

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

March 27, 2023

[REDACTED]  
RAPPS SENIOR CARE LLC  
[REDACTED]  
[REDACTED]

RE: WOODBRIDGE PLACE  
1191 RAPPS DAM ROAD  
PHOENIXVILLE, PA, 19460  
LICENSE/COC#: 14359

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2023, 03/14/2023, 03/01/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: WOODBRIDGE 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: 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: CWOPA L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 77 Waking Staff: 58

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 03/01/2023

## Inspection Dates and Department Representative

02/13/2023 - On-Site: [REDACTED]  
 03/14/2023 - Off-Site: [REDACTED]  
 03/01/2023 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 125 Residents Served: 42

## Secured Dementia Care Unit

In Home: Yes Area: sdcu Capacity: 21 Residents Served: 19

## Hospice

Current Residents: 14

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 35 Have Physical Disability: 3

## Inspections / Reviews

## 02/13/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/16/2023

Inspections / Reviews (*continued*)

03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/26/2023

03/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

The assessment and support plan, dated [REDACTED], for resident 1 indicates the resident requires two person assistance with bladder management, bowel management and ambulating. On [REDACTED], the resident did not receive this assistance as required.

#### Plan of Correction

**Accept (MJ - 03/22/2023)**

*When: Effective 2/13/2023, resident #1 will receive two-person assistance as indicated in the resident assessment and support plan (RASP).*

*Who: An additional staff member was added by the Administrator to the 11pm - 7pm secure memory care unit shift beginning 2/12/2023.*

*How: All memory care staff will be trained by the memory care program director or designee on reviewing and following the residents care plans as documented on the RASP. Training will begin on 3/15/2023 and end on 3/22/2023.*

Licensee's Proposed Overall Completion Date: 03/14/2023

**Implemented (MJ - 03/27/2023)**

## 42s - Privacy

### 2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

#### Description of Violation

On [REDACTED] photos were taken of resident 1 and resident 2 of bruising located on their body. The photos were sent to the Department as part of their investigation.

#### Plan of Correction

**Accept (MJ - 03/22/2023)**

*When: Effective 3/15/2023, no photographs will be taken of residents that are not required by the state or covered by the home's photo consent agreement.*

*Who: The Director of Assisted Living or designee will train all staff at the next all staff meeting on 3/15/2023 about Bridge Senior Living's photo policy which includes not taking any photographs that violate the resident's rights. This does not include regulatory required photos and photos covered by the homes photo consent agreement.*

*How: All new hired staff members will continue to be educated on Residents Rights during the first 40 Hours Training with the emphasis on residents' rights to privacy and self-possession. Going forward Business Office Director will be overseeing the training.*

Licensee's Proposed Overall Completion Date: 03/14/2023

**Implemented (MJ - 03/27/2023)**

## 60a - Staff/Support Plan

**3. 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 1/31/2023, Resident 1, did not receive two person assist care, as required by his/her support plan. According to staff person B, these services could not be provided due to lack of available direct care staffing in the home.*

**Plan of Correction****Accept (MJ - 03/22/2023)**

*When: Effective 2/13/2023, resident #1 will receive two-person assistance as indicated in the RASP.*

*An additional staff member was added by the Administrator to the 11pm - 7pm secure memory care unit shift beginning 3/12/2023.*

*Who: All memory care staff shall be trained by the memory care program director or designee beginning 3/15/2023 and ending on 3/22/2023 on reviewing and following the residents care plans as documented on the RASP.*

*How: Resident Care Director will review staff schedule to ensure that residents needs are addressed adequately.*

**Licensee's Proposed Overall Completion Date: 03/14/2023**

**Implemented (MJ - 03/27/2023)**

## 65a - FS Orientation 1st Day

**4. 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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

*Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe*

**65a - FS Orientation 1st Day (continued)**

area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

**Plan of Correction****Accept (MJ - 03/22/2023)**

*When: Staff members A and B received the required training; however, the documentation of the training was not signed or completed correctly, respectively.*

*On 3/10/2023, the new hire on boarding form was amended to include a signature line and columns for staff and trainer initials.*

*Who: Beginning 3/13/2023, the business office director or designee shall review all staff records to ensure that all first day and 40-hour training is complete and properly documented. Documentation shall be kept.*

*How: Business Office Director will review records of five staff members per quarter to ensure compliance. Review will be discussed with Executive Director during quarterly QA meeting*

**Licensee's Proposed Overall Completion Date: 03/14/2023**

**Implemented (MJ - 03/27/2023)****65b - Rights/Abuse 40 Hours****5. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.*

*Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.*

**Plan of Correction****Accept (MJ - 03/22/2023)**

*When: Staff members A and B did received the required training; however, the documentation of the training was not signed or completed correctly, respectively.*

*On 3/10/2023, the new hire on boarding form was amended to include a signature line and columns for staff and trainer initials.*

*Who: Beginning 3/13/2023, the business office director or designee shall review all staff records to ensure that all*

**65b - Rights/Abuse 40 Hours (continued)**

*first day and 40 hour training is complete and properly documented. Documentation shall be kept.*

*How: Business Office Director will review records of five staff members per quarter to assure compliance. Review will be discussed with Executive Director during quarterly QA meeting.*

**Licensee's Proposed Overall Completion Date: 03/14/2023**

***Implemented (MJ - 03/27/2023)***