

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

April 3, 2025

[REDACTED]
RAPPS SENIOR CARE LLC

[REDACTED]
ATTN BILL SNOW
[REDACTED]

RE: WOODBRIDGE PLACE
1191 RAPPS DAM ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14359

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2025 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:** 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:** 08/28/1996 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 103 **Waking Staff:** 77

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 01/29/2025

Inspection Dates and Department Representative

01/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 77

Secured Dementia Care Unit

In Home: Yes **Area:** Lilac Trace **Capacity:** 21 **Residents Served:** 16

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 76
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 26 **Have Physical Disability:** 0

Inspections / Reviews

01/29/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/10/2025

03/11/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/27/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/29/2025

Inspections / Reviews *(continued)*

04/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 5:30 am, staff person A woke up resident [REDACTED] and forced them into the shower. Resident [REDACTED] was not comfortable with the interaction. This incident was reported to staff person B on [REDACTED]. However, this allegation of abuse was not reported to the Older Adult Protective Services.

Plan of Correction

Accepted [REDACTED] - 03/11/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing. Immediate action was taken on 1/22/2025 by the Executive Director. Executive Director submitted state reportable to DHS. As well as investigated the incident. Memory Care Director will educate all care staff on the importance of reporting any interaction with resident's that either the resident or staff member was uncomfortable. Executive Director will educate all managers on immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

To enhance the currently compliant operations, the Memory Care Director will educate all care staff on the importance of reporting any negative interaction with a resident. That either the resident or staff member was uncomfortable. Executive Director will educate all managers on when and how to report abuse allegations, with a completion date of 03/28/2025.

Effective 3/7/25 the Executive Director will perform staff education during monthly staff meetings. This will continue through 5/1/25 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [REDACTED] - 04/03/2025)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], at approximately 5:30 am, staff person A woke up resident [REDACTED] and forced them into the a shower. Resident [REDACTED] was not comfortable with the interaction. The home did not place staff person A on suspension and did not get a supervision plan approved from the Department.

Plan of Correction

Accepted [REDACTED] - 03/11/2025)

The Executive Director will educate all managers on when and why the community needs have the Department

15b Supervisor Plan (continued)

approve a supervision plan and/ or suspend employee after an abuse allegation. Education will be completed by 3/28/25. The Executive Director will educate all staff members on reporting abuse to the Executive Director. Education will be completed by 3/28/25.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/03/2025)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 5:30 am, staff person A woke up resident [redacted] and forced them into the shower. Resident [redacted] was not comfortable with the interaction. The home did not report this incident to the Department until [redacted].

Plan of Correction

Accept [redacted] - 03/11/2025)

Executive Director will educate all managers on when, how, and why submitting an incident report to DHS is important when any individual reports an abuse allegation. Education will be completed by 3/28/25

The Executive Director will educate the management team on how to submit a written incident report DHS. The Executive Director will review all written incident reports starting 3/10/25 through 5/1/25 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] 04/03/2025)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated [redacted], for resident [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 03/11/2025)

On 1/7/25 the Business Office Director immediately corrective and had resident sign contract. Executive Director will educate Marketing Director and Business Office Director on having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees. Education will be completed by 3/28/25. Starting 3/10/25 the Business Office Director will conduct an audit of all resident contracts to ensure all residents have signed. Audit will be completed by 3/28/25.

25b - Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/03/2025)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], resident [redacted] reported that staff person A woke them up and forced them to get out of bed to take a shower. Resident [redacted] reported that staff person A told them they need a shower because their family is complaining about their smell. Resident [redacted] did not want to get up and did not want a shower at that time. Resident [redacted] states that they don't like their shower that early. Resident [redacted] states that staff person A took them to the bathroom, forced them to get undressed and into the shower. Resident [redacted] was not comfortable with the interaction. Resident [redacted] reports that it hurt their Pride.

Plan of Correction

Accept [redacted] - 03/11/2025)

Memory Care Director will conduct an education care staff on proper techniques for handling residents that refuse showers. Education will be completed by 3/28/25. Memory Care Director will continue to educate caregivers on proper techniques on handling refusals during monthly staff meetings.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/03/2025)

231c - Preadmission Screening

6. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident [redacted] written cognitive preadmission screening was completed on [redacted].

Plan of Correction

Accept [redacted] - 03/11/2025)

Executive Director will educate the management and Wellness team on completing a Preadmission Screening. Education will be completed by 3/28/25. The executive Director will complete an audit every month of all new residents to ensure Preadmission Prescreens are being completed. Audit's will start on 3/10/25.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/03/2025)