

Department of Human Services
Bureau of Human Service Licensing

October 26, 2020

DEB BODNAR, EXECUTIVE DIRECTOR
RAPPS SENIOR CARE LLC
1000 LEGION PLACE, SUITE 1600
ATTN BILL SNOW
ORLANDO, FL 32801

RE: WOODBRIDGE PLACE
1191 RAPPS DAM ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14359

Dear Ms. Bodnar,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2020, 08/13/2020, 08/14/2020, 08/17/2020, 08/18/2020, 08/19/2020, 08/20/2020, 08/24/2020, 08/25/2020, 08/26/2020, 09/29/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *WOODBIDGE PLACE* License #: *14359* License Expiration Date: *11/19/2020*
Address: *1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Deb Bodnar* Phone: *4843020005* Email:
ExecutiveDirector@Woodbridgeplace.com,

Legal Entity

Name: *RAPPS SENIOR CARE LLC*
Address: *1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801*
Phone: *4843020005* Email: *executivedirector@woodbridge.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/01/1996* Issued By: *COPA L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *140* Waking Staff: *105*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/02/2020*

Inspection Dates and Department Representative

08/12/2020 - Off-Site: Evelyn Perez
08/13/2020 - Off-Site: Evelyn Perez
08/14/2020 - Off-Site: Evelyn Perez
08/17/2020 - Off-Site: Evelyn Perez
08/18/2020 - Off-Site: Evelyn Perez
08/19/2020 - Off-Site: Evelyn Perez
08/20/2020 - Off-Site: Evelyn Perez
08/24/2020 - Off-Site: Evelyn Perez
08/25/2020 - Off-Site: Evelyn Perez
08/26/2020 - Off-Site: Evelyn Perez
09/29/2020 - Off-Site: Evelyn Perez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *96*

Resident Demographic Data as of Inspection Dates (*continued*)**Secured Dementia Care Unit****In Home:** *Yes***Area:** *Memory Care***Capacity:** *21***Residents Served:** *20***Hospice****Current Residents:** *11***Number of Residents Who:****Receive Supplemental Security Income:** *0***Are 60 Years of Age or Older:** *95***Diagnosed with Mental Illness:** *0***Diagnosed with Intellectual Disability:** *1***Have Mobility Need:** *44***Have Physical Disability:** *0***Inspections / Reviews****08/12/2020 - Partial****Lead Inspector:** *Evelyn Perez***Follow-Up Type:** *POC Submission***Follow-Up Date:** *10/19/2020***10/23/2020 - POC Submission****Lead Reviewer:** *Mia Johnson***Follow-Up Type:** *Document Submission***Follow-Up Date:** *10/26/2020***10/26/2020 - Document Submission****Lead Reviewer:** *Mia Johnson***Follow-Up Type:** *Not Required*

42b - Abuse

1. Requirements

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 08/09/20, staff person A called staff person B to resident #1's room, who is on hospice, to evaluate his ear. Staff person B observed resident #1's ear canal was full of maggots. Staff person B called the resident's PCP and was advised to send him to the hospital. Staff person C, was directed to stay with the resident until paramedics arrived. According to the EMT report, the EMT removed most of the visible maggots with a bulb syringe prior to placing the resident on the stretcher and securing the straps. Once resident was secured on the stretcher the EMT noted the ear canal was again full of maggots.

Staff person A was interviewed and stated the resident is checked on several times during the day by direct care staff. She also states she bed bathes the resident daily and showers him every Monday and Thursday. Resident #1 received a bed bath on 8/9/20 from staff person A who stated his ear was bleeding but she did not see any bugs in his ear. Staff person D stated she vacuumed and changed the resident's sheets on 8/8/20 and nothing was noticed on the sheets.

Resident #1 has a history of pulling and digging in his ear and making it bleed. On several occasions a nurse has been called to evaluate his ear the most recent time being 8/6/20. Per staff interviews and nurse's notes there was no mention of maggots in residents ear.

42b - Abuse (continued)

Plan of Correction**Accept**

No residents at Woodbridge Place will be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in anyway. On 8/9/2020 Resident 1 was transported to the hospital due to Community staff observing maggots in the resident's ear canal. Prior to this event there had been drainage from resident 1 ear which had been reported to the Wellness Department for follow-up. Resident returned to Community on 8/14/2020. NNO.

Care managers, ancillary staff and Department Heads will continue to observe and report to their supervisor or Wellness Department. a change in condition including but not limited to eating, health, mood and behaviors to their Supervisor or Wellness Department. In addition, caremanagers will document their observations of a change of condition on the 24 hour report. The 24 hour report will continue to be reviewed at the AM Morning Meeting. Caremanager shift change meetings will continue daily. Wellness nurses will notify the attending physician of any resident change of condition and follow through with any subsequent Physician's Orders. We will begin reinforcing communication from all staff to nursing staff via the nursing desk email which is nursingdesk@woodbridgeplace.com (<mailto:nursingdesk@woodbridgeplace.com>). This email is for resident reporting only. All staff members are encouraged to report any changes in condition as well as any unusual findings pertaining to residents at any time.

In order to reinforce the importance of departmental communication, an inservice will be provided for all staff which will include our communication procedures. Emphasis will be placed on the Community's obligation to ensure that all needed services are provided to our residents and the wellness department is notified for follow through with the attending physician. This inservice will be held on Friday, October 23rd, 2020 by the Resident Care Coordinator

In order to insure that needed services and interventions are provided, 24 hour report sheet will be reviewed daily by the Resident Care Coordinator to ensure follow-up has occurred. If any issues are identified, issues will be discussed with the Department Head or Wellness Nurse involved. Outcomes of this review will be discussed by the Resident Care Coordinator at the Quality Assurance Meeting scheduled for 11-2-2020.

Completion Date: 10/23/2020

Update - 10/23/2020

Provide documentation of in-service

Document Submission**Implemented**

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57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (*continued*)**Description of Violation**

On 8/8/20, a total of 105 hours of direct care was required. However, only 102.25 of the required hours, or 73 percent, were provided during waking hours.

Plan of Correction**Accept**

Woodbridge Place will ensure that staffing hours meet the personal care needs of residents during the time of day when residents are awake. At least 75% of the personal care service hours will be available during waking hours.

Care staff hours for the following week schedule were reviewed by the Resident Care Coordinator. All care staff hours were in compliance.

Schedules will be reviewed daily by the Resident Care Coordinator or Designee. The schedule will be reviewed to ensure the necessary hours are maintained. Additional staff hours will be scheduled as needed to ensure that all resident needs are cared for. Following the care staff schedule review, the reviewer will initial the form indicating that the hours are sufficient.

The Resident Care Coordinator will discuss the outcomes of the schedule review at the Quality Assurance Meeting on November 2, 2020.

Completion Date: 10/23/2020

Document Submission**Implemented**

No additional items were requested.