



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail robb.chapin@bridgeig.com**  
**Sent via e-mail executivedirector@woodbridgeplace.com**  
**August 13, 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 March 30 and 31, 2020 and April 1, 2, 6, 7, and 8, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *WOODBIDGE PLACE*

License Number: *14359*

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

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *126*

Waking Staff: *95*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*03/30/2020 - Off-Site: Tahesia Thomas*

*03/31/2020 - Off-Site: Tahesia Thomas*

*04/01/2020 - Off-Site: Tahesia Thomas*

*04/02/2020 - Off-Site: Tahesia Thomas*

*04/06/2020 - Off-Site: Tahesia Thomas*

*04/07/2020 - Off-Site: Tahesia Thomas*

*04/08/2020 - Off-Site: Tahesia Thomas*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *125*

Residents Served: *88*

#### Secured Dementia Care Unit

In Home: *Yes*

Area: *1ST FLOOR*

Capacity: *25*

Residents Served: *20*

#### Hospice

Current Residents: *.*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *38*

Have Physical Disability: *0*

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 03/26/20, there was a witnessed resident to resident abuse. The home did not report this incident to the department until 04/07/20.

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.)

REPORT ATTACHED

Legal Entity Representative

*Deb Bodnar*  
Signature

DEB BODNAR, SR EXECUTIVE DIRECTOR  
Printed Name and Title

5-20-20  
Date

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

The above plan of correction is approved as of 8/12/20  
(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

Implemented

Not Implemented

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

16C

Woodbridge Place will report the incident or condition to the Department's Personal Care Home Regional Office or the Personal Care Home Complaint hotline within 24 hours. Abuse reporting by Woodbridge Place will also follow the guidelines in 2600.15. Completed: 4/7/2020

All reportable incidents occurring at Woodbridge Place will be forwarded to the regional office on the Department's form via fax or email. Completed: 4/7/2020

Requirements and Best Practices for Reportable Incidents (Appendix B) were reviewed by Wellness Nursing Staff. Furthermore, as a general rule, if Woodbridge Place questions whether an incident report is required, we will either report the incident or seek guidance from the Southeast Regional Office. Attachment: 1. Completed: 4/7/2020

All incidents will be reviewed daily by the DON/designee to ensure continued compliance with 2600.16c. The DON will have the responsibility of ongoing compliance with the Plan of Correction. Any issues identified will be corrected with the person involved and incident immediately reported to the regional office. Outcomes from this review will be discussed at the Quality Assurance Meeting scheduled for June 2<sup>nd</sup>, 2020.

*Deb Bodnar*

*DEB BODNAR, SR. EXECUTIVE DIRECTOR*

*5/20/20*

## 42b - Abuse

## Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On 11/25/19, resident #1 and resident #2 were in an unwitnessed altercation. Resident #1 was later observed with lacerations on his face and bite marks on his right forearm. Resident #1 reported that he was assaulted by resident #2. Staff members were able to substantiate the abuse as resident #2 was found with blood around his mouth and clothing. Resident #1 was sent to the emergency room for evaluation.

On 12/27/19, an unprovoked altercation was observed by staff, when resident #1 picked up a metal fork from the breakfast table, walked over to the table where resident #2 was sitting and stabbed resident #2 in the chest. Resident #2 did not have any injuries.

On 03/26/20, an unprovoked altercation was witnessed by staff, when resident #1 grabbed the arm of resident #3. When resident #3 pulled away from resident #1, she fell backwards and hit her back on the counter top in the kitchen. Resident #3 did not sustain any injuries.

On 03/29/20, at 1:15 am, resident #1 eloped from the SDCU by pushing on the SDCU alarmed mag lock door until it opened. When the door released he proceeded to the Café and exited the facility via the alarmed PC Café door. At 8:36 am, the resident was found by East Pikeland Township Police 0.3 miles away from the facility in a residential area asleep in a parked car. When resident #1 was found, he had a laceration above the right eye and bruising on the left knee. Resident was transported to the Hospital for evaluation and was released.

## 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

  
Signature

*DEB BODNAR SR EXECUTIVE DIRECTOR*  
Printed Name and Title

*5/20/20*  
Date

42b - Abuse (continued)

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The above plan of correction is approved as of 8/12/20  
(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

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

- Implemented
- Not Implemented

Residents at Woodbridge Place will not be neglected, intimidated, physically, or verbally abused, mistreated, subjected to corporal punishment, or disciplined in anyway.

Resident #1 was discharged from Woodbridge Place on 5/6/2020. Resident #2 was discharged from Woodbridge place on 1/24/2020. There are no further behaviors in Memory Care that are identified as dangerous to self or others.

Regulation 42B was reviewed with the direct care staff in order to clarify and provide examples of what actions are prohibited. In addition, all staff was in-serviced on the Woodbridge Place Safe Management Technique Policy and Procedures. Emphasis was placed on resident safety and interventions to diffuse aggressive resident behavior. In-servicing included roleplay and return demonstrations. Completed: 5/15/2020. Attachment 2. The Woodbridge Place Discharge Policy and Procedure located in the Community Policy Binder and outlined in the Resident Agreement was also reviewed with Direct Care Staff. Concerning Resident#1 Elopement, Direct Care Staff has been in-serviced pertaining to the Community Policy and Procedure, specifically: If care is being provided in a resident's room, another staff person will have the responsibility of monitoring the Memory Care Unit. Attachment 3. The Memory Care Coordinator/Designee will provide unannounced visits during the 3<sup>rd</sup> shift (11PM to 7AM) to observe for implementation of Community Policies and Procedures. In addition to the alarm enunciator located in the front of the Memory Care Unit, as a supplementary safety measure, another alarm enunciator was added to the back of the Memory Care Unit near the dining room. If a door is opened, without use of a code, the alarms can be heard clearly throughout the Memory Care Unit.

The Memory Care Coordinator will have responsibility for the follow through with Community Policies and Procedures in the Memory Care Unit and for continued compliance with this Plan of Correction. Any issues identified with the implementation of these procedures will be corrected immediately with the staff person involved. This will include disciplinary action up to and including immediate termination. Any issues will be discussed in the Q.A. meeting scheduled for June 2<sup>nd</sup>, 2020.

*Deb Bodnar*

DEB BODNAR, EXECUTIVE DIRECTOR

5/20/20

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

Residents #1 and #2 have aggressive behaviors as evidence by altercations on 11/25/19, 12/27/19, and 3/26/20 of resident to resident abuse. The home's staff members have not implemented positive interventions to modify or eliminate the behavior.

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

*Deb Bodnar*  
Signature

DEB BODNAR, SR. EXECUTIVE  
Printed Name and Title DIRECTOR

5/20/20  
Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

Woodbridge Place shall use positive interventions to modify or eliminate a behavior that endangers the resident, himself or others. Resident's behavioral needs are met in the least restrictive way possible. Resident #1 Support Plan was updated with positive interventions to modify/eliminate behavior. Completed: 5/15/2020. Resident #2 was discharged from Woodbridge Place on 5/15/2020.

There are no further behaviors in Memory Care that are identified as dangerous the resident himself or any other resident who resides in Memory Care.

All staff will be in-serviced on the Woodbridge Place Safe Management Technique Policy and Procedure. With emphasis placed on resident safety and interventions to diffuse aggressive resident behavior. In-servicing included roleplay and return demonstrations. Staff was provided with the opportunity to have their questions clarified and answered. Attachment: 4. Completed: 5/15/2020.

Information obtained from the Daily 24-Hour Report Sheet/Incident Report or verbal report will be utilized to ensure effective measures are utilized should a resident becomes physically aggressive to fellow residents and staff. Behaviors will be documented on the support plan along with interventions that were identified as effective/ineffective. The Memory Care Coordinator will have responsibility for follow through and coordination of interventions with behaviors and for ongoing compliance with this Plan of Correction. . All behavioral issues and interventions will be discussed at the Quality Assurance Meeting scheduled for June 2<sup>nd</sup>, 2020.

*Deb Bodnar.*  
DEB BODNAR, SR. EXECUTIVE DIRECTOR  
5/20/20

223b - Service Procedures

Regulations

2600.

223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

Staff member A conducted rounds and provided care alone and left the floor unattended. Resident #1 was able to exit the facility through the Cafe door.

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 Bodman*  
Signature

Deb Bodman Sr. Executive Director  
Printed Name and Title

5/20/20  
Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

223B

Woodbridge Place has developed written policies and procedures for the provision and management of services from admission to discharge.

To ensure safety, all residents who reside in the Memory Care Unit are placed on hourly checks.

In order to ensure that direct care staff is aware of procedure and documentation for hourly checks, staff was in-serviced r/t the implementation of hourly checks. Emphasis was placed on a staff person monitoring the memory care unit, while another staff person is providing care in a resident's room. The direct care staff person involved in this incident received disciplinary action and was provided with re-education r/t hourly check policy and procedures for monitoring the Memory Care Unit while care is rendered in a resident's room. Attachment: 5. Completed: 5/15/2020. The Memory Care Coordinator/designee will provide unannounced visits during the nighttime hours to observe for implementation of community policy and procedure.

The Memory Care Coordinator will have responsibility for the follow through with this process and for continued compliance with this Plan of Correction. Any issues identified with the implementation of this policy will be corrected immediately with the staff involved. This will include disciplinary action up to and including termination. Outcomes of monitoring this process will be reviewed at the upcoming Quality Assurance Meeting scheduled for June 2<sup>nd</sup>, 2020.



DEB BODNAR, SA. EXECUTIVE DIRECTOR  
5/20/20

227h - Support Plan Refuse Sign

Regulations

2600.

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.

Description of Violation

Resident #2 participated in the development of his/her support plan on 06/19/19. Resident #2 did not sign the support plan. The home did not make a notation regarding the resident's decline or refusal to sign.

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 ATTACHES

Legal Entity Representative

*[Signature]*  
Signature

*Deborah S. EXECUTIVE*  
Printed Name and Title  
*Director*

*5/20/20*  
Date

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(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

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

Implemented  
 Not Implemented

Woodbridge Place will ensure that any individuals who participate in the development of a Support plan will sign and date the support plan. If a participant refuses to sign a reason will be documented. Resident involved was unable to sign their support plan and a reason was documented. Completed 4-8-2020 Attachment:

An audit was conducted by the Memory Care Coordinator and the Resident Care Coordinator to insure the inclusion of signatures of participants on the Support Plan. Any issues identified were corrected with the resident involved. Attachment: 6. Completed: 5/15/2020

Prior to filing the Support Plan in the Support Plan File the Memory Care Coordinator and the Resident Care Coordinator will ensure that participants (including residents, staff, and family members) are documented on the signature page of the Support Plan. Any issues identified will be corrected immediately by the Memory Care Coordinator or the Resident Care Coordinator. Completed: 5/15/2020.

Issues identified via the review process will be discussed by the Memory Care Coordinator and Personal Care Coordinator at the Quality Assurance Meeting, scheduled for June 2<sup>nd</sup>, 2020 for possible implementation of alternative interventions.

*Deb Bodnar*  
DEB BODNAR, SA. EXECUTIVE DIRECTOR  
5/20/20

234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated 2/7/20, for resident #1 does not address documented aggressive 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.)

REFER TO ATTACHED

Legal Entity Representative

*Deb Bodnar*  
Signature

DEB BODNAR, S/EXECUTIVE  
Printed Name and Title DIRECTOR

5/26/20  
Date

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(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

Implemented

Not Implemented

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

234B

The Support Plan for the Residents at Woodbridge Place will identify the resident's physical, medical, social, and cognitive safety needs. The Support Plan for resident 1, was reviewed and updated as needed by the Support Plan team. Completed: 3/30/2020

Support Plans for each resident residing in Memory Care were reviewed to ensure that all information was complete, correct, updated with needs identified and addressed. Any update to current information was added. Completed: 5/15/2020.

The Memory Care Coordinator will review each resident's support plan to ensure each plan is updated with changes in medical condition, mood, behavior, cognition level and post incident interventions. Information will be obtained from incident reports, 24-hour shift documentation and staff observations. Completed: 3/30/2020.

Any issues identified with the support plan following review by the Memory Care Coordinator will have the information on support plan updated immediately. The Memory Care Coordinator will have the responsibility for ongoing compliance with this Plan of Correction. Outcomes of the support plan review will be discussed at the Quality Assurance Meeting scheduled for June 2<sup>nd</sup>, 2020.

*Deb Bodnar*  
DEB BODNAR, Sr. EXECUTIVE DIRECTOR  
5/20/20

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's support plan dated 2/7/20 and resident #2's support plan dated 6/19/19, were not updated after incidents dated 11/25/19, 12/27/19 and 03/26/20 of resident to resident abuse. Residents #1 and #2 have documented aggressive behaviors toward each other and other residents.

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, Jr. EXECUTIVE  
Printed Name and Title DIRECTOR

5/20/20  
Date

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(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

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

Implemented  
 Not Implemented

234D

Woodbridge Place will update the support plan at least annually and at change of condition. Resident#1 was discharged from the Community on 5/6/2020. Resident#2 was discharged for the Community on 1/24/2020.

Regulation 234D was reviewed by the Director of Nursing to ensure that the support plans are updated correctly. Attachment 7. Completed 5/15/2020. Support Plans for each resident residing in Memory Care were reviewed to ensure that all information was complete, correct, updated with needs identified and addressed. Any update to current information was added. Completed: 5/15/2020.

The Memory Care Coordinator will review each resident's support plan to ensure each plan is updated with changes in medical condition, mood, behavior, cognition level and post incident interventions. Information will be obtained from incident reports, 24-hour shift documentation and staff observations and verbal reports. Completed: 3/30/2020.

Any issues identified following review of the Support Plan by the Memory Care Coordinator will have the information documented on the support plan immediately. The Memory Care Coordinator will ensure continued compliance with the Plan of Correction. Outcomes of the support plan review will be discussed at the Quality Assurance Meeting scheduled for June 2<sup>nd</sup>, 2020.

*Deb Bolman*  
DEB BOLMAN, SR. EXECUTIVE DIRECTOR  
5/20/20