



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

March 1, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
March 1, 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 #: 143591

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing inspection on January 24, 2019 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.

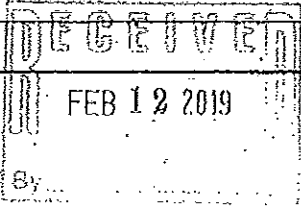
Sincerely,

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: Deb Bodnar		Region: SOUTHEAST
Legal Entity Name: RAPPS SENIOR CARE LLC		
Legal Entity Address: 1000 LEGION PLACE SUITE 1000, ORLANDO, FL 32801		
Certificate(s) of Occupancy C-2 LP 07/17/1996 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 71
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2019: Chung, Youn Hie		
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: 126	Number of Residents who:	
Number of Residents Served: 72	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 62	
Area: Life Guidance	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 21	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 23	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3	<i>Deb Bodnar</i> Sr. Executive Director 2/2/19	

Violation Report: 14369 - 01/24/2019 - Chung, Youn Hie.
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 58 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 07/09/2018, does not include a medication addendum which list the medications the resident receives.

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 medication addendum for the Medical Evaluation for Resident #1 was located in the Resident's Clinical Record under the "Assessment Tab." The addendum was located on the same day as the survey, 1-24-2019. Attachment: A

The Wellness Staff reviewing and filing the Medical Evaluation in the Resident's Clinical Record will check to ascertain the presence of the medication addendum. If the addendum was not attached, the medication addendum would be obtained and then filed with the completed Medical Evaluation.

Outcomes of this review would be discussed at the Quality Assurance Meeting by the DON, for further intervention as applicable or achievement of compliance.

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 *2-12-19*

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 type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14369 - 01/24/2019 - Chung, Youn Hie
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600

2600.135(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

The glucometers for residents #2 and #3 were not calibrated to the correct date and time. The glucometer for resident #2 was off by one hour. The glucometer for resident #3, acquired on 12/23/2018, was not calibrated until 12/28/2018.

Resident #2's glucometer readings don't match the log on several occasions:

- January 23rd at 7:25am, the glucometer had a reading of 188, the log recording was 162.
- January 14th at 11:18am, the glucometer had a reading of 276, the log recording was 271.
- January 13th at 9:59am, the glucometer had a reading of 246, the log recording was 247.
- January 2nd at 4:22pm, the glucometer had a reading of 137, the log recording was 168.

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 has developed and implemented procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

All glucometers for residents were checked for calibration errors by the Director of Nursing. Outcomes of this review identified no other meters with discrepancies. Completed: 1-25-2019

All nursing staff have been inserviced on glucometer readings/calibrations.

A daily audit of each glucometer will be conducted by the nursing staff to ensure that the date, time and readings match. Audit will begin 2/11/2019 and will be ongoing. Any glucometers found to have discrepancies with date, time or reading will immediately be recalibrated or replaced.

Glucometer reviews will be discussed by the Director of Nursing at the Quality Assurance Meeting scheduled for 3-14-2019.

Administrator will ensure glucometers are always calibrated and maintained. Training and in-service will be available for Department review. SP 02-16-19

Repeat Violation: Yes	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 14359 - 01/24/2019 - Chung, Youn Hie
 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 #2 does not include the staff initials for who administered the following medications: Lentus Solostar and Tamsulosin HCL 0.4 mg on 01/08/2019
 Diloxin 125 mcg, Memantine HCL 10 mg, Lactase Enzyme Supplement, Aspirin 81 mg, and Zinc Oxide 25% on 01/18/2019.

The medication administration record for resident #3 does not include the staff initials for who administered the following medications: Humalog, Trazodone 50 mg, and Lyrica 150 mg on 01/11/2019
 Trazodone 50 mg and Lyrica 150 mg on 01/20/2019

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 ATTACHMENT

Repeat Violation: Yes	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEB Bodwin, Sr. Executive Director* Date *2-12-19*

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187a

Woodbridge Place will comply with regulation 2600.187a (1-14) and keep a record for each resident for whom all medications are administered.

To ensure competency and understanding of medication administration documentation, all Licensed Nursing Staff and Medication Technicians will be observed completing 3 medication passes and subsequent administration documentation by the Director of Nursing or Medication Technician Trainer. Any deficient practices will be corrected immediately, and additional observations planned. Completed: 3-7-2019

Omission reports will be obtained by Licensed Nursing Staff and/or Medication Technicians at the end of each shift to check for completed administration. Corrections will be made as needed. Omission Reports will then be forwarded to the Director of Nursing for review.

Reviewed Omission Reports will be discussed by the Director of Nursing at the Quality Assurance Meeting scheduled for 3-14-2018 for any possible action or further intervention.

Deb Bodnar

DEB BODNAR, SR. EXECUTIVE DIRECTOR

2/12/19

Violation Report: 14359 - 01/21/2019 - Chung, Youn Hie PGH 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 #2 gets Insulin Injections based on a sliding scale. On 12/26/2018 at noon, his actual glucometer reading was 186 but the log read 235. He was given 6 units of Insulin when 5 units was required. On 01/02/2019 in the evening, his actual glucometer reading was 137 but the log read 166. He was given 5 units of Insulin when 4 units was required.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Woodbridge Place will follow the directions of the prescriber.</p> <p>All Licensed Nursing Staff and diabetes certified Medication Technicians will receive competency testing on reading a glucometer, sliding scale directions as per PCP and documentation. To ensure competency, the Licensed Nursing Staff and Diabetes Certified Medication Technicians will be observed 3 times by the Director of Nursing. Any issues identified during the observations will be corrected immediately with the staff person involved and additional observations will be scheduled. Completed: 3-7-2019</p> <p>Outcomes of testing will be reviewed at the Quality Assurance Meeting scheduled for 3-14-2019 by the Director of Nursing.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deb Baldwin, Sr. Executive Director</i>	Date <i>3-12-19</i>
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Violation Report: 14359 - 01/24/2019 - Chung, Youn Hla
 PGH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 07/10/2018 does not have any indication whether the resident participated in the development or not.

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 all individuals who participate in the development of the Support Plan sign and date the Support Plan. Completed: 1-24-2019

The Resident Care Coordinator met with Resident 1 to review the Support Plan. Support Plan signed by resident 1 on 1/26/2019. Attachment: 1

The Resident Care Coordinator will have all individuals who participate in the development of a Resident Support Plan, i.e. resident, families, staff, contracted providers sign and date the Support Plan.

Following the conclusion of the Support Plan, the Resident Care Coordinator will review documentation for signatures and dates of participants. Outcomes of this review will be discussed at the Quality Assurance Meeting scheduled for March 14, 2019, by the Resident Care Coordinator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deb Budwin, SA Executive Director</i>	Date <i>2-11-19</i>
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Violation Report: 14359 - 01/24/2019 - Chung, Youn Hie
 PCH Name: WOODBRIDGE PLACE

1. REGULATION 55 Pa.Code §2800
 2800.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 07/10/2018 has no notation regarding the resident's ability/refusal to sign.

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 document the inability or choice of a resident or designated person if they are unable or chooses not to sign the Support Plan. Completed: 1-24-2019

The Resident Care Coordinator met with Resident 1 to review the Support Plan. Support Plan signed by resident 1 on 1/26/2019. Attachment: 1

The Resident Care Coordinator will document on the Support Plan if a resident and/or participant declined to participate, participated or were unable to participate in the development of the Support Plan.

Following the conclusion of the Support Plan, the Resident Care Coordinator will review documentation for signatures of participants and documented declinations. Outcomes of this review will be discussed at the Quality Assurance Meeting scheduled for March 14, 2019, by the Resident Care Coordinator.

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: *2-17-19*

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