

Department of Human Services
Bureau of Human Service Licensing

January 13, 2021

DEB BODNAR, ADMINISTRATOR
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 12/21/2020, 12/22/2020, 12/23/2020, 12/24/2020, 12/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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;
shparker@pa.gov

Legal Entity

Name: *RAPPS SENIOR CARE LLC*
Address: *1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801*
Phone: *4843020005* Email: *ROBB.CHAPIN@BRIDGEIG.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/28/2020*

Inspection Dates and Department Representative

12/21/2020 - Off-Site: Alexander Goldstein
12/22/2020 - Off-Site: Alexander Goldstein
12/23/2020 - Off-Site: Alexander Goldstein
12/24/2020 - Off-Site: Alexander Goldstein
12/28/2020 - Off-Site: Alexander Goldstein

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *21* Residents Served: *15*

Hospice

Current Residents: *10*

Resident Demographic Data as of Inspection Dates (*continued*)

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: *1*Have Mobility Need: *30*Have Physical Disability: *0***Inspections / Reviews****12/21/2020 - Partial**Lead Inspector: *Alexander Goldstein*Follow-Up Type: *POC Submission*Follow-Up Date: *01/11/2021***1/12/2021 - POC Submission**Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *01/18/2021***1/13/2021 - Document Submission**Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 is prescribed the following medications as needed: Mapap 325MG tab acetaminophen; Polyeth Gyc Pow 3350 NF, and Sysane ULTR Sol eye drops. From 12/14/20 to 12/18/20, these medication(s) were not available in the home.

Plan of Correction

Accept

Woodbridge Place has policies and has implemented procedures for the safe storage, access, security distribution and use of medications and medical equipment by a trained staff person. On 12/18/2020, the attending physician approved medications listed on Resident 1's discharge documentation. Medications were faxed and subsequently received by the pharmacy later that same evening. Family was notified. The licensed staff person involved was re-inserviced on the Resident Admission Procedural Checklist. (Attachment 1) In addition, the licensed staff person involved was suspended and removed from [redacted] position of lead LPN. (Attachment 2)

All medications and corresponding medication carts for newly admitted and re-admitted residents from December 1, 2020 to December 18, 2020 were reviewed by the RN, DON. As a result of this review, no issues were identified. All resident medications were in the medication cart and were available for administration.

On 12/18/2020, the RN, DON provided an inservice to all licensed nursing staff in order to review the completion of the Resident Admission Procedural Checklist and to instruct nursing staff to contact RN ,DON if any issues are identified. (Attachment 3). After reviewing the clinical record, the RN, DON will sign the Checklist indicating that all components on the checklist were verified and completed.

The RN, DON will observe the staff person involved for the next 3 admissions that she coordinates. Any issues identified with observed admissions will be immediately corrected by the RN, DON. Re-education or disciplinary action will be provided up to and including termination. Outcomes of the review from all Resident Procedure Checklists will be discussed by the RN, DON at the Quality Assurance Meeting scheduled for January 28, 2021

Completion Date: 01/06/2021

Document Submission

Implemented

Completion Date 01/06/2021

187a - Medication Record

1. Requirements

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 Ocusoft Lid Pad scrub cleanse upper and lower eyelids once daily for Blephartis. Resident #2's medication administration record indicates the Ocusoft Lid Pad Scrub was not available in the home on 12/20/20, 12/24/20, 12/25/20, and 12/28/20. However, resident #2's medication administration record indicates the Ocusoft Lid Pad Scrub was administered on 12/21/20, 12/22/20, 12/23/20, 12/26/20, 12/27/20, despite this medication was not available in the home.

187a - Medication Record (continued)

Plan of Correction**Accept**

Woodbridge Place keeps a medication record for each resident for whom medications are administered. The medication cart was checked for Ocusoft Lid Pad Scrub. The treatment could not be located in the cart. Order reviewed with Attending Physician. Ocusoft Lid Pad scrub was subsequently ordered from the pharmacy and was delivered to the Community on 12/28/2020.

A Medication Cart audit was conducted on 12/21/2020 for all carts by community licensed nursing staff. This audit was conducted to ensure all medications ordered were available in the medication cart. Any issues identified via this audit were investigated and if needed, corrected.

On 12/18/2020, the community RN, DON inserviced all licensed nursing staff and medication technicians relative to the necessity of accurate documentation on the MAR and the ordering/re-ordering process with the Pharmacy. (Attachment 4) The RN, DON will audit 10 MAR's and corresponding medication cart weekly to ensure medications are available or have been ordered from the pharmacy.

The RN, DON will correct any issues identified with this audit with the staff person involved. Re-education and/or disciplinary action will be provided up to and including termination. Outcomes related to accuracy of MAR documentation and the ordering/reordering process will be discussed by the RN, DON at the Quality Assurance Meeting scheduled for January 28, 2021.

Completion Date: 01/06/2021

Document Submission**Implemented**

Completion Date 01/06/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed the following medications: Senexon Tab 8.6-50MG, Sucralfate Tab 1GM, Pantoprazole Tab 40MG, Nystatin CRE 100000, Amlodpine tab 2.5MG, Atorvastatin 20MG Tab, Escitalopran Tab 10MG, Famotidine Tab 20MG, Furosemide Tab 20MG, Pantoprazole Tab 40MG. From 12/14/20 to 12/18/20, these medications were not administered to resident #1 because the medication was not available in the home.

Resident #2 is prescribed Ocusoft Lid Pad cleanse upper and lower eyelids once daily for Blephartis. However, this medication was not administered to resident #2 on 12/20/20, 12/24/20, 12/25/20, 12/28/20 because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

Woodbridge Place will follow the prescriber's orders. Resident 1 and 2 had their orders reviewed by the Attending Physician. Medications were ordered from the Pharmacy and are now in the medication cart and available for Administration.

Cart audits were performed by licensed nursing staff for all residents receiving medications. Any issues identified during this audit were corrected immediately.

On 12/18/2020, the RN, DON provided an in-service to all licensed nursing staff in order to review the completion of the Resident Admission Procedural Checklist and to instruct nursing staff to contact RN, DON if any issues are identified. After reviewing the clinical record, the RN, DON will sign the Checklist indicating that all components on the checklist were verified and completed. In addition, The RN, DON will audit 10 MAR's and the corresponding medication cart weekly to ensure medications are available or have been ordered from the pharmacy.

The RN, DON will correct any issues identified with this audit with the staff person(s) involved. Re-education and/or disciplinary action will be provided up to and including termination. The RN, DON will discuss outcomes relative to the accuracy of MAR documentation and the ordering/reordering process at the Quality Assurance Meeting scheduled for January 28, 2021.

Completion Date: 01/06/2021

Document Submission**Implemented**

Completion Date 01/06/2021

224a - Preadmission Screen Form

1. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept**

Woodbridge Place decides within 30 days prior to admission and documents on the Department's Preadmission Screening Form that the needs of the resident can be met by the services provided by the home. Resident #1 Preadmission Screening Form was corrected by the RN DON, initialed, and dated on 12/28/2020. (Attachment 5) As of December 1, 2020, to current, the RN, DON audited all newly admitted residents Preadmission Screening Forms to ensure all items on the form were completed. There were no issues identified with this audit. (Attachment 6) Prior to filing the Preadmission Screening Form in the Resident's Clinical Record, the Resident Care Coordinator will review the Preadmission Screening Form for completion and accuracy.

The Resident Care Coordinator will correct any issues identified with this audit with the staff person(s) involved. Re-education and/or disciplinary action will be provided up to and including termination. Outcomes of the Preadmission Screening Form review will be discussed by the Resident Care Coordinator at the Quality Assurance Meeting scheduled for January 28, 2021.

Completion Date: 01/06/2021

224a - Preadmission Screen Form (*continued*)

Document Submission

Implemented

Completion Date 01/06/2021