



Pennsylvania
Department of Human Services

Sent via e-mail [REDACTED]

June 5, 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 February 4 and 27, 2025 of the above facility, we have determined that your submitted plan of correction for the December 30, 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]

[REDACTED]

[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: *12/21/2025*
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: *93* Waking Staff: *70*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *12/30/2024*

Inspection Dates and Department Representative

12/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *Liliac Terrace* Capacity: *40* Residents Served: *14*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

12/30/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2025*

Inspections / Reviews (*continued*)

01/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/03/2025

02/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/10/2025

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

82c - Locking Poisonous Materials

1. 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

Meyers Clean Day Body Wash, with a manufacturer's label indicating "keep out of reach of children", was unlocked, unattended, and accessible to resident #1 and resident #2. Not all the residents of the home, including resident #1 and resident #2, have been assessed as capable of recognizing and using poisons safely.

Medline roll on antiperspirant, with a manufacturer's label indicating "keep out of reach of children and, if accidentally swallowed, obtain immediate medical help or contact a poison control center right away", was unlocked, unattended, and accessible to resident #1 and resident #2. Not all the residents of the home, including resident #1 and resident #2, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 01/29/2025

The Memory Director immediately removed poisonous materials. The Memory Director will conduct a training with staff on the importance of ensuring all poisonous material training will be completed by 2/10/25. Starting 1/27/25 the Memory Care Director will complete a weekly room audit to ensure all poisonous materials are secured appropriately.

Licensee's Proposed Overall Completion Date: 02/10/2025

86b - Bathroom

2. 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 #1, resident #2 and resident #3 does not have an operable window or ventilation fan.

Plan of Correction

Accept (█) - 01/29/2025

All exhaust fans are being repaired in the community. Repairs start on 1/27/25 and will be completed by 1/31/25. The maintenance Director will conduct a quarterly room audit to ensure all exhaust fans are operating properly.

Licensee's Proposed Overall Completion Date: 02/10/2025

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 02/04/2025)

The Executive Director immediately put a lamp next to the resident's bed. The maintenance Director will complete a room audit of all residents' rooms. To ensure each resident has an operable lamp. The audit will be completed by 2/10/25. Maintenance Director will complete an education with Housekeepers to check every room has an operable lighting at bedside during weekly apartment cleaning. education will be completed by 2/10/25. Executive Director will educate all new residents and families that an operable light will need to be placed by their bedside.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented (█) - 02/27/2025)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 12/30/2024 through 1/4/2024 was posted. However, the home's menu for the following week was not posted in the main kitchen dining area and lilac terrace.

Plan of Correction

Accept (█) - 01/29/2025)

The Dining Director immediately posted the menu. The Dining Director will complete training with all kitchen staff members on posting menus. Education will be completed by 2/10/25. Starting 1/27/25 the Dining Director will complete a weekly audit to ensure menus are posted in Personal Care and Memory Care.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented (█) - 02/27/2025)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 12/30/2024, Nystatin 100,000 unit/ML prescribed for resident #1 was in the home's Lilac Terrace medication cart; however, the medication was discontinued on 12/25/2024.

183d - Prescription Current (continued)

On 12/30/2024, Glucagen 1MG Hypokit prescribed for resident #5, was in the home's 3rd floor medication cart; however, the medication was discontinued on 11/11/2024.

On 12/30/2024, Glutose 15 gel 40% prescribed for resident #5, was in the home's 3rd floor medication cart; however, the medication was discontinued on 11/11/2024.

Plan of Correction

Accept ([redacted] - 01/29/2025)

Director of Wellness completes training to nurses on medication administration of discontinued medication, the five rights of Medication administration- Right resident, right drug, right time, right route, right dose. Training will be completed by 2/10/25. Medication for residents' # 5 and number #1 was immediately removed from carts. Starting 1/27/25 the wellness team will complete weekly cart audits on all carts. Director of Wellness to ensure continued compliance

Licensee's Proposed Overall Completion Date: 02/10/2025

185a - Implement Storage Procedures

6. 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

On 12/23/2024, at 5:02 pm, the glucometer for resident #5 displayed 142, however medication administration record was documented as 172.

On 12/22/2024, at 7:22 pm, the glucometer for resident #5 displayed 115, however the reading was not documented on the medication administration record.

On 12/17/2024, at 5:23 pm, the glucometer for resident #5 displayed 81, however the reading was not documented on the medication administration record.

Plan of Correction

Accept ([redacted] - 01/29/2025)

Director of Wellness will educate all Med Techs and nurses on proper documentation on glucometer readings/ Blood sugar readings. Training will be completed by 2/10/25. Director of Wellness will complete glucometer audits to ensure accurate documentation of blood sugar. Glucometer Audits will start on 1/27/25. Audits will be completed weekly. Director of Wellness to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 02/10/2025

187b - Date/Time of Medication Admin.

7. 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 #6 is prescribed Clonazepam 0.5 mg tablet take one by mouth at bedtime. Resident #6's controlled substance sheet does not include the signature of the staff person who administered Clonazepam on 12/21/2024 at 9:00 pm.

Plan of Correction

Accept ([redacted] - 01/29/2025)

The Director of Wellness will educate Med Techs and nurses on how to properly sign-out narcotics and validate correct counts of narcotics. Training will be completed by 2/10/25. Starting on 1/26/25 the Wellness Director will complete weekly checks to assure narcotics are being signed out properly. Director of Wellness to ensure continued compliance

Licensee's Proposed Overall Completion Date: 02/10/2025

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed Advair 250-50 Diskus inhale 1 dose twice daily. On 12/30/2024, at 3:25 pm, the medication was not available in the home.

Plan of Correction

Accept ([redacted] - 01/29/2025)

Director of Wellness notified physician for # 5 of medication is not available due insurance coverage- new order received for Brevo inhaler, Advair was discontinued. The Director of Wellness will train all Med Techs and nurses on how to properly notify the PCP and pharmacy when medications are not available. Training will be completed by 2/10/25. The Wellness Director will review the eMar dashboard daily as well as the medication administration record to assure medications are being administered. Director of Wellness to ensure continued compliance

Licensee's Proposed Overall Completion Date: 02/10/2025

234b - Support Plan Needs Elements

9. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The medical evaluation for resident #1, dated [redacted], indicates that the resident has a need for a mechanical soft diet. The resident's support plan, dated [redacted] does not address how this dietary need will be met.

234b - Support Plan Needs Elements (continued)

Plan of Correction**Accept (█ - 01/29/2025)**

Director of Wellness updated resident# 1 service plan to reflect resident dietary needs and how community will meet the needs. Director of Wellness will complete an audit chart on all new residents to ensure all service plans meet the residents' needs, addressing physical, medical, social, cognitive, and safety needs. The Director of Wellness will train all nurses on support plans and identification resident needs. Training will be completed by 2/10/25. Starting 1/27/25 the Director of Wellness will complete weekly audits of 5 residents to ensure we continue compliance. Director of Wellness to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 02/10/2025**Implemented (█ - 02/28/2025)**