



Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]

June 6, 2025

[REDACTED]
Administrator
Rapps Senior Care, LLC

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 14359

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 10, 2024 and February 27, 2025 of the above facility, we have determined that your submitted plan of correction for the October 23 and 24, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *WOODBRIIDGE PLACE* License #: *14359* License Expiration: *12/21/2024*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/24/2024*

Inspection Dates and Department Representative

10/23/2024 - On-Site: [REDACTED]
10/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *21* Residents Served: *15*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

10/23/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2024*

12/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/20/2024

02/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

42s - Privacy

1. 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 October 24, 2024, in the dining area in front of other residents staff member A lifted resident 1's t-shirt up, exposing the residents back, and applied medication.

On 10/24/24, at approximately 10:00 am, there was an Amazon Echo Dot in use in the memory care common room. There were no signs posted indicating audio recording. The home could not produce a policy on audio monitoring devices.

Plan of Correction

Accept ([redacted] - 12/10/2024)

- The Director of Wellness will complete education with all care staff. On the residents' right to privacy of self and possessions. Privacy shall be provided to the residents during bathing, dressing, changing and medical procedures.

- The Director of Wellness will complete education by 12/20/24.

- The Director of Wellness is responsible for conducting education to all care staff. The Director of Wellness will continue to review residents' privacy in monthly staff meetings.

- Memory Care Director immediately removed the Amazon Echo Dot on 10/24/24. The Memory Care Director will conduct an education to all staff members on resident privacy.

- The Memory Care Director will complete education by 12/20/24.

- The Memory Care Director is responsible for conducting education to all care staff. The Memory Care Director will continue to review residents' privacy to include audio recording in monthly staff meetings.

Proposed Overall Completion Date: 12/20/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented ([redacted] - 02/27/2025)

66a - Staff Training Plan

2. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2024.

Plan of Correction

Accept ([redacted] - 12/10/2024)

66a - Staff Training Plan (continued)

- The Business Office Manager immediately created a staff training plan for 2024 (see attached).
- The Business Office Manager will complete training on staff training plan with all managers.
- Education will be completed by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█) - 02/27/2025)

81a - Accomodation

3. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident 2's bedroom door in the memory care unit could not be easily opened by █ the administrator. The door had to be pushed with force. Resident 2 is in a wheelchair and should be able to easily access the room when the resident pleases.

Plan of Correction

Accept (█) - 12/10/2024)

- On 10/24/24 the Director of Maintenance immediately fixed the resident's door.
- The Director of Maintenance will complete training on how to submit a work order to all staff members.
- Education will be completed by 12/20/24
- The Director of Maintenance will conduct an audit of all resident room doors. To make sure doors are operable. Audit will be completed by 12/20/24.

Proposed Overall Completion Date: 12/20/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented (█) - 02/27/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/24/2024, there was a large stain on the carpets outside the common bathroom on the first floor; there was also a strong odor of urine while walking up the stairs to the second floor.

Plan of Correction

Accept (█) - 12/10/2024)

- On 10/25/24 The Director of Maintenance removed the large stain outside the common bathroom on the first floor.
- The Director of Maintenance will complete an audit of the community to see if there are any other carpet stains and/ or urine smells.
- Audit will be completed by 12/20/24
- The Director of Maintenance will conduct training with all managers on how to operate the carpet cleaning

85a - Sanitary Conditions (continued)

machine.

- Training will be completed by 12/20/24

- Starting on 11/20/24 Executive Director will complete daily rounds of the community to address any station and/or smells.

Proposed Overall Completion Date: 12/20/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented () - 02/27/2025)

85e - Trash Outside Home

5. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/23/24, at approximately 10:30 am, the dumpster located in the back of the home was uncovered.

Plan of Correction

Accept () - 12/10/2024)

- The Director of Maintenance will conduct training to all staff members on trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

- Training will be completed by 12/20/24

- The Executive Director will conduct daily checks of the trash receptacles

- Daily checks will begin 11/22/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented () - 02/27/2025)

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom for resident 3 does not have an operable window or ventilation fan. The vent is inoperable, and there is no window in the bathroom.

Plan of Correction

Accept () - 12/10/2024)

- Residents room exhaust fan was corrected.

- Executive Director will complete an audit of all residents' rooms to ensure exhaust fan is working properly.

86b - Bathroom (continued)

- Audit will be complete by 12/20/24
- Director of Maintenance will educate residents during monthly resident council on how to submit a work order for any repairs that are needed within community and/ or resident rooms.
- Ongoing the Executive Director will conduct weekly spot checks on resident rooms during rounds to ensure exhaust fans are operable.

Licensee's Proposed Overall Completion Date: 11/24/2024

Not Implemented (█) - 02/27/2025)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/24/2024, at 9:15 am, there was approximately a one-inch-thick accumulation of lint in the lint trap on the commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 12/10/2024)

- On 10/24/24 The Director of Maintenance immediately removed lint from dryers.
- The Maintenance director will conduct training with the housekeeping staff on how to remove lint from dryers as well as the importance of removing lint from dryers daily.
- Training will be completed by 12/20/24
- The Maintenance Director will conduct weekly checks on all dryers to ensure lint has been removed.
- Weekly checks will start on 11/25/24. Weekly checks will continue as needed

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█) - 02/27/2025)

107b - Emergency Procedures

8. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include the contact information for each resident's designated person.

107b - Emergency Procedures (continued)

Plan of Correction

Accept () - 12/10/2024

- On 10/24/24 the Executive Director printed all resident's face sheets. Which include contact information for each resident's designated person.
- The Business Office Manager will conduct training with all front desk staff to update resident's face sheets as needed
- Training will be completed by 12/20/24
- The Business Office Manager will complete monthly audits to ensure all resident's information is updated as needed.
- Audits will begin 12/1/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented () - 02/27/2025

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/23/24, at approximately 10:40 am, the emergency exit going out to the front of the home from stairwell #3 was blocked by residents sitting in chairs on the front patio.

Plan of Correction

Accept () - 12/10/2024

- On 10/23/24 The Director of Maintenance immediately educated our residents sitting outside that they cannot block an emergency exit.
- During monthly resident council meetings, the Director of Maintenance will educate the residents on not blocking emergency exits.
- The Director of Maintenance will start this training during resident council on 11/26/24 and will continue as needed.
- Starting on 11/15/24 the Executive Director will conduct weekly checks to ensure that nobody is blocking emergency exits.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented () - 02/27/2025

124 - Notice to Fire Department

10. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department (continued)

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (█ - 12/10/2024)

- On 11/21/24 the fire department acknowledged that they received the address of our home, location of the bedrooms and the assistance needed to evacuate in an emergency. (see attached)
- The Executive Director will conduct a training with all managers on notice to fire department.
- Training will be completed by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█ - 02/27/2025)

130h - Inoperable Smoke Detector

11. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction

Accept (█ - 12/10/2024)

- The procedure for inoperable smoke detectors was found after survey was completed (see attached)
- The Executive Director will educate all staff on the policy for when smoke detectors or fire alarms are inoperable.
- Education will be completed by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented (█ - 02/27/2025)

141a 1-10 Medical Evaluation Information

12. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Multiple residents DME's including resident 4's medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency and body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Accept ([REDACTED] - 12/10/2024)

- Director of Wellness will complete an audit of all resident's DME's. To Ensure all residents have the requirements.
- Audit will be completed by 12/20/24
- Any DME's that are missing the information required. Will be sent to the residents PCP to be completed.
- Director of Wellness will train all nurses on the medical evaluation information requirements.
- Training will be completed by 12/20/24
- Ongoing the Director of Wellness will complete monthly checks for on all new DME's

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented ([REDACTED] - 02/27/2025)

182c - Medication Administration

13. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber’s orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident’s hand.
6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 10/24/2024, staff member A did not follow the procedure for handwashing or sanitizing between medications passed.

182c - Medication Administration (continued)

Plan of Correction

Accept (█) - 12/10/2024

- On 10/24/24 the Director of Wellness trained staff member on the requirements for handwashing or sanitizing between medications passed.
- Director of Wellness will conduct training with all nurses and Med Techs on the 5 Rights of Medication Administration. to include handwashing or sanitizing between medications passed. (See Attached)
- Training will be completed by 12/20/24
- The Wellness Director will observe Med Techs administering medications monthly.
- Starting 12/1/24 Wellness Director will review the 5 Rights of Medication Administration during monthly staff meetings.

Proposed Overall Completion Date: 12/20/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█) - 02/27/2025

183e - Storing Medications

14. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/24/2024, resident 1's prescribed Temazepam 15 mg capsule had an opening on pill #12 of the blister pack.

On 10/24/2024, there were 19 syringes of Lorazepam for resident 5 in the locked refrigerator that expired on 8/12/2024.

Plan of Correction

Accept (█) - 12/10/2024

- On 10/24/24 the Director of Wellness removed the expired meds.
- The Director of Wellness will train all Med Tech's and Nurses the requirements for storing medications
- Training will be completed by 12/20/24
- Starting on 11/25/24 the Wellness Director will conduct weekly cart audits. (See Attached)

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█) - 02/27/2025

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

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

Description of Violation

On 10/24/2024, during the medication pass, staff member A signed for the medications before administering.

Plan of Correction

Accept (█ - 12/10/2024)

- On 10/24/24 staff member received training on administering medication before recording it was administered.
- Director of Wellness will conduct training with all nurses and Med Techs on the 5 Rights of Medication Administration. (See Attached)
- Training will be completed by 12/20/24
- The Wellness Director will observe Med Techs administering medications monthly.
- Starting 12/1/24 Wellness Director will review the 5 Rights of Medication Administration during monthly staff meetings.
- Starting on 11/25/24 the Wellness Director will conduct weekly cart audits. (See Attached)

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented (█ - 02/27/2025)

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident 6 is prescribed blood glucose checks four times a day. However, on October 13, 2024, at 8:00 am, resident 6's blood glucose was not checked because the resident doesn't have any test strips available.

According to staff member A's interview, on 10/24/2024, they began administering the morning medications, which are prescribed for 9:00 am at 7:00 am and finished them at 10:45 am. Staff member A failed to administer medications at the prescribed time.

Plan of Correction

Accept (█ - 12/10/2024)

- On 10/24/24 staff member received training on following the prescriber's orders.
- Director of Wellness will conduct training with all nurses and Med Techs on the 5 Rights of Medication Administration. (See Attached)
- Training will be completed by 12/20/24
- Starting on 11/25/24 the Wellness Director will conduct weekly cart audits. (See Attached)
- Starting 12/1/24 Wellness Director will review the 5 Rights of Medication Administration during monthly staff meetings.

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented (█ - 02/27/2025)

225a - Assessment 15 Days

17. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days (continued)

Description of Violation

Resident 6 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 12/10/2024)

- Director of Wellness will complete an audit of all residents' initial assessments. Any assessments that were not completed within the 15 days will be documented.
- Audit will be completed by 12/20/24
- Director of Wellness will train the nursing staff on the requirements for completing the initial assessment for residents. (see attached)
- Training will be completed by 12/20/24
- Ongoing the Executive Director will spot check initial assessments starting.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED]) - 02/27/2025)

225c - Additional Assessment

18. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 7 current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 12/10/2024)

- The Director of Wellness will complete an audit of all resident assessments to make sure we are following the requirements of additional assessments.
- Audit will be completed by 12/20/24
- The Director of Wellness will conduct training with nursing staff when additional assessments are required.
- Training will be completed by 12/20/24
- The Director of Wellness will conduct a monthly audit of 5 residents to ensure assessments are being completed as needed. Findings of the audit will be addressed in quarterly quality assurance meeting.
- Monthly audits will start on 12/1/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED]) - 02/27/2025)

227c - Support Plan Revision

19. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The medical evaluation for resident 3, dated [REDACTED] indicates that the resident has a need for a chopped diet. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 12/10/2024)

- On 10/24/24 the Director of Wellness corrected resident's support plan
- Director of Wellness will conduct an audit of all resident's support plans and DME's to ensure the proper documentation is being met for resident's needs.
- Audit will be completed by 12/20/24
- Director of Wellness will train all nurses on the requirements of the support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.
- Training will be completed by 12/20/24
- Ongoing the Executive Director will complete monthly spot checks on resident support plans to ensure the requirements for revisions are being met.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 02/27/2025)

227d - Support Plan Medical/Dental

20. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment or support plan for resident 7, dated [REDACTED], does not indicate that the resident has a need for the use of an enabler or does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 12/10/2024)

- Director of Wellness will conduct an audit of all resident's support plans to ensure residents have the proper documentation in support plan that any medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.
- Audit will be completed by 12/20/24
- Director of Wellness will train all nurses on the requirements of the proper documentation on resident's support plan for medical and dental are being met.
- Training will be completed by 12/20/24

227d - Support Plan Medical/Dental (continued)

- Ongoing the Executive Director will complete monthly spot checks on resident support plans to ensure that the requirements for proper documentation on medical and dental are being met.

Licensee's Proposed Overall Completion Date: 12/20/2024

Not Implemented (█ - 02/27/2025)

254b - Policy and Procedures

21. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

Plan of Correction

Accept (█ - 12/10/2024)

- The Policy and Procedures was found after survey was conducted. Policy pertaining to record accessibility, security, storage, authorized use and release and who is responsible for the records is policy number 107-110. (see attached)
- The Executive Director will train the management team on how policy and procedures manual to include procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.
- Training will be completed by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█ - 02/27/2025)

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *WOODBRIIDGE PLACE* License #: *14359* License Expiration: *12/21/2024*
Address: *1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460*

Inspection Information

Start Date: *10/23/2024* Type: *Full*

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
<i>Staff Member A</i>	<i>Ashlee Wagner</i>	<i>Med Tech</i>	<i>07/17/2020</i>
<i>Staff Member B</i>	<i>Brian Schad</i>	<i>Administrator</i>	<i>04/29/2024</i>

Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>
<i>Resident 1</i>	<i>Katherine Fritz</i>
<i>Resident 2</i>	<i>Eleanor Philler</i>
<i>Resident 3</i>	<i>Renell Mairsperger</i>
<i>Resident 4</i>	<i>Joanne Dick</i>
<i>Resident 5</i>	<i>Patricia Birchall</i>
<i>Resident 6</i>	<i>Daniel Kjer</i>
<i>Resident 7</i>	<i>Florence Katz</i>