



Sent via e-mail r.chapin@bridgeig.com
Sent via e-mail executivedirector@woodbridgeplace.com
June 5, 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 April 18, 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 black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: WOODBRIDGE PLACE
Address: 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460
County: CHESTER Region: SOUTHEAST

License Number: 143591

Administrator

Name: Deb Bodnar

Phone: ~~4843020005~~ 610-933-7000 ^{DB 5-28-19}

Email: ExecutiveDirector@Woodbridgeplace.com

Legal Entity

Name: RAPPS SENIOR CARE LLC
Address: ATTN BILL SNOW 1000 LEGION PLACE, SUITE 1600, FL, 32801

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 106 Waking Staff: 80

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

04/18/2019 - On-Site: Dean Gray, Joe Evegés

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 75

Secured Dementia Care Unit

In Home: Yes Area: Life Guidance Capacity: 21 Residents Served: 16

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31 Have Physical Disability: 0

Deb Bodnar
DEB BODNAR
SR-EXECUTIVE DIRECTOR
5-28-19

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1 is prescribed Melatonin 3 MG Tablet - give one tablet by mouth as needed and Nystatin 100,000 Unit/GM Cream - apply Nystatin Cream to excoriated areas two times a day. On 04/18/19 these medications were not available in the home.

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 ATTACHED

See attached *MG*

Legal Entity Representative

Deb Bodnar
Signature

DEB BODNAR, SR. Executive Director 5-28-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/4/19
(Date)

Plan of correction implementation status as of 6/4/19
(Date)

The above plan of correction was approved by *MG*
(Initials)

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


Woodbridge Place shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The 2 medications that were not available on the medication cart on 4/18/2019 (Nystatin and Melatonin) were obtained from the pharmacy. (Nystatin 4-27-2019 and Melatonin 4-19-2019) (Attachment: 1) Documentation of these 2 medications was not congruent with the absence of the medications on the cart. The Medication Technician involved with the administration and documentation of these medications was terminated. Completed: 4-22-2019 (Attachment: 2)

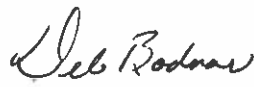
The Medication Carts were checked to ensure that all prescribed medications were available for Administration. Completed: 4-25-2019

The ordering/re-ordering process of prescribed medications and the documentation of same was reviewed with all Medication Technicians and licensed nursing staff. Training was reinforced by examples of documentation and ordering procedures. Standards of Conduct included in the Employee Policy Manual was reviewed with emphasis placed on Maintenance of Records and Files. Completed: 4-25-2019. (Attachment: 3)

Omission Reports will continue to be reviewed by the DON or the Medication Technician Supervisor to ensure that the administration of medications is documented as per policy and all medications are administered as per physician order. Outcomes of the Omission Report review will be discussed at the Quality Assurance Meeting scheduled for 5-20-2019. Completed: 5-20-2019

Maintain audits for Department review.

6/4/19 


DEB Bodnar
Sr. Executive Director
5-28-19

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's April MAR indicates Nystatin Cream and Melatonin 3 MG Tablet were administered by staff member A on 04/17/19 at bedtime. However, an interview with staff member A revealed that these medications were not available or administered on 04/17/19.

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 ATTACHED

See attached *MG*

Legal Entity Representative

Deb Bodman
Signature

DEB BODMAN Sr. EXECUTIVE DIRECTOR 5-28-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/4/19
(Date)

Plan of correction implementation status as of

6/4/19
(Date)

The above plan of correction was approved by

MG
(Initials)

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

187b

Woodbridge Place will record the administration of a medication on the EMar at the time the medication is administered. The 2 medications that were not available on the medication cart on 4/18/2019 (Nystatin and Melatonin) were obtained from the pharmacy. (Nystatin 4-27-2019 and Melatonin 4-19-2019) (Attachment: 1) Documentation of these 2 medications was not congruent with the absence of the medications on the cart. The Medication Technician involved with the administration and documentation of these medications was terminated. Completed: 4-22-2019 (Attachment: 2)

The Medication Carts were checked to ensure that all prescribed medications were available for Administration. Completed: 4-25-2019

The ordering/re-ordering process of prescribed meds and the documentation of same was reviewed with all Medication Technicians and licensed nursing staff. Training was reinforced by examples of documentation at time of administration and ordering procedures. Standards of Conduct included in the Employee Policy Manual was reviewed with emphasis placed on maintenance of clinical records and files. Completed: 4-25-2019 (Attachment: 3)

Omission reports will continue to be reviewed by the DON and the Medication Technician Supervisor to ensure that the administration of medications is documented as per policy and all medications are administered as per physician order. Outcomes of the Omission Report review will be discussed at the Quality Assurance Meeting scheduled for 5-20-2019. Completed: 5-20-2019

Maintain audits for Department review.
6/4/19



Deb Bodwan
DEB BODWAN
SA. EXECUTIVE DIRECTOR
5-28-19