



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2017

Ms. Holly Schade,
VP Home & Health Services
ACTS Retirement – Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Lima Estates
411 North Middletown Road
Media, Pennsylvania 19063
License #: 138910

Dear Ms. Schade:

As a result of the Department of Human Services' annual licensing inspection on February 14, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

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

Assisted Living Residence: Oakbridge Terrace at Lima Estates		License Number: 138910
Address: 411 North Middletown Road Media, Pennsylvania 19063		County: Delaware
Administrator: LeeAnn Luterman		
Legal Entity Name: ACTS Retirement Life Communities, Inc.		
Legal Entity Address: 375 Morris Road West Point, Pennsylvania 19406		
Certificate(s) of Occupancy: C2, LP (L&I) 8/15/90		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: February 14, 2017 Dale Rosenblat and Laura Kazimer		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36	Number of Residents who:	
Number of Residents Served: 29	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: NA	Are 60 Years of Age or Older: 29	
Area: NA	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable: NA	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: NA	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0	PLG 170	

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation

§ 2800.65. Staff orientation and direct care staff person training and orientation.

(i) Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological 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) Assisted living 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 residence.

Violation

Direct Care Staff Person A, did not complete any of the above required trainings for the 2016 training year.

Plan of Correction

see the attachment, page 2x of 4. -ee

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

M. Leonard Loterman Administrator

Signature of Legal Entity Representative (Required on all pages)

M. Leonard Loterman Administrator

Date

4/6/17

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

The above plan of correction is approved as of *4-11-17*
(Date)

The above plan of correction was approved by *ee*
(Initials)

Plan of correction implementation status as of *4-11-17*
(Date)

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



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JZE

Assisted Living Residence at
Lima Estates
www.oakbridgeterrace.com

#1 & #2 Violations:

Regulation 2800.65 (i) (1)-(7) and (j) (1)-(6)

Staff Person A, did not complete the above mandatory trainings for 2016.

PLAN OF CORRECTION:

While I cannot retroactively correct this, I can show the training that staff person A has completed since returning from 2 extensive medical leave of absences. The regulations 2800.65 (i) (1)-(7) AND (j) (1)-(6) have all been completed by staff person A on or before 2/20/2017 (Annual Inspection was 2/14/2017). The educational tool used is an on-line program called RELIAS, which is preprogrammed with all inservices pertaining to the position and include all the mandatory inservice topics. Each staff members is assigned the timed inservices and the dates to complete them by. This was a year of transition from a paper version, live speaker, sign in sheets and demonstrations to an on-line program. As the department head/administrator, I have the ability to view each staff members activity and identifies what remains incomplete.

Staff training will be tracked quarterly by the Support Plan Coordinator/Staff Development, [REDACTED] LPN and [REDACTED] Administrator. In the future, any staff not working because of a Medical Leave of Absence will need to complete the assigned trainings prior to returning to floor care. If the medical leave of absence dates are known and scheduled, the staff member will complete the necessary trainings prior to the medical leave.

Multiple trainings have been scheduled to supplement the on-line training programs and to enhance the program with a variety of speakers and topics. These live, interactive and educational series such as speakers and demonstrations can then be added to each staff member's transcript by the department head, thus making sure each staff member is accounted for in each training.

See Attachment # 1

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation

§ 2800.65. Staff orientation and direct care staff person training and orientation.

(i) 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—10225.708).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the residence that were not previously served, if applicable.

Violation

Direct Care Staff Person A, did not complete any of the above required trainings in training year 2016.

Plan of Correction

See the Attachment, Page 2A of 4. -2

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

M. Lee Ann Luterman Administrator

Signature of Legal Entity Representative (Required on all pages)

M. Lee Ann Luterman

Date

4/6/17

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The above plan of correction is approved as of *4-11-17*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of *4-11-17* :
(Date)

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



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#3 Violation.

Regulation 2800.69

Ancillary Staff Person B, did not complete two hours of required dementia training for the 2016 training year.

PLAN OF CORRECTION:

I am unable to retroactively correct this violation. I am presenting that the ancillary staff used in the assisted living residence have completed the 2 hours of dementia training, between 2/20- 2/24/2017. This recently learned information will hopefully help these staff members be able to recognize a degree of dementia a resident may be suffering with and know how to effectively communicate and respond to that resident and his/her needs.

Going forward, each ancillary staff member has been identified and 2 hours of dementia specific trainings will be added to their annual Relias Training/on-line training program. The department heads of the ancillary staff were made aware of the changes and the need to track completion of the training. The department supervisor will provide me, the Administrator, with a copy of the ancillary staff members completed trainings which will be entered into the OakBridge Terrace training binder.

A certification of the dementia training completion is date stamped. The supervisor will be responsible to track the completion of the following topics to ensure they are completed during the course of the year and presented for posting in the training binder.

For 2017 ancillary staff, those Relias Training topics are:

1. "What is Dementia?", 1 hour training, ID # REL-CZL-USS-24310
2. "Dementia Care: Managing Challenging Behaviors I", .5 hours, ID # REL-SRC-O-DCMCB
3. "Dementia Care: Managing Challenging Behaviors II", .5 hours, ID #REL-SRC-O-DCMCB

See attachment #2, 3,4