

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

July 30, 2023

[REDACTED], EXECUTIVE DIRECTOR
RAPPS SENIOR CARE LLC

ATTN [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 05/23/2023 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: 11/23/2023
 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

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 05/23/2023

Inspection Dates and Department Representative

05/23/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 57

Secured Dementia Care Unit

In Home: Yes Area: 1st floor Capacity: 21 Residents Served: 17

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

05/23/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2023

06/20/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/25/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/25/2023

Inspections / Reviews *(continued)*

06/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/26/2023

07/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2023

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]/22, for resident #1 indicates the resident requires assistance with eating. On [REDACTED]/23 at [REDACTED], the resident did not receive this assistance as required. Resident#1 was seen slumped/sleeping over their breakfast plate. Staff were not available to help with feeding.

The assessment and support plan dated [REDACTED]/23, for resident #2 indicates the resident requires assistance with bladder management and bowel management. On [REDACTED]/23 at [REDACTED] pm, the resident did not receive this assistance as required. Resident#2 had a strong urine odor and required changing.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

When: At the end of the breakfast, the BSL inspector came to the Memory Care neighborhood. Resident #1 just finished breakfast and assistance was provided during the meal. A caregiver stepped for the moment to assist another resident. Although, the Resident #2 falls asleep frequently during meals or activities, especially after each meal. Resident #2 is never left alone for a longer period of time and, if left for a moment, safety precautions are always in place. The caregiver came immediately and assisted the Resident #1 to the room. BSL inspector was in the Memory Care neighborhood several times that day and witnessed that, Resident #2 was attended to, all day. The wife was also present and spent several hours visiting while the inspector was in the facility. The wife left just as the inspector returned to the neighborhood and observed the resident's incontinence. During the family visit the staff, due to respect of privacy, does not interfere with the visit unless the family asks for help. Resident was attended to and changed after the wife left. The occurrence of incontinence happened right after the wife left and the inspector walked into the neighborhood, again.

Who: Staff members were re-trained in the mealtime procedures and assisting during meals. Staff were also re-trained on not leaving plates on the table when the resident is finished with the meal. The protocol of assisting in the meals will also be reviewed during the monthly staff meeting.

The training on all aspects of ADL's was conducted by the Director of Wellness during the Staff Monthly Meeting.

How: Director of Wellness or designee will be conducting random visits in the Memory Care neighborhood to ensure that staff members are precisely following mealtime procedures. Retraining will be provided as necessary. The Director of Wellness and Executive Director will be conducting random checks on ADLs during the routine walk through the neighborhood. Findings will be discussed during the weekly meetings.

Who: Memory care staff were trained on May 24th by the Director of Wellness regarding removal of plates from table when residents are finished. Resident #1 RASP updated May 23rd to include resident's routine and expected behavior of laying head on table when finished with meal; and during mealtime.

How: Director of Wellness to conduct three random visits each week for 12 weeks during mealtime to verify staff are removing plates and following mealtime procedures as appropriate; Director of Wellness to also conduct reviews of ADL care three times weekly outside of mealtime. Review of visits to be discussed during weekly meeting with ED and recommendations made as appropriate.

Licensee's Proposed Overall Completion Date: 06/24/2023

Implemented ([REDACTED]) - 07/30/2023)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED]/23 at [REDACTED] m, during the walk through a utility cart was found unattended in the memory care unit. The unattended utility cart had plates, knives, spoons and forks.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

When: The utility cart was immediately removed from the Memory Care unit while the BSL inspector was still in the unit. The staff was also immediately educated on the safety precautions in the Memory Care neighborhood.

Who: Dietary Services Director conducted additional training for the dietary staff and for the staff in the Memory Care neighborhood on the dietary carts protocol and its safety.

How: Dietary Services Director or designee will be conducting random checks in the Memory Care unit during the meals to ensure safety protocols are followed. The Dietary Services Director will be discussing findings with ED during the weekly meeting.

Who: Dietary Services Director conducted additional training for the dietary staff and for the staff in the Memory Care neighborhood on the dietary carts protocol and its safety on May 31st.

How: Dietary Services Director to conduct random checks in the Memory Care unit during the meals to ensure safety protocols are followed three times weekly for 12 weeks. The Dietary Services Director will be discussing findings with ED during the weekly meeting.

Licensee's Proposed Overall Completion Date: 06/24/2023

Implemented [REDACTED] - 07/30/2023)

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The support plan, dated [REDACTED]/22, for resident #1 does not address the change on the dietary need. On [REDACTED]/22, resident#1's diet changed from mechanical soft to pureed.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

When: The support plan was corrected immediately while the Inspector was still in the facility.

Who: Director of Wellness and LPN were re-educated on preparing RASP/support plan. They were re-educated on the importance of updating RASP whenever there is a change in Resident's status.

How: ED will be randomly selecting and reviewing residents' RASPs to ensure accuracy in the support plan. ED will discuss findings during QA meetings.

Who: Director of Wellness was re-educated by Executive Director on June 21st regarding RASP/support plan when changes to diets occur.

How: ED will be randomly selecting and reviewing residents' three RASPs weekly for 12 weeks to ensure accuracy in the support plan. ED will discuss findings during monthly QA meetings.

234d - Support Plan Revision (continued)

Licensee's Proposed Overall Completion Date: 06/24/2023

Implemented [REDACTED] - 07/30/2023)