

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

August 8, 2023

[REDACTED], VICE PRESIDENT OF OPERATIONS
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 06/13/2023 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Fine Exit Conference Date: 06/13/2023

Inspection Dates and Department Representative

06/13/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 53

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 21 Residents Served: 16

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

06/13/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/26/2023

06/29/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/20/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2023

Inspections / Reviews *(continued)*

07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/21/2023

08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

The glucometer belonging to resident #1 was not calibrated to correct date; it displayed 0 [REDACTED]/2023 on [REDACTED]/2023.

Plan of Correction

Accept ([REDACTED] - 07/06/2023)

When: Director of Wellness immediately recalibrated glucometer to correct the date in the presence of BSL Inspector.

Who: Director of Wellness re-educated all Med-Techs on June 21st regarding checking the date on the glucometer to assure accuracy.

How: Director of Wellness will be responsible for weekly audit of the glucometers to ensure that they are properly calibrated for the next 12 weeks and findings will be discussed with ED during weekly review.

Director of Wellness started weekly audits on June 14th and will continue glucometers audit for 12 consecutive weeks.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented ([REDACTED] - 08/08/2023)

2. 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] as needed. On 0 [REDACTED]/2023, this medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 07/06/2023)

When: The medication was ordered (please see attached) on June 12th; however, the medication was on back order and was not delivered to the facility until evening of June 13th.

Who: LPNs and Med-Techs were re-educated on medications audits and re-orders on June 24th by the Director of Wellness.

Who: Director of Wellness to conduct weekly review of all medication orders to assure that medication is always available to Residents and if medication is not available, the reasons are communicated to physician, responsible party and resident and documented in resident's progress note. Findings to review with ED during quality assurance meeting.

Director's of Wellness weekly review of medication orders started on June 14th and it will continue for 12 consecutive weeks.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented ([REDACTED] - 08/08/2023)