



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail robb.chapin@bridgeig.com
Sent via e-mail executivedirector@woodbridgeplace.com
May 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 December 16, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: WOODBRIDGE PLACE

License Number: 14359

Address: 1191 RAPPS DAM ROAD,, PHOENIXVILLE, PA 19460

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Deb Bodnar

Phone: 4843020005

Email: ROBB.CHAPIN@BRIDGEIG.COM

Legal Entity

Name: RAPPS SENIOR CARE LLC

Address: 1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 71

Total Daily Staff: 173

Waking Staff: 130

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Interim

Inspection Dates and Department Representative

12/16/2019 - On-Site: Sabrina Freeman, Christina Eberhart

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 71

Secured Dementia Care Unit

In Home: Yes

Area: 1st floor/Memory Care Capacity: 25

Residents Served: 17

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 69

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 31

Have Physical Disability: 0

Charles S Brennan, DON
Director of Nursing
1/10/2020

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 10/31/19, resident #5 reported monetary theft to staff members. The home did not report this incident to the Department until 11/4/19.

This is a repeat violation

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.

Legal Entity Representative

Charles S Brennan
Signature

Charles S Brennan RN Director of Nsg 1/10/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 5.21.2020 (Date) Plan of correction implementation status as of 5.21.2020 (Date)

Implemented
 Not Implemented

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

POC 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. 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. All incidents/accidents will be reviewed daily by the DON/Supervisor to ensure required reporting procedures have been implemented and are timely. **Completed 11/14/2019** All reportables have been reported in the regulatory timeframe **Completed 12/30/2019 and 1/7/2020**

Charles Brennan
Charles Brennan, DON
Director of Nursing
1/10/2020

POC 85a:

Woodbridge Place shall comply with Regulation 2600.85a and sanitary conditions shall be maintained. Housekeeping was notified and brought in for immediate deep cleaning, including mopping, whittakering, floors, and all surfaces.

Housekeeping will be doing daily audits to monitor all environmental items for each resident apartment. Any issues for housekeeping, or maintenance, will be brought to the attention of the Maintenance Director who will provide a resolution and follow up plan for continued sanitary conditions. The daily audits will be dated and filed in a binder to be kept in the Maintenance Directors office. **Attachment 1. Completed 12/16/2019.**

The daily audits continue to be completed, and housekeeping and/or maintenance have identified and immediately fixed all issues regarding sanitary conditions. **Updates to POC follow through provided: 12/30/2019 and 1/7/2020**



Charles S Brennan DNR
Director of Nursing

1/10/2020

101i - Access to Bedroom

Regulations

2600.
101.i. A resident shall have access to his bedroom at all times.

Description of Violation

The following resident bedrooms were locked: #150, #153, #154, #155, and #157.

Resident #2 was observed wandering around the SDCU at this time.

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 ATTACH 40

Legal Entity Representative

Charles S. Brennan M, DON
Signature

Charles S. Brennan M Director of Nsg 1/10/2020
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)


Implemented
 Not Implemented

POC 101i:

Woodbridge Place shall comply with Regulation 2600.101i and a resident shall have access to his bedroom at all times. All doors were immediately unlocked for the resident bedrooms #150, #153, #154, #155, and #157. Memory Care Coordinator has instructed all care managers that the doors to the resident apartments are to be kept unlocked at all times. The policy shall be monitored by the MCC.

Door have remained unlocked and residents have access. **Completed 12/16/2019.** Doors continue to remain unlocked. **Updates to POC follow through provided: 12/30/2019 and 1/7/2020**

The administrator will discuss the importance of not locking the residents doors at staff meetings monthly for the next six months. SLW 5.21.2020


Charles S. Brennan
Director of Nursing
1/6/2020

101j2 - Bedroom Chairs

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Resident #1 did not have a chair in the bedroom.

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.

Legal Entity Representative

Charles S Brennan RN, D.O.N
Signature

Charles S Brennan RN Director of NSg 1/10/2020
Printed Name and Title Date

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The above plan of correction was approved by slw (Initials) Implemented Not Implemented

POC 101j2:

Woodbridge Place shall comply with Regulation 2600.101j2 and each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs. Maintenance immediately provided a proper chair for Resident #1. The chair will remain in her bedroom.

Housekeeping will be doing daily audits to monitor all environmental items for each resident apartment. Any issues for housekeeping, or maintenance, will be brought to the attention of the Maintenance Director who will provide a resolution and follow up plan. The daily audits will be dated and filed in a binder to be kept in the Maintenance Directors office. **Attachment 1. Completed 12/16/2019.**

The daily audits continue to be completed, and housekeeping and/or maintenance have identified and immediately fixed all issues. **Updates to POC follow through provided: 12/30/2019 and 1/7/2020**

Charles E. Brown
Charles E. Brown
Director
1/10/2020

101j5 - Bedside Table/Shelf

Regulations

2600.
101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

Resident #2 did not have a bedside table or shelf.

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 ATTACHMENTS.

Legal Entity Representative

Charles S. Brennan, D.O.N.
Signature

Charles S. Brennan RN, Director of NSg 1/16/2020
Printed Name and Title Date

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(Date) (Date)

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(Initials)


Implemented
 Not Implemented

POC 101j5:

Woodbridge Place shall comply with Regulation 2600.101j5 and each resident shall have the following in the bedroom: A bedside table or a shelf. Maintenance immediately provided a bedside table for Resident #2. The bedside table will remain in the bedroom.

Housekeeping will be doing daily audits to monitor all environmental items for each resident apartment. Any issues for housekeeping, or maintenance, will be brought to the attention of the Maintenance Director who will provide a resolution and follow up plan. The daily audits will be dated and filed in a binder to be kept in the Maintenance Directors office. **Attachment 1. Completed 12/16/2019.**

The daily audits continue to be completed, and housekeeping and/or maintenance have identified and immediately fixed all issues. **Updates to POC follow through provided: 12/30/2019 and 1/7/2020**


Charles S. Brennan, D.D.
Director of Nursing
1/10/2020

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1's bedside lamp was inoperable. The switch was broke.

Resident #2 did not have a bedside lamp.

Resident #3's beside lamp was inoperable

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

Legal Entity Representative

Charles Brennan RN, D.O.N.
Signature

Charles Brennan RN, Director of Nsg 1/10/2020
Printed Name and Title Date

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(Initials)

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POC 101j7:

Woodbridge Place shall comply with Regulation 2600.101j7 and each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside. Maintenance immediately provided proper lighting for Residents #1, #2, and #3. The lamps will be audited to insure a proper source of lighting for all residents.

Housekeeping will be doing daily audits to monitor all environmental items for each resident apartment. Any issues for housekeeping, or maintenance, will be brought to the attention of the Maintenance Director who will provide a resolution and follow up plan. The daily audits will be dated and filed in a binder to be kept in the Maintenance Directors office. **Attachment 1. Completed 12/16/2019.**

The daily audits continue to be completed, and housekeeping and/or maintenance have identified and immediately fixed all issues. **Updates to POC follow through provided: 12/30/2019 and 1/7/2020**

Charles S. Brennan
Charles S. Brennan
Director of Maintenance
1/10/2020

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 #4's medication administration record does not include the initials of the staff person that administered the Melatonin on 12/12/19 at bedtime.

Resident #4's medication administration record was signed off on 12/11/19, 12/12/19, 12/13/19, 12/14/19 and 12/15/19 at bedtime. However, the medication was just prescribed on 12/13/19. As of 12/16/19, the medication had not been delivered, but the staff person was signing off that the medication was administered.

Resident #6's medication administration record does not include the initials of the staff person that administered the Mematine on 12/12/19 or 12/13/19 at bedtime.

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.

Legal Entity Representative

Charles S Brennan RN, DON
Signature

Charles S Brennan RN, Director of Nsg 1/10/2020
Printed Name and Title Date

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POC 187b:

Woodbridge Place shall comply with regulation 2600.187b and information shall be recorded at the time the medication is administered.

Woodbridge Place has a system in place to monitor that dispensing of medication is recorded at the time of administration and to identify and document medication errors and the Community's pattern of errors. Monthly audits conducted by the community D.O.N. continue to take place in addition to a system for documentation of medication errors and documentation of patterns of errors. All medication errors are to be 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 will be implemented. The resident, resident's designated person and physician are notified of the event.

An Inservice for Medication Documentation was held to reinforce documentation and follow-up on medication records and dispensing **Attachment 8**. Termination of one medication technician was immediate for a repeat offender of omissions protocol who had already received disciplinary warnings **Attachment 10**, and verbal disciplinary action was recorded for two medication technicians with less frequent errors **Attachment 11**. **Completed 12/16/2019**.

*Charles S. Brennan R.
Director of Nursing
1/10/2020*