pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 8, 2022

[redacted]
Rapps Senior Care, LLC
[redacted]

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143591

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection October 7 and 8, 2021, November 9, 2021, and January 13, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 143590 dated November 19, 2021, to November 19, 2022, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 19, 2021, to November 19, 2022, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a) (2) ;(3); (4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 8, 2022 to October 8, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

[redacted]

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187 c	ll	74	$5	$370	5 calendar days from mailing date of this letter
187 d	ll	74	$5	$370	5 calendar days from mailing date of this letter
185 a	ll	74	$5	$370	5 calendar days from mailing date of this letter
190 a	ll	74	$5	$370	5 calendar days from mailing date of this letter
225 c	lll	74	$3	$222	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

[redacted]

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WOODBRIDGE PLACE* **License #:** *14359* **License Expiration:**

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

County: *CHESTER* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *RAPPS SENIOR CARE LLC*

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

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *103* **Waking Staff:** *77*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *11/09/2021*

Inspection Dates and Department Representative

11/09/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served:** *74*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st floor* **Capacity:** *21* **Residents Served:** *18*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *29*

Have Physical Disability: *2*

Inspections / Reviews

11/09/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/03/2021*

12/16/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/23/2021*

Inspection Dates and Department Representative *(continued)*

12/22/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/03/2022*

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

Resident #1's RASP, dated [redacted], indicates the resident requires assistance [redacted]. On [redacted], resident #1's physician prescribed [redacted] and on [redacted] the residents physician ordered [redacted]. The [redacted] was not completed as ordered on [redacted], [redacted]. Resident #1 was transported to the [redacted] for evaluation due to symptoms similar to a [redacted]. The resident was admitted to the [redacted].

Plan of Correction ***Directed***

Resident #1 was [redacted] with a diagnosis of [redacted] and returned to the community with a [redacted] secondary to this acute episode. Resident does have a diagnosis of [redacted]

The new Director of Nursing contacted the facilities lab to obtain the pre-existing [redacted] schedule for this community in order to determine how this corresponded to when the previous physician was ordering [redacted]. The Director of Nursing was also made aware of the [redacted] protocol, which includes costs that would be passed onto the resident [redacted] The new Nurse Practitioner was made aware and is now scheduling orders for [redacted] within the parameters by which the [redacted] can service this community. Families are being made aware of the [redacted] fees directly assessed by [redacted] as needed, based on physician order.

All subsequent [redacted] have been completed, as ordered, after this schedule clarification was obtained. This process continues to be monitored by the new Wellness Nurse and new Director of Nursing. The new Nurse Practitioner is also assisting with this compliance. All parties involved in obtaining [redacted] have been trained in the importance of following physicians orders.

A general staff training on abuse and neglect was enacted at the November Town Hall meeting to address acts of commission and omission as related to abuse, even though all staff is not responsible for notation or enacting [redacted]. The administrator will discuss abuse and neglect at all staff town hall meetings for the next six months, starting immediately.

Compliance with [redacted] will be audited by the Nurse Practitioner, Wellness Nurse and Director of Nursing. The Director of Nursing will also complete a random secondary audit of two charts prior to Quality Management Meeting to determine if this plan is effective. If any of the audits are not effective, the plan will be immediately amended to ensure that this violation does not happen again. A monthly review of at least 10 random charts to determine if [redacted] are being completed and the physicians are notified of the results by the DON, starting immediately.

42b - Abuse (continued)

The Ombudsman's office will be on site to provide Resident Rights training to the residents in January 2022.

Protective Services was contacted on [redacted] and noted that they are not able to complete in person trainings at this time. The Executive Director contacted Protective Services again on [redacted] to request virtual training and is awaiting a call back from [redacted].

The Executive Director also contacted CARIE via phone and email to request training.

Abuse and neglect will continue to be a part of the annual training in 2022, after being reviewed in November 2021, as previously mentioned. This will also be discussed at monthly staff town hall meetings for the next six months, starting immediately. [redacted]

Completion Date: *01/ 022* Licensees Proposed date

Not Implemented [redacted]/8/2022

60a - Staff/Support Plan

1. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] during the 11-7 shift there were no staff trained to administer medications. Residents #1, 2, 3, 4, and 5 have prescriptions for PRN medications if needed. These residents require [redacted] according to their RASP's. During the months of October and November, 2021, no PRN medications were administered to these residents.

Plan of Correction ***Accept***

The new Director of Nursing began her tenure on [redacted] and conducted her first Medication Technician training on [redacted] to begin to address this longstanding staffing pattern for this community.

As identified as part of this citation, no PRN medications were administered or required during the dates identified. This community was also determined to have many PRN medications/orders that have not been used in months.

The new Director of Nursing completed a comprehensive review of PRN medication usage soon after hire and provided feedback to the physician who was serving the community at the time regarding the unnecessary cost to the families and the lack of use of many prn medications. The new physician, now serving the community. has worked with Woodbridge Place to discontinue many unused prn medications to avoid unnecessary costs and potential citations secondary to expired medications or redundant orders. Utilized prn medications have also been converted to standing orders, as needed or approved by the physician.

Under the new administration, the community has adopted a staffing plan to have at least one Certified Medication Technician on the 11-7 shift, at all times, to ensure that residents receive prescribed or PRN medications without unnecessary delay.

60a - Staff/Support Plan (continued)

This POC will be reviewed and results monitored as part of the Quality Assurance Meeting under the direction of The Executive Director and Department Managers. If this plan is determined to be ineffective, it will be immediately amended and a new POC will be implemented to ensure this violation does not happen again.

Completion Date: *11/16/2021* *Licencees Proposed date*

Implemented [redacted]3/8/2022

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

[redacted] were being shared between Residents #6 and #7. On [redacted] resident #6's [redacted] has a [redacted]. Resident #6's [redacted]. The reading of [redacted] resident #7.

Plan of Correction ***Accept***

The new Director of Nursing completed a comprehensive review of all [redacted]s to ensure that each resident had a labeled [redacted] assigned to each person individually.

[redacted] were assessed to be in working order, calibrated and proper use of the testing strips that coincide with each [redacted]. After assessing these devices, Woodbridge Place requested new [redacted] from the pharmacy to avoid the potential for additional violations moving forward.

The new Director of Nursing and new Wellness Nurse have calibrated each new device and labeled each [redacted] with the residents name for use only with the labeled resident.

Training was conducted by the new Director of Nursing and new Resident Care Director and several Medication Technicians were formally retrained in Diabetic Management via courses sponsored by the Bureau.

The new Wellness Nurse will be responsible for weekly audits of the [redacted]s to ensure that they are calibrated properly and supplies are readily available. This audit will also ensure that the MAR corresponds to the [redacted]

The Director of Nursing will be responsible for random secondary audits and results of the primary and secondary audits will be provided to the Executive Director and Managing Directors at Quality Management Meeting. Results will be assessed and if this plan is not proving to be effective, it will be immediately amended to ensure that this violation does not occur again.

Completion Date: *12/01/2021* *Licencees Proposed Date*

Implemented [redacted]3/8/2022

141a - Medical Evaluation

1. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home [redacted]. The medical evaluation was not completed until [redacted]

141a - Medical Evaluation (continued)

Plan of Correction ***Accept***

The new Director of Nursing will review every medical evaluation for all new residents moving into Woodbridge Place to ensure that the form is complete and dates are compliant.

The new Executive Director will utilize the Quality Assurance Meeting to review a sample of new admissions medical charts for compliant completion of the medical evaluation.

This Plan of Correction will be reviewed and evaluated by the ED, DON and Resident Care Coordinator at the Quality Assurance Meeting to determine compliance and effectiveness. If this POC is not effective in preventing inaccuracies, the plan will be amended and a new POC

Completion Date: *12/01/2021* *Licences Proposed Date* ***Implemented [redacted]/8/2022***

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]. There is no medical evaluation for [redacted]

Resident #8's most recent medical evaluation was completed on [redacted]. There is no medical evaluation for [redacted]

Plan of Correction ***Directed***

The new Director of Nursing is completing a comprehensive audit of medical evaluations on all current residents.

Medical evaluations determined to be non-compliant with significant change or annual requirements will be updated and appointments will be made with the new medical provider at the community to meet with the residents and complete the required documentation.

The tickler file developed by the new Director of Nursing will be reviewed and monitored by the Executive Director and department managers at the Quality Assurance Meeting to ensure that it is effective in maintaining our compliance with regulatory requirements. If it it determined that the tickler file is no longer effective, it will be amended and a new POC will be implemented to ensure the violation does not happen again.

Resident #2's medical evaluation was completed on [redacted]. Resident #8's medical evaluation was completed on [redacted]

Completion Date: *12/12/2021* *Licencees Proposed Date* ***Implemented [redacted]3/8/2022***

183b - Meds and Syringes Locked

1. Requirements

2600.

183b - Meds and Syringes Locked *(continued)*

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 10:04am the med cart in the [redacted] was unlocked, unattended and accessible while the staff was taking a resident's blood pressure. The med tech was at least five feet from the cart focused on taking blood pressure and not the unlocked cart.

Plan of Correction ***Accept***

This violation was immediately brought to the Medication Technicians attention by the licensing representative and the Medication Technician immediately locked her cart.

This violation was reviewed with the entire team at the subsequent monthly Town Hall meeting in November.

Subsequent spot checks will be completed by all managers every time they pass the medication carts. Carts found to be unlocked will be locked immediately and the staff member will be coached or counseled regarding this issue.

This POC will be reviewed and results monitored as part of the Quality Assurance Meeting under the direction of The Executive Director and Department Managers. If this plan is determined to be ineffective, it will be immediately amended and a new POC will be implemented to ensure this violation does not happen again.

Completion Date: *11/18/2021* *Licencees Proposed Date* ***Implemented [redacted]/8/2022***

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], resident #3's medication [redacted] is in the med cart but not on the MAR.

On [redacted] resident #9's medication [redacted] and [redacted] was in the medication cart but not listed on the MAR.

Plan of Correction ***Accept***

The identified medications were immediately removed from the cart.

The new Director of Nursing requested that the community pharmacy complete a comprehensive cart analysis to match medication orders to cart medication compliance.

The Director of Nursing has implemented regular medication cart audits to be conducted by Certified Medication Technicians to ensure that carts are clean, orderly, all medications that are to be dated are compliant and expired or discontinued or loose medications are removed from the cart.

The new Director of Nursing completed a comprehensive review of PRN medication usage soon after hire and provided feedback to the physician who was serving the community at the time regarding the unnecessary cost to the families and the lack of use of many prn medications. The new physician, now serving the community. has worked with Woodbridge Place to discontinue many unused prn medications to avoid unnecessary costs and

183d - Prescription Current (continued)

potential citations secondary to expired medications or redundant orders. Utilized prn medications have also been converted to standing orders, as needed.

This Plan of Correction will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued effectiveness. The plan will be amended and a new POC implemented if this plan is determined to be ineffective.

Completion Date: *12/02/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

183e - Storing Medications

1. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] resident #3's prescribed medication, [redacted] were open and do not have an open date. According to the manufacture's instruction, the [redacted] should be discarded 30 days after opening.

On [redacted] resident #6's prescribed medication, [redacted] is found in the med cart open, unlabeled and undated. According to the manufacture's instructions, the [redacted] should be discarded 30 days after opening.

On [redacted] resident #7's prescribed medication, [redacted], was open, does not have an open date. According to the manufactures directions the medication should be discarded 30 days after opening.

On [redacted], resident #9's prescribed medication [redacted] was open and does not have an open date. According to the manufactures directions the medication should be discarded 30 days after opening.

Plan of Correction ***Accept***

The new Director of Nursing and new Resident Care attempted to identify the dates that the above medications were opened, if unable to identify and there was a question of compliance with manufacturers directions the item was discarded and replaced.

The new Resident Care Director and new Director of Nursing provided training to all the Medication Technicians regarding dating medications and medication cart cleanliness.

The Director of Nursing has implemented regular medication cart audits to be conducted by Certified Medication Technicians to ensure that carts are clean, orderly, all medications that are to be dated are compliant and expired or discontinued or loose medications are removed from the cart.

The community pharmacy was also contacted to complete a comprehensive cart analysis to match medication orders to cart medication compliance and date compliance.

183e - Storing Medications (continued)

The Director of Nursing will also complete a random audit of carts prior to the Quality Assurance Meeting, in addition to the structured audit above. The results of the primary and secondary audit will be presented during the Quality Assurance Meeting and the Executive Director and Department Managers will review the effectiveness of the current POC. If this plan is determined to be ineffective, immediate amendments will occur to ensure that the violation does not occur again.

Completion Date: *12/01/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #6's [redacted] does not include the residents name or pharmacy label.

Plan of Correction ***Accept***

The [redacted] was placed back into its boxed container and labeling was compliant.

The new Resident Care Director and new Director of Nursing provided training to all the Medication Technicians regarding dating medications and medication cart cleanliness.

The Director of Nursing has implemented regular medication cart audits to be conducted by Certified Medication Technicians to ensure that carts are clean, orderly, all medications that are to be dated are compliant and expired or discontinued or loose medications are removed from the cart.

The community pharmacy was also contacted to complete a comprehensive cart analysis to match medication orders to cart medication compliance and date compliance.

The Director of Nursing will also complete a random audit of carts prior to the Quality Assurance Meeting, in addition to the structured audit above. The results of the primary and secondary audit will be presented during the Quality Assurance Meeting and the Executive Director and Department Managers will review the effectiveness of the current POC. If this plan is determined to be ineffective, immediate amendments will occur to ensure that the violation does not occur again.

Completion Date: *12/01/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

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 #3's prescribed medication [redacted] is on the MAR but not in the home.

185a - Implement Storage Procedures (continued)

The [redacted] for resident #6 is not calibrated to the correct date and time. The [redacted] first reading is listed as [redacted] This reading can be seen when the [redacted].
Resident #6's [redacted] were incorrectly documented as follows:

- [redacted]

Resident #6 prescribed medication [redacted] is listed on the MAR but not in the home.

The [redacted] r for resident #7 is not calibrated to the correct date and time. This reading was observed when the [redacted]

Resident #7 prescribed medications [redacted] and [redacted] are listed on the MAR but not in the home.

Resident #9 prescribed medications [redacted] are listed on the MAR but not in the home.

Plan of Correction ***Accept***

The new Director of Nursing completed a comprehensive review of all [redacted] to ensure that each resident had a labeled [redacted] r assigned to each person individually.

[redacted] were assessed to be in working order, calibrated and proper use of the testing strips that coincide with each [redacted] After assessing these devices, Woodbridge Place requested [redacted] from the pharmacy to avoid the potential for additional violations moving forward.

The new Director of Nursing and new Wellness Nurse have calibrated each new device and labeled each [redacted] with the residents name for use only with the labeled resident.

Training was conducted by the new Director of Nursing and new Resident Care Director and several Medication Technicians were formally retrained in Diabetic Management via courses sponsored by the Bureau.

The new Wellness Nurse will be responsible for weekly audits of the [redacted] to ensure that they are calibrated properly and supplies are readily available.

185a - Implement Storage Procedures (continued)

The medications listed as not being in the home, were actually in the home but not on the medication cart as the surveyors visited the day of cycle fill and several of the last dose medications in the cart were given by the new Resident Care Director [redacted] *on this date.*

Should a Bureau visit occur again, on the day of cycle fill and the medications are in the home as they were on this date, the home will immediately make the surveyors aware of the implications of cycle fill and request that the pharmacy representatives be given time to restock the carts with the medications being delivered.

The Director of Nursing will be responsible for random secondary audits [redacted] *and medications carts and results of the primary and secondary audits will be provided to the Executive Director and Managing Directors at Quality Management Meeting. Results will be assessed and if this plan is not proving to be effective, it will be immediately amended to ensure that this violation does not occur again.*

Completion Date: *12/01/2021* *Licencees Proposed Date*

Not Implemented [redacted]***3/8/2022***

187c - Refusal of Medication

1. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] *Resident #3's MAR indicates resident was* [redacted]*. Staff A stated the resident had difficulty* [redacted] *and reported as refused. This was not reported to the resident's physician.*

Plan of Correction ***Accept***

The new Director of Nursing and new Resident Care Director met with the new Nurse Practitioner for the community to establish guidelines for each resident regarding parameters for notification of medication refusals.

Refusals are now being reported per the guidelines established by the physician and the regulations.

The Wellness Nurse and Certified Medication Technicians are being retrained on the specific guidelines/notifying with each refusals.

The Director of Nursing and Wellness Nurse will check Quick MAR weekly for refusals and will ensure that the physician has been notified.

This Plan of Correction will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued effectiveness. The plan will be amended and a new POC implemented if this plan is determined to be ineffective.

Completion Date: *12/06/2021* *Licencees Proposed Date*

Not Implemented [redacted]***/8/2022***

187d - Follow Prescriber's Orders

1. Requirements

187d - Follow Prescriber's Orders *(continued)*

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted]. On [redacted] the medications were not administered. Resident was also ordered [redacted] no results in the chart for the [redacted] which are the dates the [redacted] should have been [redacted].

Resident #2 is prescribed [redacted] of each week. [redacted] was not taken on [redacted].

Resident #4 was not administered [redacted] The resident was also not administered [redacted] There is no record of physician notification on the chart.

Resident #5 is prescribed [redacted] On [redacted] the medication was not administered.

Resident #6 is ordered to [redacted] and to notify the doctor if [redacted] 0.

- [redacted]

Resident #7 is ordered to have [redacted] and apply [redacted] each shift. However, on [redacted] was not performed.

Resident #8 is prescribed [redacted] the medication was not administered.

Plan of Correction ***Accept***

Woodbridge Place Medication Technicians are aware of the rights of medication administration.

Agency personnel were experiencing difficulties with the medication administration system leading to the inability in documenting their medication or treatment administration. The new Director of Nursing and new Resident Care Director received training on the medication distribution system to enable them to reset access parameters to alleviate this documentation issue resulting in compliance with administration documentation.

The new Director of Nursing is currently being trained on reports from the Quick MAR system to better monitor

187d - Follow Prescriber's Orders (continued)

signature compliance. The new Director of Nursing will be responsible for training all Medication Technicians to run an end of shift report for daily self monitoring of signature compliance to identify issues immediately.

Training on medication refusals, reportable incidents, following physicians orders enacted by new Director of Nursing and all Certified Medication Technicians will be required to attend this training.

Director of Nursing will complete random weekly audits of MAR's for compliance with these parameters. This Plan of Correction will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued effectiveness. The plan will be amended and a new POC implemented if this plan is determined to be ineffective.

Completion Date: *12/13/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

190c - Record of Training

1. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include a practicum since the initial training, dated [redacted] and passed medications on [redacted]

Plan of Correction ***Accept***

Staff member B is no longer employed at the community.

The new Director of Nursing has reviewed all Medication Technicians training to ensure that all Medication Technicians possess the proper training records.

The Director of Nursing will continue to audit Medication Technicians training on a monthly basis to ensure that practicums and MAR reviews are completed timely.

Results of the audits will be reviewed during Quality Assurance Meetings to determine if the POC, as implemented, is effective. Should the plan be determined to be noncompliant in any way, a new POC will be implemented and monitoring will continue to ensure that a violation does not happen again.

Completion Date: *11/30/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

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 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction ***Directed***

The new Executive Director, Director of Nursing and Resident Care Director were not employed at the time that this

224a - Preadmission Screen Form (continued)

resident was admitted. However, the new Management Team is aware of the regulatory requirements as they related to 2600.224.

The new Director of Nursing or Resident Care Director will evaluate all residents prior to admission to ensure that the residents needs can be met by the community. Upon evaluation all new residents will have a Preadmission Screening form completed within thirty days prior to admission.

The new Executive Director will utilize the Quality Assurance Meeting to review a sample of new admissions medical charts for compliant completion of the medical evaluation.

This Plan of Correction will be reviewed and evaluated by the ED, DON and Resident Care Coordinator at the Quality Assurance Meeting to determine compliance and effectiveness. If this POC is not effective in preventing inaccuracies, the plan will be amended and a new POC

Completion Date:
11/15/2021
A comprehensive audit of all current residents pre screen forms was completed. Additional pre screen forms were found to be out of regulatory compliance. The new management team has recorded these non compliant dates in an audit tool to avoid future citations and for future reference, as these cannot be retroactively completed.
Completion Date: *11/15/2021* *Licencees Proposed Date* ***Implemented [redacted]/8/2022***

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 8's most recent assessment was completed on [redacted].

Plan of Correction ***Directed***

The new Director of Nursing is completing a comprehensive audit in an attempt to determine Assessment compliance for all current residents.

Assessments determined to be non-compliant with significant change or annual requirements will be updated and appointments will be scheduled to review the assessment with residents and their responsible parties.

The tickler file developed by the new Director of Nursing will be reviewed and monitored by the Executive Director and department managers at the Quality Assurance Meeting to ensure that it is effective in maintaining our compliance with regulatory requirements. If it it determined that the tickler file is no longer effective, it will be amended and a new POC will be implemented to ensure the violation does not happen again.

225c - Additional Assessment (continued)

Completion Date:
12/02/2021

Resident #8's assessment was completed on [redacted]. The document was reviewed with the resident and signed per regulatory guidelines.

Completion Date: *12/15/2021* *Licencees Proposed Date*

Not Implemented [redacted]/8/2022

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Directed***

Resident #1's support plan has been reviewed with her by the Director of Nursing and signed by the resident.

Residents, and Responsible Parties will continue to be encouraged to participate in their support plan development and review via Care Conferencing.

The new Director of Nursing will schedule care plan meetings with the residents and responsible parties and will verify that signatures are obtained during the review.

The new Director of Nursing will audit care plans from her date of hire to verify that all have been signed and reviewed by those individuals involved in the development of the support plan.

The new Executive Director (ED) will utilize the Quality Assurance meeting to review a sampling of care plans for signature compliance.

If this process is determined to be ineffective, via the QA meeting, the POC will be amended and a new POC will be implemented.

Completion Date:
12/01/2021

Completion Date: *11/15/2021* *Licencees Proposed Date*

Implemented [redacted]3/8/2022