



Sent via e-mail robb.chapin@bridgeig.com
Sent via e-mail executivedirector@woodbridgeplace.com
February 21, 2020

Mr. Robert W. Chapin, Jr.
President
Rapps Senior Care, LLC
Attn: Bill Snow
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143590

Dear Mr. Chapin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 26 and 30, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WOODBIDGE PLACE* License Number: *143592*
 Address: *1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *DEB BODNAR* Phone: *610-933-7000* Email: *executivedirector@woodbridgeplace.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: *0* Total Daily Staff: *121* Waking Staff: *91*

Inspection

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

Inspection Dates and Department Representative

09/26/2019 - On-Site: Natasha Braswell, Sabrina Freeman
09/30/2019 - On-Site: Natasha Braswell, Sabrina Freeman

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: *25* Residents Served: *18*

Hospice

Current Residents: *0*

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: *37* Have Physical Disability: *0*

WOODBRIIDGE PLACE

143592

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9-9-19, the home became aware of a medication error for resident #1. The residents Percocet was replaced with Acetaminophen 325 mg. The home did not report this incident to the department until 9-13-19.

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

Legal Entity Representative

Deborah Bodnan
Signature

DEBORAH BODNAN SR. EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20
(Date)

Plan of correction implementation status as of 2/20/20
(Date)

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

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

16c

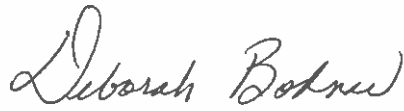
Woodbridge Place shall report incidents/conditions to the Department of Human Services regional office or the personal care home complaint hotline within 24 hours of the reportable incident. **Completed: 11-13-2019**

All incidents as outlined in 2600.16c, will be reported to the Department of Human Services Regional Office within the regulated timeframes. **Completed: 11-13-2019.**

All staff will be inserviced r/t the community policy and procedure for incident/accident reporting. This inservice will include: Reporting, Notification, Management, Investigation and Prevention of incidents/accidents. Role Play, examples and discussion will be utilized to explain and clarify the reporting procedure. **Completion by: 11/26/2019.** All incidents/accidents will be reviewed daily by the DON/Supervisor to ensure required reporting procedures have been implemented and are timely.

Outcomes of daily incident/accident reviews will be discussed by the DON at the Quality Assurance Meeting scheduled **November 26, 2019.** Ongoing compliance will be the responsibility of the Executive Director.

2/20/20 



DEBORAH BODNAN

SA EXECUTIVE DIRECTOR

11-21-19

WOODBIDGE PLACE

143592

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9-26-19, at 3:40 pm, the narcotic book was left open on the medication cart, located in the hallway of the second floor.

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

Deborah Bodnar
Signature

DEBORAH BODNAR SR., EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20 (Date)

Plan of correction implementation status as of 2/20/20 (Date)

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

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

2600.17

Woodbridge Place will keep resident records confidential, and except in emergencies, not accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of Department of Human Services and the LTC ombudsman, without the written consent of the resident, a n individual the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Staff person A, who left a narcotics book open on the medication cart was provided with disciplinary action. **Attachment: 1 Completed: 9-30-2019.**

All confidential information will be secured and maintained by the Community that prevents unauthorized access. Med Techs and Nursing Staff were observed this date to ensure practices that maintain confidentiality. There were no confidentiality issues identified.

All nursing staff and med techs were inserviced pertaining to the confidentiality of resident information. Practices to protect and ensure resident privacy were discussed and examples provided. This not only includes resident's unsecured medication records, but also information posted on bulletin boards, clip boards and discussions of resident care. **Completed: 11-13-2019 Attachment: 2** The Nursing Supervisor will continue to observe Med Tech and Nursing Staff confidentiality practices and intervene as needed. Any issues identified will be corrected with the staff person involved. Disciplinary action up to and including termination will result for non-compliance.

Identified issues will be reviewed and discussed by the Nursing Supervisor at the Quality Assurance Meeting scheduled for **November 26, 2019.**

2/20/20 *MG*

Deborah Bodnar

DEBORAH BODNAR

SR EXECUTIVE DIRECTOR

11-21-19

WOODBIDGE PLACE

143592

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 9/29/19, there were 84 residents in the home, including 18 residents with mobility needs, requiring a total minimum of 102 hours of direct care service. On this date, only 97.25 hours of direct care staffing was provided.

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

Deborah Bodnar
Signature

DEBORAH BODNAR, SR. EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20 (Date)

Plan of correction implementation status as of 2/20/20 (Date)

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

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

09/26/2019

4 of 10

2600.57 (c)

Direct care staff persons will be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs. **Completed: 9/30/2019**

Woodbridge Place schedules direct care staff person in order to provide 2 hours of personal care services to residents with mobility needs and 1 hour of personal care services for resident without mobility needs. As of September 30, all staffing schedules contain staffing hours in compliance with 57 (c) **Completed: 9/30/2019**

The Resident Services Coordinator is responsible for scheduling direct care staff in order to comply with care hours as per regulation. Schedules are reviewed daily by the Resident Care Coordinator/designee and coverage is obtained in order to maintain adequate hours in the event of call offs, census increases or additional care needs of residents. In addition, in a continuing effort to increase our pool of qualified employees, advertising for employment in online employment ads and Facebook has been escalated. Group interviews at Woodbridge Place are held weekly. Individual interviews are held as scheduled. **Completed: 9/30/2019**

Scheduled Hours/staffing are reviewed daily by the Resident Services Coordinator/designee in order to ensure adequate care hours for the residents in the community. Corrections and adjustments are made daily as the community situation dictates. Outcomes of the daily review will be discussed at the Quality Assurance Meeting scheduled for **November 26, 2019**.

2/20/20 *MG*

Deborah Bodnar
DEBORAH BODNAR
Sr. EXECUTIVE DIRECTOR
11-21-19

WOODBIDGE PLACE

143592

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2's medication administration record indicates Systane Complete is prescribed; however the label indicates Systane Ultra.

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

Deborah Bodnar
Signature

DEB BODNAR, SR. EXECUTIVE
Printed Name and Title DIRECTOR

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20 (Date)

Plan of correction implementation status as of 2/20/20 (Date)

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

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

2600.184a


Resident 2 medication administration record indicates Systane Complete however the label indicates Systane Ultra.

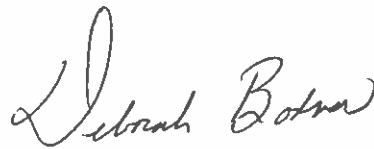
Commencing November 1, 2019, Woodbridge Place has acquired the services of Reliant Care Solutions. In addition, a new Director of Nurses has been hired. Effective Date: **November 14, 2019.**

Beginning 12/17/2019, all physician order entries into the Electronic Medical Record will be completed by Reliant Care Solutions. (This task was previously completed by Woodbridge Place) The prescription labeling and MAR will populate from the same data base and emanate from the pharmacy Electronic Health Record. The RN/Quality Assurance Consultant from Reliant Care Solutions will continue to visit weekly to audit MAR, Physician Orders and Medication Cart. Monthly audits will be conducted by the Community DON utilizing a form supplied by Reliant Care Solutions. Quality Assurance parameters will include: Medication Storage, Medication Administration, Resident Self-Administration of Medication, Medication Records, Medication Ordering and Receipt, Medication Delivery and Medication Labeling. **Attachment: 3**

A Pharmacy Committee has been established and will become part of the Community Q.A. program. The Pharmacy Committee will include the Director Of Nursing, Director of Clinical Pharmacy, Sr. Executive Director and a member of the Licensed Nursing Staff.

Outcomes from these audits will be discussed by the DON at the Quality Assurance Meeting scheduled for **November 26, 2019.** Any corrective actions needed will be the responsibility of the DON.

2/20/20 



DEBORAH BODNAR

Sr. EXECUTIVE DIRECTOR

11-21-19

WOODBIDGE PLACE

143592

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

- 1. Documentation of the receipt of controlled substances and prescription medications.
- 2. A process to investigate and account for missing medications and medication errors.
- 3. Limited access to medication storage areas.
- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include dual signatures on the controlled substance record. In addition the keys to the medication carts are kept in an unlocked area of the wellness room.

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.)

Legal Entity Representative

Deborah Bodnar
Signature

DEBORAH BODNAR SA. EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20
(Date)

Plan of correction implementation status as of 2/20/20
(Date)

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

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

2600.185b

Woodbridge Place will at a minimum, document the receipt of controlled substances and prescription medications, have a process to investigate and account for missing medication and medication errors, limit access to the medication rooms, document the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration.

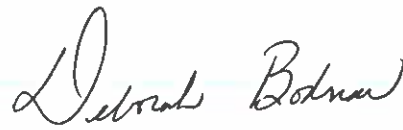
Woodbridge Place has a policy for the dual signatures on the controlled substance record. Policy was available in the Community during time of inspection.

All Nursing and Med Tech staff have been inserviced on the importance of the accountability of controlled substances. All controlled substances are double locked and counted each shift with the count documented by 2 staff persons as per policy. **Attachment: 2 Completed: 11/13/2019.**

As of 10/31/2019, the 3 Medication Room doors and the Wellness Office now have Key scan Access Control Device (fob) System, to control access to those rooms. **Attachment: 4 Completed: 10/31/2019.** All controlled substance records will be reviewed by the Nursing Supervisor/designee daily to ensure accuracy and follow-through with community policy and procedure. Any issues identified will be corrected with the staff person involved. Disciplinary action, up to and including termination will result for non-compliance.

Outcomes of this review will be discussed at the Quality Assurance meeting scheduled **November 26, 2019.**

2/20/20 


DEBORAH BODNAN
Sr. EXECUTIVE DIRECTOR
11-21-19

WOODBIDGE PLACE

143592

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Vision Essential 40 mg. However, it is not included on resident #2's medication administration record.

Repeat violation: 10/3/19 et al, 1/24/19

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.)

Legal Entity Representative

Deborah Bodnar
Signature

DEBORAH BODNAR, SA EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20 (Date)

Plan of correction implementation status as of 2/20/20 (Date)

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

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

2600.187a

Woodbridge Place shall keep a Medication Record for each resident for whom medications are administered. The Vision Essential for Resident 2 has added to the Medication Administration Record and is being administered as ordered. Completed: **9/30/2019**

The Responsible Party for Resident 2 supplies the medications. The Director of Nursing has advised the responsible party for Resident 2 that notification must be received by the Wellness Department of all new, changed and discontinued orders including prescription and non-prescription medications, including vitamins, nutritional supplements, herbals and topical agents. Emphasis was placed on the importance of maintaining accurate records for all medications ordered and taken by the resident. All medications for Resident 2 were reviewed by Nursing Staff. Following this audit, it was determined that each medication had a corresponding physician order and Medication Administration Record. **Completed: 9/30/2019**

Nursing Staff/Medication Technicians have been inserviced to ensure medications brought in by Responsible Parties/Families are reviewed at time of receipt and verify physician orders/MAR/and medications correspond. Any discrepancies/omissions will be promptly reported to the pharmacy.

Attachment: 2 Completed: 11/13/2019

Outcomes of this reviewed will be discussed at the Quality Assurance Meeting scheduled for **November 26, 2019**.

2/20/20 *MG*

Deborah Bodnan

DEBORAH BODNAN

SA-EXECUTIVE DIRECTOR

11-21-19

WOODBIDGE PLACE

143592

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Amlodipine Besylate 5 mg. However, this medication was not administered to resident #3 on 9-26-19 because the medication was not available in the home.

Resident #4, is prescribed Claritin 10 mg tablets. However, Claritin 5 mg tablets are in the med cart.

Resident #5, is prescribed Trazodone 50mg tablet. However, Trazodone 25 mg 1/2 tablets are in med cart.

Repeat violation: 10/3/19 et al,11/20/19, 12/27/19, 1/24/19

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.)

Legal Entity Representative

Deborah Bodnar
Signature

DEBORAH BODNAR, Sr. EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20
(Date)

Plan of correction implementation status as of 2/20/20
(Date)

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

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

09/26/2019

8 of 10

2600.187d

Woodbridge Place will follow the directions of the prescriber. Resident 3 has Amlodipine Besylate 5mg available for administration. Resident 4 has 10 mg tablets available for administration. Resident 5 has Trazodone 50mg tablets available for administration. **Completed: 9-30-2019**

Commencing November 1, 2019, Woodbridge Place has acquired the services of Reliant Care Solutions. In addition, a new Director of Nurses has been hired. Effective Date: **November 14, 2019.**

Beginning, 12/17/2019, all physician order entries into the Electronic Medical Record will be completed by Reliant Care Solutions. (This task was previously completed by Woodbridge Place) The prescription labeling and MAR will be generated from the same data base and emanate from the pharmacy Electronic Health Record. The RN/Quality Assurance Consultant from Reliant Care Solutions will continue to visit weekly to audit MAR, Physician Orders and Medication Cart. Monthly audits will be conducted by the Community DON utilizing a form supplied by Reliant Care Solutions. Quality Assurance parameters will include: Medication Storage, Medication Administration, Resident Self-Administration of Medication, Medication Records, Medication Ordering and Receipt, Medication Delivery and Medication Labeling. **Attachment: 3**

A Pharmacy Committee has been established and will become part of the Community Q.A. program. The Pharmacy Committee will include the Director Of Nursing, Director of Clinical Pharmacy, Sr. Executive Director and a member of the Licensed Nursing Staff.

Outcomes from these audits will be discussed by the DON at the Quality Assurance Meeting scheduled for **November 26, 2019.** Any corrective actions needed will be the responsibility of the DON. 2/20/20 *MG*

Deborah Bodnar
DEBORAH BODNAR
Sr. EXECUTIVE DIRECTOR
11-21-19-

WOODBRIIDGE PLACE

143592

188d - System to Document Medication Errors

Regulations

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. The administrator or the Director of Nursing, who are responsible for medication administration, are unable to describe such a system.

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.)

Legal Entity Representative

Deborah Bodnar
Signature

DEBORAH BODNAR, Sr. EXECUTIVE DIRECTOR
Printed Name and Title

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20
(Date)

Plan of correction implementation status as of 2/20/20
(Date)

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

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

2600.188d

Woodbridge Place has a system in place to identify and document medication errors and the Community's pattern of errors.

The Community's system for documentation of medication errors and documentation of patterns of errors has been revised. The Medication Incident Report now includes: Type of Error, Error Details, Medication involved, Contributing Factors, Resolution and a Plan for Correction. **Attachment: 5**

All medication errors are investigated by the Director of Nursing/Nurse designee and reported to DHS as necessary. A root cause is determined for each error. Trends are identified. Education and/or discipline up to an including termination is will be implemented. The resident, resident's designated person and physician are notified of event.

Outcomes of reviews of patterns and errors will be reported by the Director of Nursing at the Quality Assurance Meeting scheduled for **November 26, 2019**. 2/20/20 *MG*

Deborah Bodnar
DEBORAH BODNAR
Sr. EXECUTIVE DIRECTOR
11-21-19

WOODBIDGE PLACE

143592

201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 9-15-19 resident #6 demonstrated challenging behaviors by banging on furniture, and yelling, "I'm going to kill you" then choked resident #7. Staff person B failed to utilized verbal intervention to minimize the challenging behavior. Staff person B, put the residents in the dining room at risk; by watching his behavior from the kitchen . Staff person B lacked the training skills to intervene the challenging behaviors.

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.)

Legal Entity Representative

Deborah Bodnar
Signature

DEBORAH BODNAR, SR. EXECUTIVE
Printed Name and Title DIRECTOR

11-21-19
Date

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

The above plan of correction is approved as of 2/20/20
(Date)

Plan of correction implementation status as of 2/20/20
(Date)

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

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

2600.201

Resident 6 was discharged permanently from Woodbridge Place on 9-15-2019.

Woodbridge Place will use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. These interventions will include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalation, and alternative techniques to identify and defuse potential situations.

On November 26, 2019, Direct Care Staff will be inserviced r/t Safe Management Techniques. Inservice will include discussion, role play and return demonstration. The instructor will provide effective interventions to utilize for a resident who behaves in potentially dangerous ways. Emphasis will be placed on implementing interventions to ensure the safety of a resident as well as staff. **Completion by: November 26, 2019.** Residents will be observed by staff who maybe frustrated depressed, angry or resentful about physical or mental losses. Supportive services, such as Social Work, Psychologist or Psychiatrist will be added to the resident's support plan as warranted. Medication reviews will occur as needed. Staff has been directed to notify their supervisor of behaviors/escalations of behaviors and to also document same on the 24-hr. report sheet.

Outcomes of any behavioral concerns/interventions will be discussed at the Quality Assurance Meeting by the Director of Nursing/Resident Care Coordinator scheduled for **November 26, 2019.** 2/20/20 *MG*

Deborah Bolman

DEBORAH BOLMAN

SA-EXECUTIVE DIRECTOR

11-21-19