



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**August 8<sup>th</sup>, 2019**

Mr. Robert W. Chapin, Jr.  
President  
Rapps Senior Care, LLC  
100 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 inspection on June 11, 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, appearing to read 'Ayus Adelanwa', with a long horizontal stroke extending to the left.

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

# Violation Report

## Facility Information

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

License Number: *143592*

## Administrator

Name: *DEB BODNAR* Phone: *4843020005* Email: *EXECUTIVEDIRECTOR@WOODBIDGEPLACE.COM*

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

## Staffing Hours

Resident Support Staff: Total Daily Staff: *120* Waking Staff: *90*

## Inspection

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

## Inspection Dates and Department Representative

*06/11/2019 - On-Site: Tahesia Thomas*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *125* Residents Served: *84*

### Secured Dementia Care Unit

In Home: *Yes* Area: *MEMORY CARE* Capacity: *21* Residents Served: *18*

### Hospice

Current Residents: *3*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *36* Have Physical Disability: *0*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing changing and medical procedures.

Description of Violation

On 06/11/19, resident# 1, exposed their stomach in the middle of the hallway while staff members A and B administered resident# 1's Humalog 100 units/ML for sliding scale at 12 noon.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date all 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

In addition to the 6/21/19 in-service to staff, the Administrator or a designee will continue to provide oversight to ensure that staffs in particular are complying with the cited regulation. A private area should be designated and marked for medication administration. 8/5/19

AAA

Legal Entity Representative

*Deb Bodnar*

Signature

DEB BODNAR SR EXECUTIVE DIRECTOR 7/18/19

Printed Name and Title

Date

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The above plan of correction is approved as of 8/5/19  
(Date)

Plan of correction implementation status as of 8/5/19  
(Date)

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

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


425

Woodbridge Place will protect the resident's right to privacy of self and possessions. Privacy will be provided to the resident during bathing, dressing, changing and medical procedures. Resident 1 was counseled by the Resident Care Coordinator to discuss privacy and dignity issues involved with his action. Resident indicated his understanding of discussion. **Completed: 6/15/2019. Attachment 1.**

Woodbridge Place will protect all resident's right to privacy of self and possessions. Woodbridge Place will ensure the privacy all resident's during bathing, dressing changing and medical procedures. **Completed: 6/15/2019**

Jennifer Costello, Ombudsman, Chester County Department of Aging provided a Resident's Rights Inservice to Community staff. Ms. Costello emphasized the protection of a resident's right to privacy including resident bathing, dressing changing and medical procedures. **Completed: 7/11/2019. Attachment 2.**

All staff members will be vigilant in the observation of a resident's right to privacy, dignity and respect. Any identified concerns will be immediately addressed by the staff member with the resident to ensure the implementation of any and all resident rights. Concerns will be addressed with the involved staff and disciplinary action will be provided up to and including termination. Outcomes of observations will be reported at the Quality Assurance Meeting by the involved Department Head. Quality Assurance Meeting scheduled for July 29, 2019.

  
DEB BODNAR, Sr. EXECUTIVE DIRECTOR  
7/18/19

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/11/19, staff member A, was on the carpeted floor with resident #1 and a large white dog. It was observed that resident #1 was taking their own blood sugar levels not once but twice. Staff member A was observed helping resident #1 with the glucometer without any protective gloves. After staff member A collected the machine and the blood-soaked strips from the resident, resident #1 proceeded in rubbing and petting the dog's fur with the hand that was used for the blood sugar testing. As staff member got up off the floor, they thrown the strips away and did not use any hand-sanitation before touching the MAR in which staff member B was looking at to determine the amount of insulin needed for administer to resident #1.

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

Legal Entity Representative

*Deb Bodnar*  
Signature

DEB BODNAR Sr. EXECUTIVE DIRECTOR 8/18/19  
Printed Name and Title Date

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The above plan of correction is approved as of 8/5/19  
(Date)

Plan of correction implementation status as of 8/5/19  
(Date)

The above plan of correction was approved by A.A.A.  
(Initials)

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

85a

Woodbridge Place will maintain sanitary conditions throughout the Community. Staff Member A was immediately terminated from employment. **Completed: 6/15/2019 Attachment 3.**

An Audit has been completed for all Med Tech's and Nursing Staff by the DON to ensure that sanitary conditions are maintained during the administration of medications. **Completed: 6/19/2019 Attachment: 4.** There was no issues identified by this audit.

All Nursing staff and Med Techs have received re-education relating to infection control policies and procedures. Staff members were provided with the opportunity to ask questions and clarify answers. **Completed: 6/19/2019 Attachment: 5.**

To ensure sanitary conditions are maintained, the DON will continue to conduct audits of Nursing Staff and Med Techs bi-monthly, during random shifts. Any issues identified will be corrected with the staff person involved and disciplinary action taken, up to and including termination. Outcomes of this audit will be discussed by the DON at the Quality Assurance Meeting scheduled for July 29, 2019.

*Deb Bodnar*  
*Deb Bodnar*  
*Sr Executive Director*  
*7/18/19*

141a - Medical Evaluation

Regulations

2600. 141.a. 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.

Description of Violation

Resident #2 was admitted to the home on 01/28/18; however, the resident's medical evaluation form was completed on 10/06/17.

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

The Administrator or a designee will create a checklist/tracking list that will prompt the need for a medical evaluation and all other new admission regulatory requirements to be completed timely. The checklist will indicate a designated person to verify that required documentations have been completed and that compliance is ensured. 8/5/19

AAA

Legal Entity Representative

Deb Bodnar  
Signature

DEB BODNAR, SR. EXECUTIVE DIRECTOR 7/18/19  
Printed Name and Title Date

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The above plan of correction is approved as of 8/5/19 (Date) Plan of correction implementation status as of 8/5/19 (Date)

The above plan of correction was approved by AAA (Initials) [ ] Fully Implemented [x] Partially Implemented - Adequate Progress [ ] Partially Implemented - Inadequate Progress [ ] Not Implemented

141a

Woodbridge Place will have a medical evaluation by a physician, physician assistant or certified registered nurse practitioner documented on a form specified by the Department 60 days prior to admission or 30 days after admission. Resident 2 was admitted 1/28/2018. This admission date was prior to the Change of Ownership. (2/15/2018)

All residents admitted to Woodbridge Place will have a medical evaluation completed on a form specified by the Department 60 days prior to admission or 30 days after admission by a physician, physician assistant or certified registered nurse practitioner. **Completed: 6/15/2019**

All completed Medical Evaluations will be completed timely and reviewed by the Director of Nursing prior to filing in the Resident's Clinical Record. **Completed: 6/15/2019**

Outcomes of this review will be discussed at the Quality Assurance Meeting scheduled for 7/29/2019.

Deb Bodnar, Sr. Executive Director

Deb Bodnar  
7/18/19

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

Staff member A did not follow the home's medication administration policy by allowing resident #1 to take their own blood sugar reading.

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

On receiving this POC, the Administrator will review updated resident's care plans/assessments/MARS with all staff. Thus everyone is on the same page pertaining to resident's med. admin status ( i.e whether a resident is self-administration or not). The indicated review will be documented. 8/5/19

A-A-A

Legal Entity Representative

*Deb Bodman*  
Signature

Deb Bodman Sr. Executive Director 7/18/19  
Printed Name and Title Date

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(Date)

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(Initials)

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185a

Woodbridge Place has developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Staff person A was terminated immediately from employment at Woodbridge Place. **Completed: 6/15/2019 Attachment 8.**

In order to reduce the risk that a resident's medications and medical equipment will not be lost, misplaced or misused, the Community has developed procedures for the documentation of the receipt of controlled substances and prescription medications, a process to investigate and account for missing medications and errors, limited access to medication storage areas, documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services. Completed: 6/15/2019

All Nursing and Med Tech staff have been inserviced on the safe storage, access, security, distribution and the use of medications and medical equipment policy and procedures. **Completed: 6/19/2019. Attachment: 9.**

Any issues of non-compliance with Community policies and procedures concerning accountability of medication and controlled substances will be addressed by the Director of Nursing and disciplinary action taken up to and including termination. Outcomes will be discussed at the Quality Assurance Meeting scheduled for July 29, 2019.

DEB Bodnar, Sr Executive Director

Deb Bodnar

7/18 / 19