



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAY 23, 2023**

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

RE: Woodbridge Place  
1191 Rapps Dam Road  
Phoenixville, Pennsylvania 19460  
License #: 143592

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection November 30, 2022, December 1, 2, and 6, 2022, and January 24 and 26, 2023 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 issues you a **SECOND PROVISIONAL** license to operate the above facility. A **SECOND PROVISIONAL** license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your **SECOND PROVISIONAL** license is enclosed and is valid from May 23, 2023 to November 23, 2023.

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.

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 Section: | Class of Violation | Census at Inspection | Fine Per Resident X Per day | Calculated Fine = Per Day | Mandated Correction Date (to avoid Fine)         |
|-----------------------------------|--------------------|----------------------|-----------------------------|---------------------------|--|
| 183d                              | 2                  | 58                   | \$5                         | \$290                     | 5 calendar days from mailing date of this letter |
| 187b                              | 2                  | 58                   | \$5                         | \$290                     | 5 calendar days from mailing date of this letter |
| 187d                              | 2                  | 58                   | \$5                         | \$290                     | 5 calendar days from mailing date of this letter |
| 188b                              | 2                  | 58                   | \$5                         | \$290                     | 5 calendar days from mailing date of this letter |
| 184a                              | 2                  | 58                   | \$5                         | \$290                     | 5 calendar days from mailing date of this letter |
| 85a                               | 2                  | 58                   | \$5                         | \$290                     | 5 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 SECOND 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 SECOND 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,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

**Facility Information**

Name: *WOODBIDGE 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: *97* Waking Staff: *73*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *01/26/2023*

**Inspection Dates and Department Representative**

01/24/2023 - On-Site: [REDACTED]  
01/26/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *125* Residents Served: *58*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *21* Residents Served: *20*

**Hospice**

Current Residents: *13*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *39* Have Physical Disability: *0*

**Inspections / Reviews**

**01/24/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2023*

Inspections / Reviews (*continued*)

## 02/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/22/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2023

## 02/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/24/2023

## 03/28/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/24/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/02/2023

## 04/12/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/03/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/13/2023

## 04/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/13/2023  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/10/23 around 6:20AM, Staff member A smacked resident 1 under the chin. Resident 1 was interviewed and showed with their hand, how they were smacked with fingers on the chin by staff member A. Resident 1 then used their call bell immediately following the incident to alert staff member B. A statement was provided by staff member B reporting that resident 1 gave a description of staff member A and stated the person who did his care "hit [redacted] in the face"

On 12/28/22 around 9:30AM, Staff member C physically tried to push a mouthguard into resident 2's mouth. Staff member D reported that they entered the building and while in the lobby, could immediately hear resident 2 yelling from the secure dementia care unit(SDCU). Staff member D proceeded to enter the SDCU and witnessed staff member C physically trying to push a mouth guard into resident 2's mouth. Resident 2 was refusing the mouth guard, clenching their teeth shut, yelling and saying "no" multiple times, and moving their head away from staff member C's hand.

Plan of Correction

Accept [redacted] - 02/23/2023)

The identified associates employment were immediately suspended pending investigation.

The Administrator and/or designee shall provide an Inservice for all staff on abuse, abuse prevention and abuse reporting will be completed by March 24, 2023.

The Memory Care director will schedule dementia specific training on validation, de-escalation and positive approach for all memory care staff to be completed by March 24, 2023. This training is part of the new Bridge Senior Living Meet Me Where I Am Program.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented ([redacted] 04/13/2023)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person E, whose first day of work was [redacted] did not receive orientation in general fire safety and emergency preparedness from the home.

Staff person F, whose first day of work was [redacted] did not receive orientation in general fire safety and emergency preparedness from the home.

Staff person G, whose first day of work was [redacted] did not receive orientation in general fire safety and emergency preparedness from the home.

65a - FS Orientation 1st Day (continued)

preparedness from the home.

**Plan of Correction**

Accept (█) - 02/23/2023)

All employee files and temporary/agency staff files shall be audited by the Business Officer Manager/designee and Talent Development Coordinator or designee, respectively, by March 24, 2023 to ensure all current records are compliant with this regulation as well as other new hire requirements.

The Business Officer Manager implemented a new hire check list on March 24, 2023 for all Woodbridge Place staff hired on that date moving forward. The Business Office Manager or designee will be responsible for completing the checklist as part of the orientation and documentation process.

This checklist will be implemented by the Talent and Development Coordinator on February 27, 2023 to address new temporary/agency care staff. They will be responsible for completing the checklist for any new agency staff person prior to or on the first scheduled day at the Community.

The Administrator or designee shall audit the new hire files and new temp staff files once a week for one month beginning March 24, 2023 to ensure the checklist is effective and files are complete.

Documentation of these audits shall be kept.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented (█) - 04/13/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

Resident 3's glucometer has a reading of 148 at 8:04am on 1/14/23. This reading was found on resident 4's glucose log on 1/14/23 at 9:41AM. There is not corresponding reading on resident 4's glucometer.

Resident 3 has an order to have glucose checks done twice a day- once in the AM and once in the PM, however, resident 3's glucometer has a reading of 191 at 9:34am on 1/8/23 and 190 at 9:12AM on 1/8/23. Resident 3s glucose log has an recorded reading for 190 documented at 9:13am on 1/8/23. Resident 3's glucometer was then used to check the glucose level of Resident 4 at 9:34am and the reading of 191 that is found in resident 3's glucometer was mis-documented on resident 4's glucose log as 190 at 9:35am. There is no corresponding reading for 1/8/23 at that time in resident 4's glucometer.

Repeated Violation - 11/9/21, et al

**Plan of Correction**

Accept (█) - 02/28/2023)

The home purchased new glucometers for the identified residents immediately.

**85a - Sanitary Conditions (continued)**

All staff who administer medication will be retrained by an LPN on how to properly take and record blood glucose readings, how to properly clean a glucometer and the importance of only using a resident's glucometer when checking the resident, it belongs to. This training shall be conducted by March 24, 2023 or sooner. The Assisted Living Director or designee will increase glucometer audits from 1 to 2 times per week. Twice a week glucometer audits will begin on 2/27/23 and will continue until May 31, 2023.

**Licensee's Proposed Overall Completion Date:** 04/01/2023

Not Implemented ( ) - 04/13/2023)

**103d - Storing Food Off Floor****4. Requirements**

2600.  
103.d. Food shall be stored off the floor.

**Description of Violation**

On 1/26/23 at 3:40PM, there was a box of carrots and a box of brussel sprouts stored on the floor of the walk in freezer.

**Plan of Correction**

Accept ( ) - 02/28/2023)

The identified items were placed on a shelf, off the floor, at the time of the inspection by a dining associate. All dining staff shall be retrained by the Dining Services Director on proper food storage by March 24, 2023. The Dining Services Director or designee shall increase inspection of all food storage areas from the 1st and 15th to 1 time per week to ensure ongoing proper storage practices. Documentation of this audit shall be kept. Weekly inspections will begin on 2/27/23 and will continue until May 31, 2023.

**Licensee's Proposed Overall Completion Date:** 04/01/2023

Not Implemented ( ) - 04/13/2023)

**103i - Outdated Food****5. Requirements**

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 1/26/23 at 3:45PM, in the dry food storage there was a bag of granola wrapped in clear wrap, a bag of cocoa powder, and basmati rice, that were opened and undated.

**Plan of Correction**

Accept ( ) - 02/28/2023)

Although these items were not outdated or expired the identified items were discarded at the time of the inspection by a dining associate. All dining staff shall be retrained by the Dining Services Director on proper labeling, dating and storage time frames for food products by March 24, 2023.

103i - Outdated Food (continued)

The Dining Services Director or designee shall increase inspection of all food storage areas from the 1st and 15th to 1 time per week. Any undated, dented or outdated food will be discarded or returned to the vendor. Documentation of this audit shall be kept.

Weekly inspections will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [redacted] - 04/13/2023)

181f - Record of Medication

6. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident 5's medication administration record does not include the following medications that resident 5 is self-administering : Vitamin D3 25mcg, Eye drops, Melatonin 5mg, Diphenhydramine HCl 25mg, Triamcinolone .1% ointment, Acetaminophen 500mg, Naproxen Sodium 220mg, Amitza Cap 8MCG, Loperamide HCl 2mg.

Resident 6's record does not include the following medications that resident 6 is self administering: Docusate Sodium 100mg, Acetaminophen 500mg, Loperamide HCl 2mg.

Plan of Correction

Accept [redacted] - 02/28/2023)

The Assisted Living Director shall schedule a meeting with the resident and the family members who deliver their medication to discuss this violation as soon as possible or by March 24, 2023.

One of the stipulations of the meeting will entail all medications be brought to a medication technician for documentation purposes. This will go into effect immediately after the meeting.

Once a week the Assisted Living Director or designee shall meet with ever resident who self-administers medication to reconcile their medication with the home's current list of medications.

Documentation of the meeting and audits shall be kept.

Weekly meetings with residents who self-administer will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Implemented [redacted] - 04/13/2023)

183d - Prescription Current

7. Requirements

2600.

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

183d - Prescription Current (continued)

**Description of Violation**

The following medications were in the resident 5's medication cabinet and were discontinued:

- Bisacodyl 5mg discontinued on 6/17/21
- Alprazolam .25mg discontinued on 11/28/21
- Vitamin C 500mg discontinued on 6/17/21.

Hydrocodone for resident 6 was in their medication cabinet however it was discontinued on 11/19/21.

Repeated Violation - 1/13/22, et al

**Plan of Correction**

Accept [redacted] - 02/28/2023)

The identified medications were discarded and/or destroyed per FDA guidelines at the time of the inspection.  
 All staff who administer medication shall be trained by the Assisted Living Director or designee on Bridge Senior Living Medication Administration Policies and Procedure by March 24, 2023.  
 The Assisted Living Director or designee will increase medication cart audits from 1 to 2 times per week.  
 Documentation of the audits shall be kept.  
 Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [redacted] - 04/13/2023)

184a - Resident's Meds Labeled

**8. 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 5s is prescribed Meclizine 25mg tablet take 1 tablet by mouth 3 times daily as needed. However, the medication label reads take 1 tablet by mouth once daily.

Resident 6 is prescribed Xarelto 15mg tablet take 1 tablet by mouth every morning. However, the medication label reads take 1 tablet by mouth everyday with dinner.

Resident 6 is prescribed Gabapentin take 1 capsule by mouth in the morning and 2 at bedtime. However, the medication label reads take 1 in the morning, 2 at noon, and 2 at bedtime.

Repeated Violation - 1/13/22, et al

**Plan of Correction**

Accept [redacted] - 02/28/2023)

The identified medication labels were corrected to match the medication order as written on the medication administration record by the designated medication technician immediately.  
 All staff who administer medication shall be trained by the Assisted Living Director or designee on Bridge Senior Living Medication Administration Policies and Procedure by March 24, 2023.

184a - Resident's Meds Labeled (continued)

The Assisted Living Director or designee will increase medication cart audits from 1 to 2 times per week. Documentation of the audits shall be kept. Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [redacted] - 04/13/2023)

185a - Implement Storage Procedures

9. 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

On 1/13/23 at 10:49am, Resident 3's glucometer reading is 246. The resident's blood glucose is recorded as 243 on the Medication Administration Record.

On 1/1/23 at 8:51PM, resident 3's blood glucose reading was 20. However, this reading was not documented on the medication administration record.

On 1/22/23 at 5:38pm, Resident 7's glucometer reading is 167. The resident's blood glucose is recorded as 168 on the Medication Administration Record.

On 1/18/23 at 12:38pm, Resident 7's glucometer reading is 147. The resident's blood glucose is recorded as 149 on the Medication Administration Record.

On 1/15/23 at 1:01pm, Resident 7's glucometer reading is 186. The resident's blood glucose is recorded as 150 on the Medication Administration Record.

Plan of Correction

Accept [redacted] 02/28/2023)

All staff who administer medication will be retrained by an LPN on how to properly take and record blood glucose readings, how to properly clean a glucometer and the importance of only using a resident's glucometer when checking the resident, it belongs to. This training shall be conducted by March 24, 2023 or sooner.

The Assisted Living Director or designee will increase glucometer audits from 1 to 2 times per week.

Twice a week glucometer audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [redacted] - 04/13/2023)

10. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 4 is prescribed Acetaminophen 325mg tablet give 2 tablets by mouth every 6 hours as needed. However, on 1/26/23, this medication was unavailable in the home.

Plan of Correction

Accept [REDACTED] - 02/28/2023)

The Assisted Living Director reordered the acetaminophen for the identified resident immediately.

All staff who administer medication shall be trained by the Assisted Living Director or designee on Bridge Senior Living Medication Administration Policies and Procedure by March 24, 2023.

The Assisted Living Director or designee will increase medication cart audits from 1 to 2 times per week.

Documentation of the audits shall be kept.

Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [REDACTED] - 04/13/2023)

187a - Medication Record

11. 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 4 is prescribed Insulin Lispro Kwikpen 3MLX5 on sliding scale 2 times a day & record am/pm: if BS70-150 = 0 units, 151-200=1U, 201-250=2U, 251-300=3U, 301-350=4U, 351-400=5U; if more than 400=6U and call MD. However, the Medication administration record does not include the amount of insulin administered.

Plan of Correction

[REDACTED] - 02/28/2023)

All staff who administer medication will be retrained by an LPN or designee on how to properly take and record blood glucose readings and the importance of following the prescriber's orders with regard to frequency of checks and sliding scale coverage. This training shall be conducted by March 24, 2023 or sooner.

The Assisted Living Director or designee will increase medication cart audits from 1 to 2 times per week.

Documentation shall be kept.

Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented [REDACTED] - 04/13/2023)

187d - Follow Prescriber's Orders

12. Requirements

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident 3 is prescribed accuchecks twice daily, however on 1/6/23 and 1/21/23 only one accucheck was completed.

Resident 7 is prescribed Humalog Kwik Inj 100/ml accuchecks three times daily with meals W/SSI0-251=0U, 251-300=4U, 301-350=6U, 351-400=8U; 400+ give 8U if BS <60 or >401 call MD office immediately. On 1/22/23 at 5:38PM, the glucose reading was 167 and 0U should have been administered, however 10 units were administered. On 1/18/23 PM, the glucose reading was 262 and 4U should have been administered, however 14 units were administered. On 1/1/23 PM, the glucose reading was 119 and 0U should have been administered, however 10 units were administered.

Repeated Violation - 1/13/22 et al, 7/14/22, et al

Plan of Correction

Accept ( ) - 02/28/2023

The Assisted Living Director or designee shall conduct a training with all medication technicians on Bridge Senior Living Policies and Procedures and State regulations on medication orders, communicating, reporting and documenting medication errors and best practices when administering medication by March 24, 2023. The Assisted Living Director or designee will increase medication cart audits from 1 to 2 times per week. Documentation of audits shall be kept. Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.

Licensee's Proposed Overall Completion Date: 04/01/2023

Not Implemented ( ) 04/13/2023

188b - Medication Error Reporting

13. 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

Resident 3 is prescribed accuchecks twice daily, however on 1/21/23 only one accucheck was completed. This error was recognized during an internal glucometer audit on 1/24/23. The was not reported to the resident, the resident's designated person and the prescriber. Repeated Violation - 1/13/22, et al

Plan of Correction

Accept ( ) - 02/28/2023

The Vice President of Wellness shall conduct a training with the Assisted Living Director by March 3, 2023 on Bridge Senior Living's medication error policy and procedure. The Assisted Living Director or designee shall conduct a training with all medication technicians on Bridge Senior Living Policies and Procedures and State regulations on communicating, reporting, and documenting medication errors by March 24, 2023.

**188b - Medication Error Reporting (continued)**

*The Assisted Living Director or designee will increase medication audits from 1 to 2 times per week.*

*Documentation of audits shall be kept.*

*Twice a week med cart audits will begin on 2/27/23 and will continue until May 31, 2023.*

**Licensee's Proposed Overall Completion Date: 04/01/2023**

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**Not Implemented ( [REDACTED] - 04/13/2023)**

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