



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: December 21, 2023

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

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143590

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on October 16, and 17, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

December 14, 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 10/16/2023, 10/17/2023 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: *WOODBRIIDGE PLACE* License #: *14359* License Expiration: *11/23/2023*
 Address: *1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/28/1996* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *10/17/2023*

Inspection Dates and Department Representative

10/16/2023 - On-Site: [REDACTED]
 10/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *Bridges* Capacity: *21* Residents Served: *16*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

10/16/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/11/2023*

11/14/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/14/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2023*

Inspections / Reviews *(continued)*

11/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/15/2023

12/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged on [REDACTED] 2023. The home did not provide the required refund. An itemized statement of the refund was produced by the home and submitted to corporate for issuance but no check was issued to the resident/resident's estate.

Plan of Correction

Accept ([REDACTED] - 11/14/2023)

In response to the violation on 10/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. Business Office Director to Immediate action was taken to ensure resident 1 received actual refund check on 10/23/2023 by Woodbridge Place paid to the order of resident #1.
2. Since inspection two residents moved out. Move out dates were October 18th and October 30. Checks were issued on October 26 and November 2 both within 30 day refund period.

To enhance the currently compliant operations, on 11/09/2023 the Business Office Director was trained on the process that all residents leaving the home will receive written itemized account of the resident's funds, and that any owed funds will be made within 30 days of discharge.

Effective 11/09/2023 the Business Office Director will perform weekly audits on every move out to ensure the Resident Funds and 30 day process is being followed through 12/31/2023 to maintain ongoing compliance. BOD will be providing resident an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home, within 30 days of either the termination of service by the home or the resident's leaving the home, and to make refunds within 30 days of discharge. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 12/14/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate's PreviDent 5000, with a manufacture's label indicating "this medication may be harmful if swallowed in large amounts, call poison control center right away", was unlocked, unattended, and accessible in resident 2's room. Not all the residents of the home, including resident#2, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction**Accept** [REDACTED] - 11/14/2023)

In response to the violation on 10/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/16/2023 by the Memory Care Director to lock Colgate's PreviDent 5000 since it can be harmful poisonous material. All residents residing in Memory Care are deemed unable to safely use or avoid poisonous materials. Therefore, all personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer or shampoo shall be kept in a locked area after each use.

To enhance the currently compliant operations, on 11/8/23 and 11/9/23 the Memory care staff were re-educated by Wellness Director on protocols for poisonous materials. New procedure implemented, all care staff working in Memory Care will have a key for all locked cabinets completion 11/9/23.

Effective immediately the Memory Care Director will perform audits checking 5 apartments weekly to ensure all poisonous materials are locked up.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/14/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On October 26, 23 at 10:30 am. There was an issue with the memory care patio entrance. The door from the memory care patio that leads back into the building would not open after entering the code. because the latch was damaged.

Plan of Correction**Accept** [REDACTED] - 11/14/2023)

In response to the violation on 10/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to contact vender Advanced Lock and Security to order part and service. On 11/03/2023 the above company installed the latch and tested to be fully functional by Director of Engineering.

Effective 11/09/2023 the Director of Engineering will perform weekly checks on all doors and latches through 12/31/2023 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/14/2023)

107c - Food/Water 3 Day Supply

4. Requirements

2600.

107c - Food/Water 3 Day Supply (*continued*)

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 10/23/2023, the home served 59 residents, requiring 177 gallons of emergency drinking water. However, the home had only 25 gallons. The home does have a contract with a local bottled water supplier that can deliver water within 24hrs but at minimum 59 gallons of water is still required.

The home does not have a three days supply of nonperishable emergency food.

Plan of Correction

Accept [REDACTED] **11/14/2023)**

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/17/2023 by the Dining Service Director by contacting water supply company Ready Fresh to ensure appropriate amount of water was ordered to comply with current census and regulation.

To enhance the currently compliant operations, on 11/10/2023 the Dining Service Director was re-educated by the Executive Director on the importance of maintaining at least 3-day supply of non-perishable food and 1 day supply of drinking water for current census, with a completion date of 12/31/23.

Effective 11/09/2023 the Dining Service Director will perform weekly audits through 12/31/2023 to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] **12/14/2023)**

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/16/2023 at 10 am, Colgate PreviDent 5000 prescribed to resident#2 was unlocked, unattended, and accessible in resident#2's bathroom.

Plan of Correction

Accept [REDACTED] **- 11/14/2023)**

In response to the violation on 10/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/16/2023 by the Memory Care Director to lock Colgate's PreviDent 5000 since prescription medication needs to be kept locked.

To enhance the currently compliant operations, on 11/8/23 and 11/9/23 the Memory care staff were re-educated by Clinical Specialist on protocols for prescription medication needing to be locked at all times. New procedure implemented, all care staff working in Memory Care will have a key for all locked cabinets., with a completion date of 11/9/23.

Effective immediately the Memory Care Director will perform audits checking 5 apartments weekly to ensure all prescriptions are locked up in each residents' cabinets.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/14/2023)

184a - Resident's Meds Labeled

6. 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 #7 is prescribed Morphine Sulfate 20 milligrams given under the tongue every three hours as needed for pain. However, in the medication cart there are multiple bags of syringes that have directions for 20 milligrams to be given every two hours as needed for pain and for 20milligrams to be given every three hours. The residents MAR only has morphine sulfate 20milligrams to be given under the tongue every three hours as needed. There is no change of directions indication on the pharmacy label of the bag with instructions for every two hours.

Plan of Correction

Accept [REDACTED] - 11/16/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/17/2023 by the Director of Wellness to clarify current orders for resident #7 morphine and disposed of the mislabeled medication.

To enhance the currently compliant operations, on 11/08/2023 the Director of Wellness communicated new protocols to Hospice Agencies for ordering medications for Hospice residents. Hospice Agencies will now be using the homes main pharmacy to order/re-order medications, this will ensure accuracy for all orders, as all medications received from pharmacy are checked in by the nurses and reviewed prior to being placed in med cart. Nurses will be re-trained by Wellness Director on the new process.

Wellness Director trained nurses on new process on 11/8/2023

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented [REDACTED] - 12/14/2023)

185a - Implement Storage Procedures

7. 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 narcotic administration sign-out sheets for residents #3, #4, #5, and #6 do not indicate whether a medication was administered in AM or PM at the time given.

185a - Implement Storage Procedures (continued)

Resident #6's glucometer did not have a glucose reading on 10/14/23, however the resident's MAR had a reading of 174.

Plan of Correction

Accept [REDACTED] - 11/16/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Director of Wellness to re-educate all med techs and nursing concerning documenting narcotics for am or pm (now using military time).

To enhance the currently compliant operations, on 11/08/2023 the two med techs identified were retrained on appropriate medication administration documentation to include AMPM (now military time) when documenting the time, a narcotic administered.

Reeducation was conducted with med tech on the proper documentation procedures for using and recording glucometer. Since an error was reported on the glucometer a new glucometer was put in place.

On 11/9/2023 Director of Wellness conducted in-service with all Med Techs/ Nurses to review new protocol, military time will be utilized for documenting all narcotic administrations.

Weekly audits for Narcotics and glucometers have started. see attachments.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] 12/14/2023)

187b - Date/Time of Medication Admin.**8. 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 #3 is prescribed Clonazepam .5mg every 12 hours as needed for anxiety. Resident #3's 09/2023 medication administration record does not include the initials of the staff person who administered Clonazepam .5mg on 09/04/23 at 10:45am and at 10:07pm.

Resident #4 is prescribed Tramadol HCL 50mg, take 1/2 tablet twice a day as needed for pain. Resident #4's 10/2023 medication administration record does not include the initials of the staff person who administered Tramadol HCL 50mg on 10/04/23 and 10/10/23. The narcotic sheet was signed out as administered medication.

Resident #5 is prescribed Pregabalin 50mg Capsule by mouth twice daily for nerve pain. Resident #5's 10/2023 medication administration record does include the initials of the staff person who administered Pregabalin 50mg on 10/09 at night, but the medication was present on the narcotic sheet.

Resident #6 is prescribed Morphine 5mg as needed for pain. Resident #6's 10/2023 medication administration record does include the initials of the staff person who administered Morphine on 10/14 at 1:25pm.

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

Plan of Correction

Accept [REDACTED] - 11/14/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service License immediate action be reportable incident completed and sent to BHSL for resident #5 medication error. Investigation conducted to identify Med Techs involved for residents #3, #4 and #6.

After further review of resident #3's findings by the licensing surveyor, a reportable incident was completed and sent to BHSL for medication error. Med Tech no longer works for home. On 11/8/2023 the 2 Med Techs identified for resident's #4, #5, #6 received re-training on proper narcotic documentation procedures and med observations were conducted.

Effective 11/07/2023 the Director of Wellness or designee will perform 2 weekly med cart narcotic audits through 12/31/2023 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/14/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Clonazepam .5mg every 12 hours as needed for anxiety. Resident #3's 09/2023 narcotic log/medication administration record indicates the medication was administered on 09/04/23 at 10:45am, 11:45am and at 10:07pm.

Resident #5 is prescribed Pregabalin 50 mg; take one capsule by mouth twice daily for nerve pain. However, resident #5's medication administration record was initialed as administered on 10/09/23 at night, but the medication was not given on 10/09/23, and not initialed or signed as given on the narcotic count sheet, and the narcotic counts were correct.

Resident #6 is prescribed glucose check twice daily. However, resident #6's medication administration record was initialed on 10/14/23 in the morning as completed with a glucose reading of 174, but the glucometer did not have a reading for 10/14/23 in the morning.

Plan of Correction

Accept [REDACTED] - 11/14/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service License immediate action reportable incident completed and sent to BHSL for resident #5 medication error. Investigation conducted to identify Med Techs involved for residents #3, #5 and #6.

187d - Follow Prescriber's Orders (continued)

After further review of resident #3's findings by the licensing surveyor, a reportable incident was completed and sent to BHSL for medication error. Med Tech no longer works for home. On 11/8/2023 the 2 Med Techs identified for resident's #5, #6 received re-training on proper narcotic documentation procedures and med observations were conducted. Employee using the glucometer was reeducated on proper documentation procedures surrounding prescribed glucose checks.

Effective 11/07/2023 the Director of Wellness or designee will perform 2 weekly med cart narcotic audits through 12/31/2023 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Weekly glucometer checks will continue through 12/31/23.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/14/2023)