



**Sent via e-mail hschade@actslife.org
June 23, 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 Normandy Farms Estates
9000 Twin Silo Drive
Blue Bell, Pennsylvania 19422
License #: 138980

Dear Ms. Schade:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 19, 2019 and January 3, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *OAKBRIDGE TERRACE AT NORMANDY FARMS ESTATES*
 Address: *9000 TWIN SILO DRIVE, BLUE BELL, PA 19422*
 County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *13898*

Administrator

Name: *Amy Bowen*

Phone: *2156998721*

Email: *HSCHADE@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: *08/20/2010*

Issued By: *PA L & I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *54*

Waking Staff: *41*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Incident*

Inspection Dates and Department Representative

12/19/2019 - On-Site: Claire Mendez, Sandra Wooters

01/03/2020 - Off-Site: Claire Mendez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58*

Residents Served: *48*

Special Care Unit

In Home: *Yes*

Area: *Cranberry*

Capacity: *12*

Residents Served: *6*

Hospice

Current Residents: *0*

Number of Residents Who

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *6*

Have Physical Disability: *0*

16c Incident reporting

Requirements

2800. 16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/19/2019, Resident #1 was found without her oxygen and slumped over at the dining room table. A CNA had turned off the oxygen concentrator because it was beeping. The residence did not report this incident to the Department until 11/22/2019.

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.)

EDUCATION: Regional Director of Nursing discussed and reviewed policy and procedure and regulations related to reportable incidents with Director of Assisted Living. Director of Assisted Living reviewed policy and procedure related to reportable incidents with focus on completion and timing of reportable incidents with OBT nursing staff.

AUDIT: Director of Assisted Living to review all incident reports relating to abuse/neglect and focus on accuracy of timelines of reporting applicable reportable incidents to Dept. of Human Services. Administer of Health Care Services will audit all incident reports weekly x 3 months to ensure compliance with policy, procedures and regulations. Results of audit to be reviewed by QAPI Steering Committee quarterly.

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title Amy E. Bowen Date 1/17/20

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The above plan of correction is approved as of 2/24/2020 (Date) Plan of correction implementation status as of 6.23.2020 (Date)

The above plan of correction was approved by [Handwritten Initials] (Initials) [Checked] Implemented [Unchecked] Not Implemented

26b Quality management plan content

Requirements

2800.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The residence's quality management review dated 10/15/19 did not review the reportable incidents, complaints, staff persons training, licensing violations, resident or family councils during the meeting.

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.

Education: Administer of Health Services reviewed QAPI standards and guidelines with Director of Resident Nursing.

Audit: The Director of Assisted Living will monitor the reportable incidents and condition reporting problems, complaint procedures, staff person training, licensing violations and plans of corrections if applicable and resident or family concerns if applicable weekly x 3, then monthly

Procedure: Director of Assisted Living will utilize the 5 regulatory components to monitor and ensure compliance with regulations. Any areas of needed improvement will be addressed and discussed QAPI Steering Committee quarterly.

Legal Entity Representative

Signature 

Printed Name and Title *Amy E. Bowen AD in* Date *1/17/20*

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12/19/2019



42b Abuse/Neglect

Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/19/19, resident #1 was found slumped over, confused, unattended and without oxygen by a family member. The portable oxygen concentrator the resident was using was turned off due to a beeping sound according to Staff Member A. The staff member admitted she did not know why the oxygen tank was beeping so she turned it off resulting in the resident being without oxygen for an undetermined amount of time. The oxygen concentrator was beeping because the tubing was unattached to the oxygen concentrator tank. The resident was prescribed continuous oxygen for the past two years. The Resident's support plan dated 6/28/19 indicates resident requires assistance with changing the O2 tubing.

On 11/21/19, Resident #1 fell and sustained a bruise to her right leg. From 11/21/19 until 11/25/19, the resident had pain and on 11/23/19 was unable to bear weight on the affected leg. The resident was not sent out to the hospital until 11/25/19 where she was diagnosed with a fractured right fibula and a serious right ankle sprain.

Education: Director of Assisted Living will complete education of nursing staff on policy and procedure and regulations relating to abuse. To be completed by 1/24/2020

Director of Assisted Living educated nursing staff on principles of oxygen therapy, including safety and trouble shooting, documentation, frequent checks of resident and their oxygen equipment immediately after above incident.

Director of Assisted Living or designee will educate all OBT nursing staff on proper nursing assessment and procedure to be completed at the time of any adverse event, i.e. falls. To be completed by 1/31/2020.

Audit: Director of Assisted Living or designee will monitor the support plans of those on oxygen therapy weekly x 4 to ensure that all treatments (i.e. oxygen use) are incorporated.

Documentation for any resident receiving oxygen therapy will be placed on the treatment and administration records (TAR) and signed q Shift. Compliance will be monitored weekly x 4 by Director of Assisted Living or designee. Results will be discussed and reviewed with QAPI Steering Committee.

The Director of Assisted Living or designee will monitor all documentation related to any adverse events i.e. falls weekly x 3 months. Will review with QAPI Steering Committee.

Legal Entity Representative



Signature

Amy E. Bowen ADm 1/17/20

Printed Name and Title

Date

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Implemented
 Not Implemented

51 Criminal background checks

Requirements

- 2800.
- 51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- 51.b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

Description of Violation

Staff Member B's date of hire was 7/16/2019. No Criminal Background Check was located for this Staff Member.

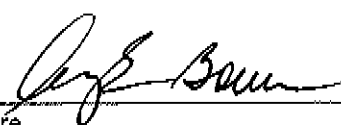
Plan of Correction (POC)

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Education: Director of Assisted Living reviewed regulation for criminal background checks. Staff member B's Criminal Background was discovered in the Corporate employee file and was completed prior to date of hire on 6/2019 Background check was completed at date of hire per Corporate policy. Staff member B has not worked a pool shift since before September 2020 and has been separated from company.

- Audit:** Director of Assisted Living will audit:
1. Each newly hired employee file within first 10 days of hire.
 2. Random employee files quarterly
 3. Results of audit will be reviewed quarterly at QAPI meetings x 6 months.

Legal Entity Representative



Signature

Amy E. Bower ADM 1/2/20
Printed Name and Title Date

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(Initials)

64f Record of training

Requirements

2800.
64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

The residence's record of administrator training for staff person C does not have documentation to support she has completed 24 hours of administrator training.

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.)

Education: Administrator of Health Services educated Director of Assisted Living on Assisted Living Administrator "Training Requirements". Director of Assisted Living obtained proof of completion of 2019 CEU's on 1/13/2020.

Audit: Director of Assisted Living or designee will audit training file of Director of Assisted Living quarterly to ensure compliance with training requirements.

Legal Entity Representative


Signature

Amy E. Bowen ADM 1/17/20
Printed Name and Title Date

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65a Fire Safety-1st day

Requirements

- 2800.
- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

- Staff Member B, whose first day of work was 7/15/2019, did not receive orientation on the following topics:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

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.)

Education: Regional Director of Nursing reviewed regulation 2800.65C (Fire Safety Orientation) with Director of Assisted Living. Staff member B has been separated from pool employment status with ACTS as of Dec 2019. Regional Director of Resident nursing reviewed use and completion of New Employee Fire Orientation Form with Director of Assisted Living

Audit: Director of Resident Nursing or designee will audit:

1. Each newly hired employee file with in 10 days of hire.
2. Random employee files quarterly.
3. Results of audit to be reviewed with QAPI Steering Committee quarterly x 6 months

Legal Entity Representative

Signature  _____

Printed Name and Title Amy E Bowen ADM _____

Date 1/17/20 _____

65a Fire Safety-1st day (continued)

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(Initials)

Implemented
 Not Implemented

85d Trash cans - kitchen/bath

Requirements

2800. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/19/2019, at approximately 9:45 am, there were uncovered trash cans in the kitchen located in the Blueberry area and the kitchen located in the Cranberry area.

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.)

Education: Director of Assisted Living monitored to ensure that all trash receptacles had lids in place and none were propped open. Director of Assisted Living will provide education to staff members related to bathroom and kitchen receptacles and regulation that they are to be covered at all times. Date to be completed 1/24/2020. Signs to be posted over each kitchen and bathroom trash receptacles on unit noting that "trash receptacle needs to be covered at all times and not to be propped open."

Audit: Director of Assisted Living or Designee will audit to ensure that all trash receptacles are covered at all times daily x 3 months. Results of audit to be reviewed with QAPI Steering Committee quarterly x 6 months.

Legal Entity Representative

Signature Amy E. Bowen

Printed Name and Title Amy E. Bowen ADM Date 1/17/20

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Implemented Not Implemented

100a Exterior - free of hazards

Requirements

2800.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 12/19/2019 at 9:33 am, the courtyard located in the Blueberry unit had multiple tripping hazards, including loose mats, unsecured roofing shingles used as a walkway, and a wrought iron plant stand laying in the walkway.

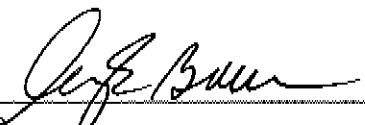
Plan of Correction (POC)

(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.)

Education: Director of Assisted Living educated staff on the regulation and safety issues related to the exterior environment ie: Blueberry Courtyard Garden. Maintenance staff began cleaning debris and removed tripping hazards from Blueberry Courtyard. Maintenance staff provided new lock to door leading to garden area. Staff educated to keep Garden area door locked at all times. Director of Assisted Living hung sign at door entrance indicating that door must be kept locked at all times.

Audit: Courtyard door to be checked to ensure that it is locked daily x 1 month and then weekly x 2 months. Results of audit to be discussed with QAPI Steering Committee.

Legal Entity Representative


Signature

Amy E. Bowen ADM 1/17/20
Printed Name and Title Date

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(Initials) Implemented Not Implemented

103g Storing food

Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 12/19/2019, at approximately 9:45am, there was an uncovered container of lemon wedges stored in the refrigerator of the kitchen located in the Blueberry area. At observation, no food was being prepared at that time.


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.)

Education: Nutrition Services Manager will educate culinary staff on proper storage and labeling of food. Director of Assisted Living observed that all food items were covered and stored properly. Signage to be hung on refrigerator door as reminder to keep all food items labeled and covered.

Audit: Nutrition Services manager or designee will conduct audits weekly x 4 to ensure proper storage and labeling of food items.

Legal Entity Representative

Signature 

Printed Name and Title Amy E. Bowen ASM Date 1/17/20

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Implemented
 Not Implemented

132c Fire drill records

Requirements

2800. 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 6/24/19 the fire drill record does not indicate if the drill was conducted in the AM or PM.

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.)

Education: Maintenance staff was educated on proper procedure for documentation and completion of fire safety drill. Documentation form was corrected to reflect that fire drill was conducted in PM.

Audit: Maintenance foreman or designee will review fire drill log report monthly for accuracy. Audit results will be reviewed with QAPI Steering Committee quarterly x 6 months.

Legal Entity Representative

Signature 

Printed Name and Title Amy E. Bowen APM Date 1/17/20

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141a Medical evaluation

Requirements

2800. 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Description of Violation

The medical evaluation for resident #2, dated 6/19/2019, does not indicate the resident's medication administration needs. The ASP dated 12/5/19 notes the resident can self-administers her medications.

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.)

Education: Director of Assisted Living educated the Support Plan Coordinator on the regulation, policy, and procedure related to the completion of Support Plan according to regulation 141.a. Support Plan Coordinator under Direction of Director of Assisted Living corrected Support Plan and Medical Evaluation for Resident #2.

Audit: Support Plan Coordinator will audit newly completed support plans and medical evaluations 10 days after move-in for accuracy and completeness x 6 months. Results will be reported to QAPI Steering Committee for review quarterly x 6 months.

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: AMY E. BOWEN ASM Date: 1/17/20

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181.c Self-Administer Assessment

Requirements

2800.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 self-administers medications. However, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.)

Education: Support Plan Coordinator obtained physician signature for self-administration of medications for resident #2. Director of Assisted Living has educated support plan coordinator on proper completion of Support Plan documentation.

Audit: Support Plan Coordinator will audit newly completed support plans and medical evaluations 10 days after move-in for accuracy and completion x 6 months. Results will be reported to QAPI Steering Committee for review quarterly x 6 months.

Legal Entity Representative

Signature 

Printed Name and Title Amy E. Bowen ASN Date 1/17/20

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181.d Self-administer Storing medication

Requirements

2800.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

Description of Violation

Resident #2 self-administers medications and stores medications in her room. On 12/19/2019, there were several unlocked, unattended medications, to include levothyroxine, Prilosec, and Levodopa in resident #2's bedroom.

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.)

Education: Residents who self-administer meds were educated on the regulation 181.d, and policy and procedure. Rooms of all residents who self-administer medications were checked to ensure that medications were locked in a safe location. Director of Assisted Living met with Resident # 2 to review safety in association with self-administration of medications. Resident # 2 she has agreed to keep her apt. door locked at all times to ensure safety of medications.

Audit: Rooms of residents who self-administer medications will be checked weekly x 3 months by Director of Assisted Living or designee to ensure safe, secure location of medications. Results will be reviewed and discussed with QAPI Steering Committee meeting.

Legal Entity Representative

Signature 

Printed Name and Title Amy E. Bowen ADM Date 1/17/20

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185b Medication procedures

Requirements

2800.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The residence's procedures for the safe use of medications and medical equipment do not include procedures on how to investigate missing medications and medication errors.

Education: Director of Assisted Living will educate staff on policy and procedure and use of form related to medication and Treatment Omission Error by Jan 24, 2020. Copy of ACTS Policy and Form sent to [redacted] DHS on 1/14/202 for further review.

Audit: Director of Assisted Living or designee will conduct audit on all medication errors and omissions weekly x 3 months. Results will be reviewed and discussed with QAPI Steering Committee.

Legal Entity Representative

Signature 

Printed Name and Title Amy E. Bowen ADM Date 1/17/20

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190a Completion of course—meds

Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member D has not completed her annual practicum. There is no documentation to support the MAR reviews that were completed on 11/19/2018 and 5/20/2019.

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.)

Education: Regional Director of Nursing reviewed with Director of Assisted Living the forms, and policy and procedure for documentation of medication reviews and medication observations for med techs. State required Medication Review documentation form was obtained and place in Med Tech documentation book for future use.

Audit: Medication Administration audits to be done monthly x 3 months by Certified Trainer or Observer to ensure compliance with regulations. Results of audit to be reviewed by QAPI Steering Committee.

Legal Entity Representative

Signature 

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225a.1 Assessment - annually

Requirements

2800. 225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #1's annual support plan is dated as 6/28/18. The Resident signed this support plan on 6/27/19. This plan was prepared by Staff Member E on 6/27/19. The dates do not match the annual support plan.

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.)

Education: Director of Assisted Living educated the Support Plan Coordinator on the regulation, policy, and procedure related to the completion of Support Plan. Copy of Support Plan for Resident #1 was scanned to [redacted] DHS on 1/14/2020 to review dates for compliance. A hard copy of the Support Plan for Resident #1 was given to review at time of survey. Support Plan Coordinator reviewed random support plans from last quarter for accuracy and completeness.

Audit: Support Plan Coordinator will conduct reviews of Support Plans completed within the last quarter weekly x 3 months. Results of audit will be reviewed by QAPI Steering Committee.

Legal Entity Representative

[Handwritten Signature]

Signature

Amy E. Bowen ADM 1/17/20

Printed Name and Title

Date

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12/19/2019

18 of 18