



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

August 19, 2022

[REDACTED]
[REDACTED]
Rapps Senior Care, LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 14359

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 14, 2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *WOODBRIIDGE PLACE* License #: *14359* License Expiration: *10/08/2022*
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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *07/14/2022*

Inspection Dates and Department Representative

07/14/2022 - 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: *REM* Capacity: *21* Residents Served: *19*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

07/14/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/06/2022*

08/04/2022 POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2022*

Inspections / Reviews *(continued)*

08/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type:

Follow-Up Date:

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [REDACTED]. On [REDACTED]/2022 at [REDACTED] PM and [REDACTED]/2022 at [REDACTED] AM. resident #1 was administered this medication. However, the resident's [REDACTED] medication administration record (MAR) does not include staff initials for these two administrations.

Resident #2 is prescribed [REDACTED]. This medication was not administered on [REDACTED] and [REDACTED]/2022. However, there are staff initials present for these days on the resident's [REDACTED] and [REDACTED] MAR.

Plan of Correction**Accept**

The Medication Technician responsible for the aforementioned violations was immediately removed from all medication-related responsibilities. [REDACTED] will not pass any medications at Woodbridge Place until completing the BHSL Medication Administration course again under the tutelage of the Director of Wellness. starting immediately.

Random audit comparisons were initiated by the Resident Care Director and Director of Wellness as part of the medication cart quality assurance check process. This random audit includes a side-by-side comparison of the MAR administration record and the actual pill count, as the narcotic counts were accurate in all of these instances, starting immediately.

The Director of Wellness is working with our pharmacy provider to digitize the narcotic count sheets as a means of electronically monitoring comparisons between the Medication Administration Record and the narcotic log. Discrepancies between signatures on the MAR and narcotic counts would be noted as an electronic discrepancy requiring resolution by the individual passing the medications. Medication Technicians and Nurses administering medications will be trained on this enhancement when pharmacy implementation is completed, within the next 30 days.

Compliance with this regulation will be reviewed by the Executive Director and Department Managers during the Quality Assurance process to ensure that this method is effective in achieving long term compliance with regulatory expectations. If it is determined that the process needs enhancements or amendments, interventions may be added or altered to ensure that this violation does not occur again, starting immediately.

Completion Date: 08/17/2022**Document Submission****Implemented**

The Medication Technician responsible for the aforementioned violations was immediately removed from all medication-related responsibilities. [REDACTED] will not pass any medications at Woodbridge Place until completing the BHSL Medication Administration course again under the tutelage of the Director of Wellness. starting immediately.

Random audit comparisons were initiated by the Resident Care Director and Director of Wellness as part of the medication cart quality assurance check process. This random audit includes a side-by-side comparison of the MAR administration record and the actual pill count, as the narcotic counts were accurate in all of these instances, starting immediately.

187b - Date/Time of Medication Admin. (continued)

The Director of Wellness is working with our pharmacy provider to digitize the narcotic count sheets as a means of electronically monitoring comparisons between the Medication Administration Record and the narcotic log. Discrepancies between signatures on the MAR and narcotic counts would be noted as an electronic discrepancy requiring resolution by the individual passing the medications. Medication Technicians and Nurses administering medications will be trained on this enhancement when pharmacy implementation is completed, within the next 30 days.

Compliance with this regulation will be reviewed by the Executive Director and Department Managers during the Quality Assurance process to ensure that this method is effective in achieving long term compliance with regulatory expectations. If it is determined that the process needs enhancements or amendments, interventions may be added or altered to ensure that this violation does not occur again, starting immediately.

Completion Date 8/17/22

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, this medication was not administered on [REDACTED] 2022.

Plan of Correction

Accept

The staff person responsible for this violation was immediately removed from all medication-related responsibilities. [REDACTED] will not pass any medications at Woodbridge Place until completing the BHSL Medication Administration course again under the tutelage of the Director of Wellness. During [REDACTED] remediation [REDACTED] indicated that the medications were refused by the resident, and [REDACTED] failed to note the refusal in the MAR. These refusals were reported to the Primary Care Physician per regulatory guidelines.

Random audit comparisons were initiated by the Resident Care Director and Director of Wellness as part of the medication cart quality assurance check process. This random audit includes a side-by-side comparison of the MAR administration record and the actual pill count, as the narcotic counts were accurate in this instance, starting immediately.

The Director of Wellness is working with our pharmacy provider to digitize the narcotic count sheets as a means of electronically monitoring comparisons between the Medication Administration Record and the narcotic log. Discrepancies between signatures on the MAR and narcotic counts would be noted as an electronic discrepancy requiring resolution by the individual passing medications. Medication Technicians and Nurses administering medications will be trained on this enhancement when pharmacy implementation is completed, starting immediately.

Compliance with this regulation will be reviewed by the Executive Director and Department Managers during the Quality Assurance process to ensure that this method is effective in achieving long term compliance with regulatory expectations. If it is determined that the process needs enhancements or amendments, interventions may be added or altered to ensure that this violation does not occur again, starting immediately.

187d - Follow Prescriber's Orders (continued)

Completion Date: 08/17/2022

Document Submission

Implemented

The staff person responsible for this violation was immediately removed from all medication-related responsibilities. [REDACTED] will not pass any medications at Woodbridge Place until completing the BHSL Medication Administration course again under the tutelage of the Director of Wellness. During [REDACTED] remediation [REDACTED] indicated that the medications were refused by the resident, and [REDACTED] failed to note the refusal in the MAR. These refusals were reported to the Primary Care Physician per regulatory guidelines.

Random audit comparisons were initiated by the Resident Care Director and Director of Wellness as part of the medication cart quality assurance check process. This random audit includes a side-by-side comparison of the MAR administration record and the actual pill count, as the narcotic counts were accurate in this instance, starting immediately.

The Director of Wellness is working with our pharmacy provider to digitize the narcotic count sheets as a means of electronically monitoring comparisons between the Medication Administration Record and the narcotic log. Discrepancies between signatures on the MAR and narcotic counts would be noted as an electronic discrepancy requiring resolution by the individual passing medications. Medication Technicians and Nurses administering medications will be trained on this enhancement when pharmacy implementation is completed, starting immediately.

Compliance with this regulation will be reviewed by the Executive Director and Department Managers during the Quality Assurance process to ensure that this method is effective in achieving long term compliance with regulatory expectations. If it is determined that the process needs enhancements or amendments, interventions may be added or altered to ensure that this violation does not occur again, starting immediately.

Completion Date 8/17/22

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED] 2022. However, the resident's written cognitive preadmission screening was completed on [REDACTED]/2022.

Plan of Correction

Accept

The Director of Wellness audited all SDCU preadmission screens for compliance with the 72 hour requirement.

As a part of the recent management change, Regional Team members from Bridge Senior Living also audited regulatory documentation.

231c - Preadmission Screening (continued)

A new tickler file has been implemented as a part of the management changeover from Woodbine Senior Living to Bridge Senior Living and the Director of Wellness completes this when the resident is admitted, starting immediately.

The tickler file developed by Bridge Senior Living will be reviewed and monitored by The Director of Wellness and Department Managers at the Quality Assurance Meeting to ensure that it is effective in maintaining Woodbridge Place's compliance with this regulatory requirement. Should it be determined that the tickler is no longer effective, it will be amended or enhanced to ensure that this violation does not occur again, starting immediately.

Completion Date: 08/05/2022

Document Submission**Implemented**

The Director of Wellness audited all SDCU preadmission screens for compliance with the 72 hour requirement.

As a part of the recent management change, Regional Team members from Bridge Senior Living also audited regulatory documentation.

A new tickler file has been implemented as a part of the management changeover from Woodbine Senior Living to Bridge Senior Living and the Director of Wellness completes this when the resident is admitted, starting immediately.

The tickler file developed by Bridge Senior Living will be reviewed and monitored by The Director of Wellness and Department Managers at the Quality Assurance Meeting to ensure that it is effective in maintaining Woodbridge Place's compliance with this regulatory requirement. Should it be determined that the tickler is no longer effective, it will be amended or enhanced to ensure that this violation does not occur again, starting immediately.