



March 2, 2020

Ms. Holly Schade
Senior 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 19603
License #: 138910

Dear Ms. Schade:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 11, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Facility Information

Name: OAKBRIDGE TERRACE AT LIMA ESTATES
Address: 411 N. MIDDLETOWN ROAD,, MEDIA, PA 19063
County: DELAWARE Region: SOUTHEAST

License Number: 13891

Administrator

Name: M. LeeAnn Luterman, BSW Phone: 6108920844

Email: ~~leeanne@actslife.org~~, kspare@actslife.org
leeanni@actslife.org

Legal Entity

Name: ACTS RETIREMENT - LIFE COMMUNITIES INC
Address: 375 MORRIS ROAD, WEST POINT, PA, 19486

Certificate(s) of Occupancy

Type: Other Date: 09/22/1980

Issued By: Township of ~~Middletown~~
Middletown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 33

Waking Staff: 25

Inspection

Type: Full Reason: Renewal BHA Docket #:

Notice: Unannounced

Inspection Dates and Department Representative

09/11/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 33

Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Diagnosed with Mental Illness: 0

Have Mobility Need: 0

Are 60 Years of Age or Older: ~~32~~ 33

Diagnosed with Intellectual Disability: 0

Have Physical Disability: 0

Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Direct care staff person A received only 14.60 hours of annual training relating to his/her job duties during training year 01/01/2018 to 12/31/18.

Direct care staff person B received only 12.60 hours of annual training relating to his/her job duties during training year 01/01/2018 to 12/31/18.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff person A did not complete the scheduled 2018 Annual Training. Staff person A is no longer employed at the community. The training schedule is now on-line and trackable quarterly.

Staff person B did not complete the scheduled 2018 Annual Training. Staff person B did complete the remaining courses on 9/14/2019 and 10/1/2019. In the future, the Director/Administrator of Assisted Living will monitor the completion of the trainings, auditing to ensure compliance for Quality Assurance and prevent reoccurrence.

See Attachment #1

Legal Entity Representative

M. LeeAnn Luterman
Signature

M. LeeAnn Luterman, Adm
Printed Name and Title

11/4/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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

65i Training topics

Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, 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.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and safe management techniques during the training year 01/01/18 to 12/31/18.

Direct care staff person B did not receive training in medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the training year 01/01/18 to 12/31/18.

Plan of Correction (POC)

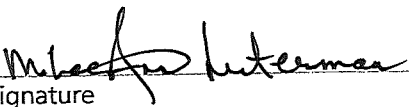
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff persons A & B did complete the mandatory 2018 trainings. At the time of the annual survey, 9/11/2019 the 2018 binder had been put away in storage. The administrator did not recall the inservices that were not included on the on-line training tool were completed face to face/presentations/learning packets and kept in binders.

An audit will be done annually to ensure all trainings are completed and addressed in the Quality Assurance meeting, to ensure compliance and prevent reoccurrence.

See Attachments- Sign in sheets of Nurses and Certified Nursing Assistants/Medication Administration Technicians.

Legal Entity Representative

 Adm.
Signature

M. LeeAnn Luterman Adm.

Printed Name and Title

11/14/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/2/20 Plan of correction implementation status as of 3/2/20
(Date) (Date)

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

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

Requirements

2800.

65.j. 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 home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 01/01/18 to 12/31/18.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff person A did receive the training in the areas above. The information was a paper inservice presented by the Support Plan Coordinator/Fire Safety Expert. The sign off sheet identifies the staff member did attend. Please see attachment.

Legal Entity Representative

M. LeeAnn Luterman
Signature

M. LeeAnn Luterman, Adm
Printed Name and Title

11/4/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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

69 Dementia training

Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person C did not receive dementia-specific training during training year 01/01/2018 to 12/31/18.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff person C did complete the mandatory training listed above. The 2018 documents were in storage, not presented on the day of the inspection. See Attachment.

Legal Entity Representative

M. LeeAnn Luterman
Signature

M. LeeAnn Luterman, Adm
Printed Name and Title

11/4/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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

187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Sodium Chloride (Hypertonic) Ointment 5% - Instill 0.25 ribbon in right eye at bedtime for dry eyes. However, resident #1 was administered Soothe 20% / 80% Ointment on 09/10/19, at bedtime.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2800.187.d. Resident #1 was initially prescribed Sodium Chloride Ointment, as stated above. The documents presented show the same medication was ordered from the pharmacy, however the pharmacy delivered an alternate medication that should have had a "change of direction" sticker on it. The pharmacy manifest shows the nurse ordered one medication and the pharmacy sent a substitute medication. All nurses will be inserviced of the need to check all medications delivered daily, as they must be carefully reviewed against the emar to ensure labels and directions match - otherwise applying a change sticker before the medication is put into the medication cart circulation. See Attachment.

Legal Entity Representative

M. LeeAnn Luterman Adm
Signature

M. LeeAnn Luterman, Adm
Printed Name and Title

11/4/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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