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:** *11/19/2022*

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:** *104* **Waking Staff:** *78*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date:** *01/13/2022*

Inspection Dates and Department Representative

01/13/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served:** *66*

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:** *66*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *2*

Have Mobility Need: *38* **Have Physical Disability:** *2*

Inspections / Reviews

01/13/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/26/2022*

03/04/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/07/2022*

03/08/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Exception* **Follow-Up Date**:

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 1/13/22, [redacted] prescribed for individual #1, was in the home's medication cart; however, the medication was not listed on the [redacted] medication administration record.

Resident #3 is prescribed [redacted]. This medication was scheduled to be discarded on 1/12/22 but was still in the medication cart on 1/13/22.

Plan of Correction ***Accept***

Resident #1's [redacted], provided by an external hospice pharmacy, was immediately removed from the medication cart. The Director of Nursing spoke with the hospice agency to re-educate them that Woodbridge Place must have the signed order sent as a "profile only" to our eMAR pharmacy to profile medications into our distribution system.

Resident #3's [redacted] was not utilized on 1/13/22 and was removed from the medication cart and discarded prior to administration on 1/13/22.

Health Direct Pharmacy will provide comprehensive quarterly medication cart audits to match medication orders to cart medication compliance.

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

The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings and present the results to validate audit effectiveness.

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

Document Submission 3/7/2022 *Licensee Proposed Date* [redacted]*3/8/2022* ***mplemented***

Resident #1's [redacted], provided by an external hospice pharmacy, was immediately removed from the medication cart. The Director of Nursing spoke with the hospice agency to re-educate them that Woodbridge Place must have the signed order sent as a "profile only" to our eMAR pharmacy to profile medications into our distribution system.
Resident #3's [redacted] was not utilized on 1/13/22 and was removed from the medication cart and discarded prior to administration on 1/13/22.
Health Direct Pharmacy will provide comprehensive quarterly medication cart audits to match medication orders to cart medication compliance.
The Director of Nursing has implemented regular medication cart audits to be conducted by Woodbridge Place nurses to ensure that carts are clean, orderly, all medications that are to be dated are compliant and expired, discontinued or loose medications are removed from the cart.
The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings and present the results to validate audit effectiveness.

183d - Prescription Current (continued)

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

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 1/13/22 Resident #2 prescribed medication, [redacted] opened and not dated in accordance with the manufacture's instruction.

Plan of Correction ***Accept***

The Resident Care Director noted that this medication was reordered from the pharmacy on 1/3/22 and filled on 1/4/22. The [redacted] have been dated accordingly.

Health Direct Pharmacy will provide comprehensive quarterly medication cart audits to match medication orders to cart medication compliance.

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

The Director of Nursing will conduct a random audit of a resident's medications and physicians orders related to the medication distribution prior to Quality Assurance meetings, in addition to the structured audit above and present the results to validate audit effectiveness.

The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

Document Submission *3/7/2022 Licensee Proposed Date* *[redacted]3/8/2022* ***Implemented***

The Resident Care Director noted that this medication was reordered from the pharmacy on 1/3/22 and filled on 1/4/22. The [redacted] have been dated accordingly.
Health Direct Pharmacy will provide comprehensive quarterly medication cart audits to match medication orders to cart medication compliance.
The Director of Nursing has implemented regular medication cart audits to be conducted by Woodbridge Place nurses to ensure that carts are clean, orderly, all medications that are to be dated are compliant and expired, discontinued or loose medications are removed from the cart.
The Director of Nursing will conduct a random audit of a resident's medications and physicians orders related to the medication distribution prior to Quality Assurance meetings, in addition to the structured audit above and present

183e - Storing Medications (continued)

the results to validate audit effectiveness.
The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

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

The pharmacy label for resident #3 for [redacted] reads "[redacted]", The [redacted], MAR documents "[redacted]".

Plan of Correction ***Accept***

Resident #3's medication was marked with a direction change sticker.

The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to distribution. This education will include the use of "change stickers" when new order changes are received.

The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings, in addition to the structured audit above and present the results to validate audit effectiveness.

The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

Document Submission *3/7/2022 Licencee Proposed Date* *[redacted]/8/2022* ***mplemented***

Resident #3's medication was marked with a direction change sticker.
The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to distribution. This education will include the use of "change stickers" when new order changes are received.
The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings, in addition to the structured audit above and present the results to validate audit effectiveness.
The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

184b - Resident's Meds Labeled

1. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Resident's Meds Labeled *(continued)*

Description of Violation

Resident #2 was administered [redacted]. The prescriber changed the prescription on [redacted]. On [redacted], the pharmacy label on the medication states [redacted].

Plan of Correction ***Accept***

Resident #2's [redacted] was marked with a direction change sticker and the when the cycle fill is delivered staff will reassess to ensure that the label has been changed moving forward.

The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to medication at time of distribution. This education will include the use of "change stickers" when new order changes are received.

The Director of Nursing will also complete an inservice for the proper noting of orders and completion of the order change process by placing a change sticker.

The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings, in addition to the structured audit above and present the results to validate audit effectiveness.

The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

Document Submission *3/7/2022 Licencee Proposed Date* *[redacted]3/8/2022* ***Not Implemented***

Resident #2's [redacted] was marked with a direction change sticker and the when the cycle fill is delivered staff will reassess to ensure that the label has been changed moving forward.
The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to medication at time of distribution. This education will include the use of "change stickers" when new order changes are received.
The Director of Nursing will also complete an inservice for the proper noting of orders and completion of the order change process by placing a change sticker.
The Director of Nursing will conduct a random audit of a resident's medications prior to Quality Assurance meetings, in addition to the structured audit above and present the results to validate audit effectiveness.
The results of the primary and secondary audits will be reviewed at Quality Assurance meetings by the Executive Director and Department Managers in order to determine continued impact. If this plan is determined to be ineffective, immediate amendments will occur to ensure that this violation does not occur again.

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 #2 is prescribed [redacted]. On [redacted] the [redacted] prescribed medication was not available in the home.

185a - Implement Storage Procedures (continued)

[redacted] Resident #3's, [redacted].

Resident #3's, This is not recorded on the MAR.

Resident #3's, [redacted]

Resident #3's, [redacted].

Resident #3's, [redacted]

Resident #3's, [redacted]

Resident #3's, This is not recorded on the MAR.

Resident #3's, the [redacted]

Plan of Correction ***Accept***

Residents #2's [redacted] was immediately reordered.

Resident #3 will be provided with a new [redacted] to avoid any perceptions of cross contamination. The Director of Nursing will [redacted] and label it with the resident's name.

Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] and the negative impact of errors in recording.

The Wellness Nurses will be responsible for weekly audits of the [redacted] to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.

The Director of Nursing will be responsible for random secondary audits of [redacted] and medication 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.

[redacted]*3/8/2022*

Document Submission *3/7/2022 Licensee Proposed Date* ***Not Implemented***

Residents #2's [redacted] was immediately reordered.
Resident #3 will be provided with a [redacted] to avoid any perceptions of cross contamination. The Director of Nursing will calibrate this device and label it with the resident's name.
Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] and the negative impact of errors in recording.

185a - Implement Storage Procedures (continued)

The Wellness Nurses will be responsible for weekly audits of the [redacted] to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.
The Director of Nursing will be responsible for random secondary audits of [redacted] and medication 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.

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 [redacted] and available in the medication cart. However, resident's #2's medication administration record does not indicate [redacted].

Plan of Correction ***Accept***

Resident #2 does not have a prescription/order for [redacted]. [redacted] does not have this medication in the home nor has there been a record of a prescription for this medication or [redacted] record delivery for this medication for Resident #2.

[redacted]3/8/2022

Document Submission *3/7/2022 Licensee Proposed Date* ***emented***

Resident #2 does not have a prescription/order for [redacted] does not have this medication in the home nor has there been a record of a prescription for this medication or [redacted] record delivery for this medication for Resident #2.

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

Resident #2 was [redacted] There is no order from the physician permitting refusal on these medications. The physician was not notified of the resident's refusal.

Resident #3, was [redacted] There is no order from the physician permitting refusal on these medications. The physician was not notified of the resident's refusal.

Resident #3 refused [redacted] There is no order from the physician permitting refusal on these medications. The physician was not notified of the resident's refusal.

187c - Refusal of Medication *(continued)*

Plan of Correction ***Accept***

Resident #2 and #3's primary care physician was notified of the medication refusals.

Refusals will be reported per guidelines established by the physician and regulations.

Medication Technician's and Wellness Nurses are being re-educated by The Resident Care Director and Director of Nursing regarding the regulatory expectation of notifying physicians of medication 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 the effectiveness. The plan will be amended and a new POC implemented if this plan is determined to be ineffective.

[redacted]*3/8/2022*

Document Submission *3/7/2022 Licensee Proposed Date* ***Not Implemented***

Resident #2 and #3's primary care physician was notified of the medication refusals.
Refusals will be reported per guidelines established by the physician and regulations.
Medication Technician's and Wellness Nurses are being re-educated by The Resident Care Director and Director of Nursing regarding the regulatory expectation of notifying physicians of medication 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 the effectiveness. The plan will be amended and a new POC implemented if this plan is determined to be ineffective.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #2 is prescribed [redacted]*. However, resident #2 was administered the medication* [redacted]*.*

On [redacted] *all of Resident #2's medications prescribed for administration at* [redacted]

On [redacted]*, Resident #3's,* [redacted] *is recorded on the MAR as* [redacted] *were administered, however, according to the physicians order for* [redacted] *there should have been* [redacted]

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

Plan of Correction ***Accept***

Resident #2's [redacted] was marked with a direction change sticker and the when the cycle fill is delivered staff will reassess to ensure that the label has been changed moving forward.

The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to medication at time of distribution. This education will include the use of "change stickers" when new order changes are received.

The Director of Nursing will also complete an inservice for the proper noting of orders and completion of the order change process by placing a change sticker.

Resident #2's medication was administered at [redacted] parameters established for Woodbridge Place, which end at [redacted]. At the time of survey, the new Director of Nursing and Resident Care Director became aware that when MAR's are printed parameters for AM med pass default to [redacted] versus listing the AM parameters. The Director of Nursing, after proving this parameter and that Woodbridge Place was recording the time of the distribution per the regulations, was told that this citation may be removed.

The Director of Nursing worked with Quick MAR to change the configuration to avoid any default times of [redacted] A system upgrade will also occur the week of 1/24/22 that will indicate the time administered on the eMAR within the time parameters, even though it is already being recorded in the system properly as evidenced by the citation listing the exact time the medication was administered.

Resident #3 will be provided with a [redacted] to avoid any perceptions of cross contamination. The Director of Nursing will calibrate this device and label it with the resident's name.

Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] and the negative impact of errors in recording.

The Wellness Nurses will be responsible for weekly audits of the [redacted] to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.

The Director of Nursing will be responsible for random secondary audits of [redacted] and medication 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.

[redacted]/8/2022

Document Submission *3/7/2022 Licensee Proposed Date* ***Not Implemented***

Resident #2's [redacted] was marked with a direction change sticker and the when the cycle fill is delivered staff will reassess to ensure that the label has been changed moving forward.
The Director of Nursing is re-educating the staff regarding the Five R's of medication distribution to remind staff to compare orders to medication at time of distribution. This education will include the use of "change stickers" when new order changes are received.
The Director of Nursing will also complete an inservice for the proper noting of orders and completion of the order change process by placing a change sticker.

187d - Follow Prescriber's Orders (continued)

Resident #2's medication was administered [redacted] *per the established med pass "AM" parameters established for Woodbridge Place, which end at* [redacted]*. At the time of survey, the new Director of Nursing and Resident Care Director became aware that when MAR's are printed parameters for AM med pass* [redacted] *versus listing the AM parameters. The Director of Nursing, after proving this parameter and that Woodbridge Place was recording the time of the distribution per the regulations, was told that this citation may be removed.*

The Director of Nursing worked with Quick MAR to change the configuration to avoid any default times of [redacted]*. A system upgrade will also occur the week of 1/24/22 that will indicate the time administered on the eMAR within the time parameters, even though it is already being recorded in the system properly as evidenced by the citation listing the exact time the medication was administered.*

Resident #3 will be provided with a [redacted] *to avoid any perceptions of cross contamination. The Director of Nursing will calibrate this device and label it with the resident's name.*

Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] *and the negative impact of errors in recording.*

The Wellness Nurses will be responsible for weekly audits of the [redacted] *to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.*

The Director of Nursing will be responsible for random secondary audits of [redacted]*s and medication 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.*

188b - Medication Error Reporting

1. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

1 [redacted] *Resident #3's* [redacted] *is recorded on the MAR as* [redacted]*, however according to the* [redacted] *there should have been* [redacted] *administered*

Plan of Correction ***Accept***

This medication error was reported per the regulations.

Resident #3 will be provided with a [redacted] *to avoid any perceptions of cross contamination. The Director of Nursing will calibrate this device and label it with the resident's name.*

Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] *and the negative impact of errors in recording.*

The Wellness Nurses will be responsible for weekly audits of the [redacted] *to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.*

The Director of Nursing will be responsible for random secondary audits of [redacted] *and medication 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*

188b - Medication Error Reporting (continued)

immediately amended to ensure that this violation does not occur again.

Document Submission *3/7/2022 Licensee Proposed Date* [redacted]*3/8/2022*
Not Implemented

This medication error was reported per the regulations.

Resident #3 will be provided with a [redacted] *to avoid any perceptions of cross contamination. The Director of Nursing will calibrate this device and label it with the resident's name.*

Training will be conducted with all Medication Technicians and Wellness Nurses regarding accurately recording [redacted] *and the negative impact of errors in recording.*

The Wellness Nurses will be responsible for weekly audits of the [redacted] *to ensure that they are properly calibrated, supplies are readily available and numeric accuracy is obtained.*

The Director of Nursing will be responsible for random secondary audits of [redacted] *and medication 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.*

Medication Error Report Submitted

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 A does not include a a date the initial training was completed and there were no annual practicums completed for staff A since [redacted]*. Staff A administered medications on* [redacted]*.*

Plan of Correction ***Accept***

Staff Person A is no longer employed at the community.

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

190c - Record of Training (continued)

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.

[redacted]3/8/2022

Document Submission *3/7/2022 Licensee Proposed Date* ***mplemented***

Staff Person A is no longer employed at the community.
The Director of Nursing has reviewed 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.

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident #4, who was admitted to the home on [redacted].

Plan of Correction ***Accept***

Resident #4's assessment was completed on [redacted].

This citation was identified via a comprehensive audit completed by the new Director of Nursing who started at the community on [redacted], in response to the Plans of Correction for the surveys on [redacted] and [redacted] This audit provided to The Bureau per the Plans of Correction, identified in excess of 70 documents that required revisions or reassessments. Many of these documents could not be completed until families could be scheduled for conferences, primary care physicians could reassess their patients or the Director of Nursing could evaluate the resident's physical, cognitive and holistic needs for accurate updates in documentation.

The community received technical assistance from the surveyors during the [redacted] monitoring survey noting that each document requiring revision should be identified with the caveat statement of "in response to the Plans of Correction on the above dates" to avoid further citations. Woodbridge Place will comply with this expectation to avoid additional latent citations from years in the past.

Non-compliant assessments continue to be addressed via Care Conference meeting with families and their responsible parties.

225a - Assessment 15 Days (continued)

Amendments to the tickler file will be reviewed and monitored by the Executive Director and Department Managers at the Quality Assurance Meeting to ensure that progress is effective in maintaining our compliance with regulatory requirements. If it is 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.

[redacted]*/8/2022*

Document Submission *3/7/2022 Licensee Proposed Date* ***Implemented***

Resident #4's assessment was completed on [redacted].

This citation was identified via a comprehensive audit completed by the new Director of Nursing who started at the community on [redacted]*, in response to the Plans of Correction for the surveys on* [redacted] *and* [redacted] *This audit provided to The Bureau per the Plans of Correction, identified in excess of 70 documents that required revisions or reassessments. Many of these documents could not be completed until families could be scheduled for conferences, primary care physicians could reassess their patients or the Director of Nursing could evaluate the resident's physical, cognitive and holistic needs for accurate updates in documentation.*

The community received technical assistance from the surveyors during the [redacted] *monitoring survey noting that each document requiring revision should be identified with the caveat statement of "in response to the Plans of Correction on the above dates" to avoid further citations. Woodbridge Place will comply with this expectation to avoid additional latent citations from years in the past.*

Non-compliant assessments continue to be addressed via Care Conference meeting with families and their responsible parties.

Amendments to the tickler file will be reviewed and monitored by the Executive Director and Department Managers at the Quality Assurance Meeting to ensure that progress is effective in maintaining our compliance with regulatory requirements. If it is 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.

RASP Attached

225c - Additional Assessment

1. Requirements

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

225c - Additional Assessment *(continued)*

Description of Violation

Resident #5's most recent assessment was completed on [redacted].

Plan of Correction ***Accept***

Resident #5's Care Conference to review his updated assessment is scheduled with the resident and his family on [redacted].

This citation was identified via a comprehensive audit completed by the new Director of Nursing who started at the community on [redacted], in response to the Plans of Correction for the surveys on [redacted] and [redacted] This audit provided to The Bureau per the Plans of Correction, identified in excess of 70 documents that required revisions or reassessments. Many of these documents could not be completed until families could be scheduled for conferences, primary care physicians could reassess their patients or the Director of Nursing could evaluate the resident's physical, cognitive and holistic needs for accurate updates in documentation.

The community received technical assistance from the surveyors during the [redacted] monitoring survey noting that each document requiring revision should be identified with the caveat statement of "in response to the Plans of Correction on the above dates" to avoid further citations. Woodbridge Place will comply with this expectation to avoid additional latent citations from years in the past.

Non-compliant assessments continue to be addressed via Care Conference meeting with families and their responsible parties.

Amendments to the tickler file will be reviewed and monitored by the Executive Director and Department Managers at the Quality Assurance Meeting to ensure that progress is effective in maintaining our compliance with regulatory requirements. If it is 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.

3/8/2022

Document Submission *3/7/2022 Licensee Proposed Date* ***Implemented***

Resident #5's Care Conference to review his updated assessment is scheduled with the resident and his family on [redacted]

This citation was identified via a comprehensive audit completed by the new Director of Nursing who started at the community on [redacted], in response to the Plans of Correction for the surveys on [redacted] and [redacted] This audit provided to The Bureau per the Plans of Correction, identified in excess of 70 documents that required revisions or reassessments. Many of these documents could not be completed until families could be scheduled for conferences, primary care physicians could reassess their patients or the Director of Nursing could evaluate the resident's physical, cognitive and holistic needs for accurate updates in documentation.

The community received technical assistance from the surveyors during the [redacted] monitoring survey noting that each document requiring revision should be identified with the caveat statement of "in response to the Plans of Correction on the above dates" to avoid further citations. Woodbridge Place will comply with this expectation to

225c - Additional Assessment (continued)

avoid additional latent citations from years in the past.

Non-compliant assessments continue to be addressed via Care Conference meeting with families and their responsible parties.

Amendments to the tickler file will be reviewed and monitored by the Executive Director and Department Managers at the Quality Assurance Meeting to ensure that progress is effective in maintaining our compliance with regulatory requirements. If it is 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.

RASP Attached