



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

Mr. Jefferson Kaighn, Vice President
ACTS Retirement Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Spring House Estates
728 Norristown Road
Lower Gwynedd, Pennsylvania 19002
License #: 139010

Dear Mr. Kaighn:

As a result of the Department of Public Welfare's licensing inspection on April 10, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your regular license for the period May 31, 2014 to May 31, 2015 was issued on March 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code §2800

Name of Community Home:

Oakbridge Terrace at Springhouse Estates

Address:

728 Norristown Rd.
Ambler, Pennsylvania 19022

License: 139010

Type of Inspection: Full

Reason(s) for Inspection: Annual

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

4/10/14 - Israel Springs, Doug Hoover

Off-Site Inspection Dates and Inspectors, if Applicable:

LIS - [Oakbridge Terrace at Springhouse Estates] - [4/10/14] - [Israel Springs]

Regulation
 § 2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120° F.

Violation:
 1) ~~The sink in the public men's bathroom near the coat rack on the first floor had a water temperature of 134 degrees at 10:30 and 130.4 degrees at 1:45 pm.~~ WITHDRAWN - NSC 6/16/14
 2) The water temperature in the sink in room 111 was 122.3 degrees.

Plan of Correction

2800.89(b)

1. The administration of OakBridge Terrace at Spring House Estates respectfully requests that this violation be removed from our violation report. The sink in the men's public bathroom near the coat rack on the first floor is not in OakBridge Terrace, the assisted living residence of Spring House Estates. This bathroom is located in the Independent Living Residence of Spring House Estates. This bathroom is outside of the Rosewood Dining Room, the Independent Resident's main dining room. It is located in the vestibule leading to Elm wing, an Independent Living section of Spring House Estates. This men's public bathroom is located on the first floor. OakBridge Terrace is located on the ground floor. Therefore, the administration of OakBridge Terrace at Spring house Estates respectfully requests that this violation be removed from our violation report.

2. The water temperature from the bathroom sink in OBTW 111 was temped at 122.3. Maintenance was notified immediately and temperature was regulated and the temperature was brought down to 120 degrees. The water temperatures are checked in OakBridge Terrace daily and recorded on a log. Maintenance will check water temps twice a day and record on a log. All variances in water temperatures will be addressed immediately

Sample Log Attached

Printed Name and Title of Legal Entity Representative (Required on all pages)
 Susan M. Leisey RA

Signature of Legal Entity Representative (Required on all pages) Date
 Susan M. Leisey RA 5/12/2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/16/14 (Date)
 The above plan of correction was approved by NSC (Initials)

Plan of correction implementation status as of 6/16/14 (Date):
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

LIS – [Oakbridge Terrace at Springhouse Estates] – [4/10/14] – [Israel Springs]

Regulation

§ 2800.187(a) - A medication record shall be kept to include the resident's name; drug allergies; name of medication; strength; dosage form; dose; route of administration; frequency of administration; administration times; duration of therapy, if applicable; special precautions, if applicable; diagnosis or purpose for the medication, including pro re nata (PRN); date and time of medication administration; and name and initials of the staff person administering the medication.

Violation:

On 4/10/14 the medication administration record for Resident #1 showed that Prozac 10 mg is prescribed for 1 capsule in the AM daily. The label on the bottle used to dispense the medication showed instructions for 1 ½ capsules to be administered daily.

Plan of Correction

2800.187(a)

1. The medication described in the violation for Resident #1 came from a mail order company. We are unable to receive label changes from the mail order companies. We had a dosage change order which was affixed to the bottle with a rubber-band which had fallen off. We did find the order in the medications cart and did affix this to the bottle with a rubber-band. We did note on the MAR there was a dosage change and to administer medication per order/MAR not by label. We will continue with this process for all medication dosage changes where labels are unavailable.

Assisted Living Administrator Educated all staff regarding medication procedures and a current in-service is in progress and will be completed by May 23, 2014.

A PIP (Performance Improvement Plan) has been implemented, which includes a weekly audit of 10% of the OBT MAR's, medications, and medication carts. As a result of the PIP and audit, a QA process will monitor the effectiveness of the plan. A formal QA report is conducted on a quarterly basis.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Susan M. Leisey RN

Signature of Legal Entity Representative (Required on all pages)

Susan M. Leisey RN

Date

5/2/2014

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The above plan of correction is approved as of

6/16/14
(Date)

Plan of correction implementation status as of

6/16/14
(Date)

Fully Implemented

Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

Not Implemented

The above plan of correction was approved by

NSC
(Initials)

LIS – [Oakbridge Terrace at Springhouse Estates] – [4/10/14] – [Israel Springs]

Regulation

§ 2800.187(b) - The date and time of medication administration and name and initials of the staff person administering the medication shall be recorded at the time the medication is administered.

Violation:

The medication administration record for Resident #2 showed that Systane Ultra Lubricant Eyedrops is prescribed and was initialed on the MAR as given at 2:00 pm on 4/10/14, but the medication had not been administered as of 2:05 pm when med audit was being performed.

Plan of Correction

2800.187(b)

Education on medication administration has been given. No pre-signing is allowed per policy and procedure. Reviewed process with staff. The staff person involved was counseled.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Susan M. Leisey RN

Signature of Legal Entity Representative (Required on all pages)

Susan M. Leisey RN

Date

SMIL
5/2/2014

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The above plan of correction is approved as of 6/16/14
(Date)

The above plan of correction was approved by NSC
(Initials)

Plan of correction implementation status as of 6/16/14
(Date)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LIS – [Oakbridge Terrace at Springhouse Estates] – [4/10/14] – [Israel Springs]

Regulation § 2800.187(d) - The residence shall follow the directions of the prescriber.
Violation: The MAR for Resident #1 showed the doctor prescribed Calcium Carbonate (Vitamin D) 600/400 IU and the bottle of the supplement being dispensed displayed 500/200 IU.
Plan of Correction <div style="margin-left: 40px;"> <p>2800.187(d)</p> <p>Calcium Carbonate (Vitamin D) 600/400 IU was ordered by the physician. The resident had been receiving this dose. Family member dropped off a new bottle of Calcium Carbonate (Vitamin D) 500/200 that morning. No calcium was given from that bottle. When identified during inspection, the bottle was pulled and family was notified. A corrected bottle of calcium was delivered within 2 hours for Resident #1. The wrong dose of calcium was given back to the family.</p> <p>All medications received from pharmacy, mail order, resident and or family member must be checked by nursing for accuracy of dosage, order, and labeling. The nurse will then initial the (Med F:279). If there are any inconsistencies, the nurse will notify the source of the inconsistency immediately to have non-compliance rectified. These OTC or medications will be returned to the source and not put in the medication cart.</p> <p>Assisted Living Administrator Educated all staff regarding medication procedures and a current in-service is in progress and will be completed by May 23, 2014.</p> <p>A PIP (Performance Improvement Plan) has been implemented, which includes a weekly audit of 10% of the OBT MAR's, medications, and medication carts. As a result of the PIP and audit, a QA process will monitor the effectiveness of the plan. A formal QA report is conducted on a quarterly basis.</p> </div>

Printed Name and Title of Legal Entity Representative (Required on all pages) Susan M Leisey RN	
Signature of Legal Entity Representative (Required on all pages) Susan M Leisey RN	Date 5/2/2014

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The above plan of correction was approved by <u>NSL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented