



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email: [REDACTED]

Mailing Date: June 4, 2018

Ms. Holly Schade,  
Senior Vice President Home and Health Services  
ACTS Retirement – Life Communities, Inc.  
375 Morris Road  
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Gwynedd Estates  
Certificate #: 138970

Dear Ms. Schade:

As a result of the Department's Bureau of Human Services Licensing inspection on May 09, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth L. Wilson".

Kenneth L. Wilson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

Regulation 55 Pa. Code § 2800  
 2800.42(c) - A resident shall be treated with dignity and respect.

**Violation:**  
 On 04/27/18, resident #1 reported that staff member A displayed disrespectful behavior by yelling at the resident while being very close to the resident's face.

**Plan of Correction**

After being notified of the above situation the employee was immediately suspended pending an investigation. AAA and DHS was notified. On completion of an investigation employee, [REDACTED] was terminated, as these actions are not tolerated at Sunnyside Estates. All staff will continue to receive required DHS training as listed in 2800 regulations. Staff will also complete an added training on Resident's Rights. Review of Resident's Right training is attached and will be completed by June 15, 2018. Director of Assisted Living will monitor all staff training quarterly to ensure staff are trained in required topics and to ensure that residents are not subjected to violations of their rights. K.W. 5/24/18

Printed Name and Title of Legal Entity Representative (Required on all pages)		Elizabeth A Poli RN BSN	
Signature of Legal Entity Representative (Required on all pages)		Date 5/24/18	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5/24/18</u> (Date)		Plan of correction implementation status as of <u>5/24/18</u> (Date)	
The above plan of correction was approved by <u>K.W.</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	