



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

Ms. Holly Schade
Senior VP Home & Health Services
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 Ms. Schade:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 14, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

ALR Name: Oakbridge Terrace at Spring House Estates	License Number: 139010
Address: 728 Norristown Rd. Lower Gwynedd, Pa 19002	County: Montgomery
Administrator: Susan Leisey	
Legal Entity Name: ACTS Retirement Life Communities	
Legal Entity Address: 375 Morriss Road West Point, PA 19486	
Certificate(s) of Occupancy:	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 11/14/18- Michele Swisher, David Carrion	
Off-Site Inspection Dates and Inspectors, If Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 54 Number of Residents Served: 52 Secured Dementia Care Unit In Home: 30 Area: West Secured Unit Capacity, If Applicable: 30 Number of Residents Served In Secured Dementia Care Unit, If applicable: 30 Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 30 Have a Physical Disability: 1

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

Regulation: 2800.91, Emergency telephone numbers.

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Violation:

The telephones located in resident rooms 2 and 4 do not have the required telephone numbers posted on or nearby the telephones.

Plan of Correction:

Telephone tags, with required phone numbers were attached to both phones immediately. Monthly audits are conducted by the CNA's and reviewed by DAL for compliance. This will continue. DAL spoke with residents at Resident Council on November 15th in OBTW and November 16 in OBTE to review information on phone tags. The Social Worker will continue to review the need for the phone tags with all new residents/families during the move in process.

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

Susan M Leisey, RN DAL

Signature of Legal Entity Representative (Required on all pages)

Susan M Leisey

Date 12/2/18

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

The above plan of correction is approved as of 12/20/18
 (Date)

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

Plan of correction implementation status as of 12-4-18
 (Date)

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

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

Regulation: 2800.183. Storage and disposal of medications and medical supplies. (a through g)

(e) Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Violation:

- Resident 1 is prescribed Lantus Solostar Pen 100/ml Inject 9 units subcutaneously at bedtime daily. The manufacturer's label indicates that an OPEN (IN-USE) Solostar should NOT be refrigerated but should be kept at room temperature (below 86F) away from direct heat and light. The open (in-use) Solostar pen must be discarded 28 days after being opened. On 11/14/18 the opened (in-use) Solostar pen was located in the refrigerator at 2:45pm.
- Resident 1 is prescribed GlucaGen Hypo-kit-Inject 1mg Intramuscularly as needed for hypoglycemia for blood sugar <50 or signs and symptoms of hypoglycemia. Manufacturer's label states: before mixing store at controlled room temperature 68F-77F. On 11/14/18 the medication was located in the refrigerator at 2:45pm.

Plan of Correction:

The Lantus Solostar Pen and Glucagon Hypo-Kit were removed from the refrigerator and discarded. New Lantus Solostar Pen and Glucagon were ordered and received on November 14, 2018. Training on storage of insulin and glucagon was completed by November 30, 2018. Nightly audit by the 11-7 nursing staff is done to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)		Susan M Leisey, RN DAL	
Signature of Legal Entity Representative (Required on all pages)		Date 12/2/2018	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12-20-18</u> (Date)		Plan of correction implementation status as of <u>12-4-18</u> (Date):	
The above plan of correction was approved by <u>SP</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	

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

Regulation: 2800.184. Labeling of medications. (a through c)	
(b) If the OTC medications and CAM belong to the resident, they must be identified with the resident's name.	
Violation: - A bottle of over the counter Vitamin D3 Capsules that was present in the East Wing medication cart. The bottle was not labeled with the resident name. The vitamins were identified as belonging to resident 2.	
Plan of Correction: All OTC medications will be labeled with resident's name on the bottle when nursing staff receives the OTC/medication and checks orders against the label and EMARS. Cart audits are done nightly on 11-7 and weekly by 7-3 staff Reviewed procedure with all staff. Performance improvement plan is in place and updated monthly with quarterly meetings.	

Printed Name and Title of Legal Entity Representative (Required on all pages) Susan M Leisey, RN DAL	
Signature of Legal Entity Representative (Required on all pages) Date 12/2/2018	
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The above plan of correction is approved as of <u>12-20-18</u> <small>(Date)</small>	Plan of correction implementation status as of <u>12-4-18</u> <small>(Date)</small>
The above plan of correction was approved by <u>SP</u> <small>(Initials)</small>	<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

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

Regulation: 2800.185. Accountability of medication and controlled substances.


(a) The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Violation:

- Resident 1's glucometer had a reading of 105 on 11/8/18 at 5:04pm. This reading is not recorded on resident's blood glucose log or medication administration record.
- Resident 1's glucometer had a reading of 113 on 11/10/18 at 4:32pm. This reading is not recorded on resident's blood glucose log or medication administration record.
- Resident 1's glucometer had a reading of 170 on 11/13/18 at 4:42pm. This reading is not recorded on resident's blood glucose log or medication administration record.
- Resident 3's glucometer had a reading of 88 on 10/30/18 at 6:12am. This reading is not recorded on resident's blood glucose log or medication administration record.

Plan of Correction:

Readings were updated into computer system (PCC) on 11/14/18. The internet was down intermittantly during a 2 week period of time (10/29 - 11/14/18). The accuchecks were recorded on the CNA log for each person listed and relayed to the nurse at the time they were done. They daily logs were given to the surveyor at the time of survey. A check of all manual entries, when internet is down, will be reveived by nursing for accuracy.

Printed Name and Title of Legal Entity Representative (Required on all pages)		Susan M Leisey, DAL RN	
Signature of Legal Entity Representative (Required on all pages)		Date	
		12/2/2018	
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The above plan of correction is approved as of <u>12-20-18</u> (Date)		Plan of correction implementation status as of <u>12-04-18</u> : (Date)	
The above plan of correction was approved by <u>SP</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	