

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

May 28, 2026

[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 02/26/2026 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:** 12/21/2026
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:** 07/17/1996 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 140 **Waking Staff:** 105

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 02/26/2026

Inspection Dates and Department Representative

02/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 102

Secured Dementia Care Unit

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

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 102
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 0

Inspections / Reviews

02/26/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/28/2026

04/08/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/10/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/10/2026

Inspections / Reviews *(continued)*

05/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A, B, and C did not receive training in medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan in the training year 2025.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

1. Staff A, B, and C completed the required training in: Medication self-administration and Instruction on meeting resident needs as outlined in the preadmission screening form, assessment tool, medical evaluation, and support plan on 2/19/2026 and 3/24/2026. Documentation of completed training will be maintained in each employee's personnel file.
2. An audit of all direct care staff training records for the 2025 training year was conducted by Business Office Director to determine if any additional staff missed required training components. The audit was completed on 2/25/2026, prior to this survey, as this was cited on survey 11/25/26, 11/26, 2026, 12/22/2026 and audit was part of the plan of correction.
Any staff identified with deficiencies completed the remedial training by 3/25/2026. Remedial training was led by Administrator, Business Office Director and/or designee.
Documentation of completed training will be maintained in each employee's file.
3. The Vice President of Talent Development added the training to our learning management system, Relias on 3/16/2026 to monitor completion of all required annual training topics. The annual training calendar was revised to ensure all required topics under 65.f are scheduled and clearly identified.
The Business office Director or designee is responsible for tracking, scheduling, and verifying completion of all required training through the Relias Learning Management System. Effective April 1, 2026 the Business Office Director or designee will review Relias monthly for completion of assigned trainings of all associates. Associates identified with incomplete trainings will receive the incomplete training in person with the Business Office Director or designee and will sign acknowledgement form upon completion. Trainings and acknowledgement forms will be maintained by the Business Office Director and will be available for review upon request. This process will remain in place through completion of all associate annual trainings.
4. The Administrator or designee will review the training log monthly to ensure compliance.
Quarterly audits of personnel files will be conducted by administrator or designee beginning April 1st, 2026 through September 30th, 2026 to verify that required training documentation is complete.

65f - Training Topics (*continued*)

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented [REDACTED] - 05/28/2026)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations and the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) during training year 2025.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 04/08/2026)

1. Staff C completed the required training in: Medication self-administration and Instruction on meeting resident needs as outlined in the preadmission screening form, assessment tool, medical evaluation, and support plan on 3/24/2026. Documentation of completed training will be maintained in each employee's personnel file.

2. An audit of all direct care staff training records for the 2025 training year was conducted by Business Office Director to determine if any additional staff missed required training components. The audit was completed on 2/25/2026, prior to this survey, as this was cited on survey 11/25/2026, 11/26/2026, 12/22/2026 and audit was part of the plan of correction.

Any staff identified with deficiencies completed the remedial training by 3/25/2026. Remedial training was led by Administrator, Business Office Director and/or designee.

Documentation of completed training will be maintained in each employee's file.

3. The community Vice President of Talent Development added the training to our learning management system, Relias on 3/16/2026 to monitor completion of all required annual training topics. The annual training calendar was revised by the Administrator on 3/16/2026 to ensure all required topics under 65.f are scheduled and clearly identified.

The Business office Director or designee is responsible for tracking, scheduling, and verifying completion of all required training through the Relias Learning Management System. Effective April 1, 2026 the Business Office Director or designee will review Relias monthly for completion of assigned trainings of all associates. Associates identified with incomplete trainings will receive the incomplete training in person with the Business Office Director or designee and will sign acknowledgement form upon completion. Trainings and acknowledgement forms will be maintained by the Business Office Director and will be available for review upon request. This process will remain in place through completion of all associate annual trainings.

4. The Administrator or designee will review the training log monthly to ensure compliance.

65g - Annual Training Content (continued)

Quarterly audits of personnel files will be conducted by administrator or designee beginning April 1st, 2026 through September 30th, 2026 to verify that required training documentation is complete.

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented [REDACTED] 05/28/2026)

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 [REDACTED] does not have access to a source of light that can be turned on/off at bedside. Bedside lamps on each side of the bed, but they can only be turned on/off with a switch on the opposite bedroom wall, not at the bedside.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 04/08/2026)

On 3/19/2026 the Administrator audited Resident [REDACTED]'s apartment and found Resident [REDACTED] has access to a source of light that can be turned on/off at bedside via remote control which is compliant with 2600.101.j.7. See attached pictures.

On 12/1/2025 the Administrator/designee conducted a 100% audit of all resident bedrooms to ensure each resident has access to a bedside light that can be independently operated from bedside.

Any identified deficiencies were corrected at the time of discovery.

To prevent recurrence, the facility has implemented the following:

Mandatory staff education for maintenance and direct care staff by Administrator on regulatory requirements for resident bedroom setup, including lighting accessibility to be completed by 2/25/2026.

Weekly environmental rounds will be conducted weekly for the next four weeks starting April 1st, 2026 through April 30th, 2026 by Maintenance director or designee, followed by monthly audits beginning May 1st, 2026 through September 30th, 2026.

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented [REDACTED] 05/28/2026)

187b - Date/Time of Medication Admin.

4. 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 [REDACTED] is prescribed [REDACTED]. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered on [REDACTED] at 12:36 p.m.

Repeated Violation: [REDACTED] et al.

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

Plan of Correction**Accept** [REDACTED] - 04/08/2026)

The MAR for Resident [REDACTED] was immediately reviewed by DOW and Administrator. It was determined that the medication was administered as ordered; however, due to a system outage, documentation was entered as a late entry and did not reflect the correct administration time.

The MAR was corrected to accurately reflect the medication administration, including proper staff identification and notation of late entry per facility policy.

The staff member involved received immediate re-education on 2/26/2026 by Wellness Director on proper late entry documentation, including ensuring accurate date and time of administration are entered and verified prior to submission.

An audit of all MARs was completed by 3/9/2026 by Wellness Director to identify any additional late entries or documentation errors related to system downtime or delayed charting.

Re-training of all medication administration staff on late entry documentation procedures, with emphasis on manually verifying correct administration date and time by Wellness Director to be completed by 3/28/2026.

Weekly MAR audits will be conducted for 4 weeks starting April 1st, 2026 by Wellness Director and/or designee, then monthly beginning May 1st, 2026 thereafter through September 30th, 2026

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented [REDACTED] - 05/28/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed morphine every four hours routinely for pain. However, resident [REDACTED] was administered the medication less than four hours apart on the following dates and times:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Repeated Violation: [REDACTED] et al.

Plan of Correction**Accept** [REDACTED] - 04/08/2026)

The medication administration records for Resident [REDACTED] were immediately reviewed by DOW and Administrator on 2/26/2026. It was determined that the medication was administered according to the prescribed four-hour interval; however, documentation was entered after administration and did not always reflect the exact time the medication was given, resulting in recorded times appearing closer than ordered intervals. The MAR was reviewed for accuracy, and staff involved were re-educated on ensuring documentation reflects the actual time of administration, not the time of charting. This occurred on 2/27/2026-3/6/2026 by Wellness Director.

The resident was assessed for any adverse effects, and no negative outcomes were identified. The prescribing provider and hospice were notified on 2/26/2026 by Wellness Director.

187d - Follow Prescriber's Orders (continued)

An audit of current residents receiving routine and time-sensitive medications was conducted on 3/9/2026 by Wellness Director and Administrator to identify any discrepancies between administration timing and documentation.

Re-training of all medication administration staff by Wellness Director on:

Documenting the actual time of medication administration, even if entered later and Following prescriber orders for medication intervals to be completed by 3/28/2026.

Weekly medication pass observations will be conducted for 4 weeks by the Wellness Director and/or designee, beginning April 1st, 2026 through April 30th, 2026. 4 observations to be completed each week by Wellness Director and/or designee. Observations to be reviewed by Administrator each week.

Weekly MAR audits will be conducted for 4 weeks by Wellness Director and/or designee, starting April 1st, 2026 through April 30th, 2026 then monthly starting May 1st, 2026 through September 30th, 2026

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented [REDACTED] - 05/28/2026)