

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

March 18, 2025

[REDACTED] REGIONAL VICE PRESIDENT OF OPERATIONS
ACTS RETIREMENT LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT
SOUTHAMPTON ESTATES
238 STREET ROAD
SOUTHAMPTON, PA, 18966
LICENSE/COC#: 13887

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2024 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: OAKBRIDGE TERRACE AT SOUTHAMPTON ESTATES **License #:** 13887 **License Expiration:** 05/07/2025
Address: 238 STREET ROAD, SOUTHAMPTON, PA 18966
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: ACTS RETIREMENT LIFE COMMUNITIES INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 10/27/2009 **Issued By:** Southampton Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 59 **Waking Staff:** 44

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/15/2024

Inspection Dates and Department Representative

11/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 57 **Residents Served:** 40

Special Care Unit

In Home: Yes **Area:** Spring Lane **Capacity:** 33 **Residents Served:** 19

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 40
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

11/15/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/19/2024

01/29/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/19/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/03/2025

Inspections / Reviews (*continued*)

02/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/14/2025

03/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/15/24, at 10:45 A.M., the staff communication log was unlocked, unattended, and accessible in the nursing station of the special care unit.

Plan of Correction

Directed () - 02/04/2025)

Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.

On 11/15/24, immediately upon identification that the communication binder was placed at the nurses' desk, the staff was instructed to place it back inside the locked cabinet.

The Director of Assisted Living rein-serviced nursing staff on "Residents right to privacy and Record confidentiality" on 11/15/24 and 11/18/24.

The Director of Assisted Living or designee will perform daily random compliance audits beginning 12/1/24 through 12/31/24 and report findings at our next quarterly QAPI meeting scheduled in January 2025.

Directed Completion Date: 02/03/2025

Implemented () - 03/18/2025)

54a Direct care staff quals

2. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 02/04/2025)

On 11/15/24 Direct Care Worker A, identified by surveyor was confirmed to have a high school diploma as of 6/2019.

The Director of Assisted Living conducted an audit to ensure all Personal Care Assistants have a GED or High school diploma in their company file on 11/18/24. The results of this audit indicated complete compliance.

The Human Resources Coordinator or designee will audit each newly hired PCA file during the onboarding process beginning 11/19/2024 and have made this standardized practice to maintain compliance with this regulation

Licensee's Proposed Overall Completion Date: 02/03/2025

54a Direct care staff quals (*continued*)*Implemented (████) - 03/18/2025)*

121a Unobstructed egress

4. Requirements

2800.

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

Description of Violation

On 11/15/24 at 10:40 A.M., a stop sign with the words "stop emergency exit only" blocked egress from the residence's egress routes from the building on the first floor next to the living area .

Plan of Correction*Accept (████) - 02/04/2025)*

On 11/15/24 following surveyor observation the Director of Assisted Living immediately removed the "Stop emergency exit only"? paper signage hanging from this exit door and performed environmental rounds to ensure all exits met this regulatory requirement. The results indicated complete compliance with this regulation. The Director of Property Management rein-serviced the Security Supervisor on the importance of an unobstructed egress and maintaining compliance with the residence's egress routes from the building on 12/13/24. The Maintenance Supervisor or designee will conduct a random weekly audit for 3 weeks beginning on 12/6/25 to ensure that all egress routes are free of stop signs and are unobstructed. All findings will be reported at our next quarterly QAPI meeting scheduled January 2025.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented (████) - 03/18/2025)

132c Fire drill records

5. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/20/24 and 9/23/24 does not include the evacuation time.

Plan of Correction*Accept (████) - 02/04/2025)*

The Community reviewed fire drill logs dated 7/20/24 & 9/23/24 and both had start and stop times recorded in the report. The Director of Property Management retrained additional staff on fire safety and the auditing process to include total time of drill. The Director of Property Management rein-serviced the Security Supervisor on the importance of fire safety and ensuring that fire drill evacuation times are accurately reflected within the fire drill reports on December 13, 2024. The Director of Assisted Living or designee will conduct a monthly audit for 3 months of the fire drill reports beginning 1/2025 to verify compliance with this regulation. All findings will be reported at the next quarterly QAPI meeting scheduled April 2025.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented (████) - 03/18/2025)

132c Fire drill records (*continued*)

132h Designated meeting place

6. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

In the fire drills held on 10/15/24, 8/15/24, and 7/20/24 not all of the residents in the residence evacuated. The fire drills are held at two different times.

- The fire drill held in the oakbridge terrace north unit on 10/15/24 at 2:21 P.M. 35 residents were present in the residence; only 17 residents evacuated.*
- On 10/25/24 the fire drill in the oakbridge terrace south unit was held at 1:01 P.M. with 35 residents in the residence; only 18 residents evacuated.*
- On 8/15/24 the fire drill held in the oakbridge terrace south unit was held at 6:55 P.M. had 36 residents in the residence; only 19 residents evacuated.*
- On 8/15/24 the fire drill held in the oakbridge terrace north unit was held at 7:35 P.M. had 36 residents in the residence; only 17 residents evacuated.*
- On 7/20/24 the fire drill held in the oakbridge terrace south unit at 1:20 P.M. had 34 residents in the residence; only 22 residents evacuated.*
- On 7/20/24 the fire drill held in the oakbridge terrace north unit at 2:07 P.M. had 34 residents in the residence; only 12 residents evacuated.*

Plan of Correction

Accept () - 02/04/2025)

The Community has revised the process of administering Fire Drills in Oakbridge Terrace to ensure all residents on both neighborhoods will be evacuated during Fire drills.

The Security Supervisor/Designee was rein-serviced by the Director of Property Management on the importance of evacuating to a designated meeting place away from the building or within the fire-safe area during each fire drill on 12/13/24.

The Director of Property Management or designee will conduct a monthly audit for 3 months of the fire drill reports beginning 1/2025 to ensure that the residents are evacuated to a designated meeting place away from the building or within the fire-safe area during each fire drill.

All findings will be reported at next quarterly QAPI meeting scheduled April 2025.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented () - 03/18/2025)

133.3 Exit signs - letter size

7. Requirements

2800.

133.3. Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Description of Violation

The height of the letters on the exit sign over the the first floor emergency exit door, next to the living area,

133.3 Exit signs - letter size (continued)

are only approximately 3/4 inches high. The residence currently serves 40 residents.

Plan of Correction**Accept ([REDACTED] - 02/04/2025)**

The Community has ordered exit signs with letters at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide for the first-floor emergency exit door, next to the living area. They are scheduled to be installed by 12/24/2024.

The Maintenance Supervisor measured each exit door sign at other locations throughout OakBridge Terrace and found them all to meet regulatory compliance on 12/11/24.

The Maintenance Supervisor or designee will conduct a monthly audit for 3 months of all emergency exit doors in Oakbridge Terrace beginning 1/2025 to ensure compliance and report findings at the next quarterly QAPI meeting scheduled in April 2025.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented ([REDACTED] - 03/18/2025)