibility of the Resident Care Coordinator. Continued compliance with stated interventions will be reviewed weekly by the Resident Care Coordinator. Any areas of non-compliance will be corrected immediately with the staff person involved. Outcomes will be documented and included in the Quality Assurance Meeting Scheduled for March 21, 2019.

Deb Bodnar

DEB BODNAR SR. EXECUTIVE DIRECTOR

3-19-19

Violation Report: 14359 - 12/27/2018 - Gillespie, Denise
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
Resident # 1 is prescribed Metoprolol 100mg 1 tablet once daily. The resident did not receive medication on 12/14/18.

Resident # 1 is prescribed Lexapro 0.5mg 1 tablet once daily. The resident did not receive the medication on 12/15/18 and 12/21/18.

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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) DEB BODNAR SR EXECUTIVE DIRECTOR — Date 3-19-19

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Regulation 55 Pa. Code 2600

2600. 187(d) The home shall follow the directions of the prescribers.

Resident #1 is prescribed Metoprolol 100 mg 1 tablet 1 time daily. The resident did not receive medication on 12/14/18.

Resident#1 is prescribed Lexapro 0.5 mg tablet one once daily. Resident did not receive the medication on 12/15/18 and 12/21/18. It was found resident was not administered Lexapro on 12/15/18 and 12/21/18.

Attached is a copy of the MAR from December 2018. Resident was originally ordered medication on 12/15/18. He refused his medication on 12/21/18. (ATTACHMENT 2)It was found that resident #1 did not receive metoprolol on 12/14/18. Nurses and med techs have been reeducated on documentation of medication. All were observed for 3 med passes between February 20,2019 through February 24,2019. Nurses and med techs have been rein serviced on the EZmar system by Pharmamerica staff on 3/13/2019-3/14/1920 Omission reports have been reviewed daily to ensure all residents receive their medications as ordered by the physician. To date, the omission reports, reflect no missed medication administration. Any errors identified written omission reports are corrected and then double signed to ensure accuracy by the oncoming and off going shift.

The DON will have the ongoing responsibility for correct administration outcomes.

Daily omission reports will be kept on file in the DON's office for review.

Outcomes of omission reports will be reviewed at the QA meeting on held on March 21,2019.

Deb Bodnar

DEB BODNAR
SR-EXECUTIVE DIRECTOR
3/19/19