

Department of Human Services
Bureau of Human Service Licensing

May 4, 2021

██████████ EXECUTIVE DIRECTOR
ACTS RETIREMENT-LIFE COMMUNITIES INC
4200 DELAWARE AVENUE
FORT WASHINGTON, PA 19034

RE: OAKBRIDGE TERRACE AT
NORMANDY FARMS ESTATES
9000 TWIN SILO DRIVE
BLUE BELL, PA, 19422
LICENSE/COC#: 13898

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2021, 03/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: OAKBRIDGE TERRACE AT NORMANDY FARMS ESTATES **Licen e #:** 13898 **Licen e Expiration Date:** 07/17/2021
Addr e : 9000 TWIN SILO DRIVE, BLUE BELL, PA 19422
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2156998721 **Email:** [REDACTED]

Legal Entity

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC
Address: 4200 DELAWARE AVENUE, FORT WASHINGTON, PA, 19034
Phone: 2156998721 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/23/1985 **Issued By:** CWOPA

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 49 **Waking Staff:** 37

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/19/2021

Inspection Dates and Department Representative

03/18/2021 - On-Site: [REDACTED]
03/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58 **Residents Served:** 42

Special Care Unit

In Home: Yes **Area:** Cranberry **Capacity:** 12 **Residents Served:** 7

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 42
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

03/18/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/08/2021*

4/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/16/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

65a Fire Safety-1st day

1. 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 person A, whose first day of work was [REDACTED] 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 residence’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

Accept

Staff Person A was oriented on above topics regarding Fire Safety.
 Director of Assisted Living designee will perform an audit of current ancillary staff files to ensure required new hire education on Fire Safety has been completed and is up to date. Director of Assisted Living or designee will educate department heads who have ancillary staff persons working in OBT on new hire requirements for Fire Safety to ensure compliance prior to or during the first day of work.
 Director of Assisted Living or designee will perform an audit of new hire ancillary staff persons files monthly x 3 months. Findings of audit will be reported to QAPI steering committee
 Completion Date: 04/08/2021

Document Submission

Implemented

Staff person A was oriented on New Hire Fire Safety.
 Current Ancillary Staff files were audited.
 Nutrition Services Manager and Director of Environmental Services were inserviced on New Hire Ancillary Staff requirements.

65e Rights/Abuse 40 Hours

1. Requirements

2800.

- 65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65e Rights/Abuse 40 Hours (continued)

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A, who began working [REDACTED] did not complete training in the following topics:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Plan of Correction

Accept

Staff Person A was oriented on above topics regarding Rights and Abuse.
 Director of Assisted Living designee will perform an audit of current ancillary staff files to ensure required new hire education on Rights and Abuse has been completed and is up to date. Director of Assisted Living or designee will educate department heads who have ancillary staff persons working in OBT on new hire requirements for Rights and Abuse. This education will be completed by Director of Living or designee within the first 40 of working in OBT. Director of Assisted Living or designee will perform an audit of new hire ancillary staff persons files monthly x 3 months. Findings of audit will be reported to QAPI steering committee.

Completion Date: 04/08/2021

Document Submission

Implemented

Staff person A was oriented on New Hire Rights and Abuse Training.
 Current Ancillary Staff files were audited.
 Nutrition Services Manager and Director of Environmental Services were inserviced on New Hire Ancillary Staff requirements

69 Dementia training

1. 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.

69 Dementia training (continued)

Description of Violation

Staff person A, date of hire [REDACTED], received only 2.75 hours of the required dementia-specific training within 30 days of hire.

Plan of Correction

Accept

Staff Person A was oriented on above topics regarding Dementia.
Director of Assisted Living designee will perform an audit of current ancillary staff files to ensure required new hire education on Dementia has been completed within the first 30 days of hire. Director of Assisted Living or designee who have ancillary staff persons working will be provided education on the new hire requirement relating to Dementia. This Dementia training requirement will be completed within the first 30 days of hire. Director of Assisted Living or designee will perform audit of new hire ancillary staff person files monthly x 3 months. Findings of audit will be reported to QAPI Steering Committee.

Completion Date: 04/08/2021

Document Submission

Implemented

Staff person A was oriented on New Hire Dementia Training.
Current Ancillary Staff files were audited.
Nutrition Services Manager and Director of Environmental Services were inserviced on New Hire Ancillary Staff requirements.

107d Procedure EMA submission

1. Requirements

2800.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to local emergency management agency (Whitpain Township) since 2017.

Plan of Correction

Accept

The written Emergency Preparedness have been submitted to Wh tpain Township Emergency Management Agency.
Director of Assisted Living has been educated on the Emergency Procedures and annual requirements for submission to Whitpian Township Emergency Management Agency. Director Assisted of Living or designee will submit Emergency Plan annually as required.

Completion Date: 04/08/2021

Document Submission

Implemented

Harry MConnell, Executive Director emailed Emergency Preparedness Plan to David Carmada, Whitpain Township, Fire Marshall and Emergency Services.

141a Medical evaluation

1. 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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.

141a Medical evaluation (continued)

2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident # 1, dated 1/11/21, indicates the resident needs to do a tuberculin skin test. There is no record of a test being administered within 15 days.

The medical evaluations for resident # 2, dated 1/13/20 and 1/8/21, indicate the resident needs to do a tuberculin skin test. There are no records of a test being administered within 15 days.

The medical evaluation for resident # 3, dated 2/4/21, indicates the resident needs to do a tuberculin skin test. There is no record of a test being administered within 15 days.

The medical evaluations for resident # 4, dated 7/15/19, 7/1/20, and 11/16/20, indicate the resident needs to do a tuberculin skin test. There are no records of a test being administered within 15 days.

Plan of Correction**Accept**

Tuberculin Skin Test was administered to Resident's #1, #2, and #3. Resident #4 passed away prior to the time of this survey completion.

Director of Assisted Living or designee will perform audit of current OBT resident charts to ensure that the Tuberculin Skin Test has been administered as is required.

Director of Assisted Living or designee will educate nursing staff on the requirement for Tuberculin Skin Test to be included in the medical evaluation process.

Director of Assisted Living or designee will audit admission documentation 72 hours post admission to ensure requirement of administration of the Tuberculin Skin Test or documentation of a negative Tuberculin Skin Test within the last 2 years.

Completion Date: 04/16/2021

Document Submission**Implemented**

Resident # 1 received 2 Step PPD

Resident #2 received 2 Step PPD

Resident #3 received 2 Step PPD

All new admissions were audited for completion of Tuberculin testing and are now compliant.

All OBT resident charts were audited and are compliant for annual Tuberculin testing requirements.

185a Storage procedures**1. Requirements**

2800.

- 185.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.

185a Storage procedures (continued)

Description of Violation

On 3/6/21 at 8:53 am, resident #6's blood sugar was 136 according to the glucometer. Blood sugar was recorded on the medication administration record as 146.

On 3/4/21 at 12:48 pm, resident #6's blood sugar was 195 according to the glucometer. Blood sugar was recorded on the medication administration record as 197.

On 3/2/21 at 1:24 pm, resident #6's blood sugar was 159 according to the glucometer. Blood sugar was recorded on the medication administration record as 156.

On 3/2/21 at 9:17 am, resident #6's blood sugar was 165 according to the glucometer. Blood sugar was recorded on the medication administration record as 167.

Plan of Correction**Accept**

Staff nurses were educated by Director of Assisted Living on documenting glucometer results immediately after performing Accu-check on Diabetis residents.

Staff nurses were educated by Director of Assisted Living on how to perform a check of glucometer reading prior to documenting glucometer reading in residents EMAR.

Director of Assisted Living will conduct random observations of nursing staff performing glucometer testing and recording weekly x 4 then monthly x 3. Results of audit will be reported to QAPI Steering Commitee.

Completion Date: 04/12/2021

Document Submission**Implemented**

Professional staff nurses were oriented on documenting glucometer results immediately after administering accucheck on diabetic residents.

Random audits of nursing staff glucometer tesing and recording were started.

187a Medication record

1. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

7. Route of administration.
8. Frequency of administration.
9. Administration times.

Description of Violation

The medication administration record (MAR) for resident #3 does not list administration times for any of the resident's medications.

The medication administration record (MAR) for resident #5 does not list administration times for any of the resident's medications.

The medication administration record (MAR) for resident #6 does not list administration times for Lasix Tablet 20 MG (Furosemide) and Mirtazapine Tablet 15 MG, .

187a Medication record (continued)

Plan of Correction**Accept**

OBT staff will be trained on how to access PCC medication administration time detail in order to validate medication administration times based on person centered medication pass. (See attached ACTS Policy on Person Centered Medication Administration)

OBT staff that administer medications will be trained to review the administration detail tab prior to the administration of the resident's medication. Staff who administer medications will review the administration history, to include the last time medication was administered. This will be completed prior to the administration of any medication that has person centered time administration listed in the EMAR. Director of Assisted Living will perform random weekly audits x 4 weeks, then monthly x 3 months to ensure that medications are being administered within the appropriate time frame. Results of audit will be presented to QAPI Steering Committee.

Completion Date: 04/16/2021

Document Submission**Implemented**

Nursing staff was inserviced on PCC medication time detail review in order to validate medication administration times based on person centered care.

Started weekly audits of medication administration times review.

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Violation

On 3/14/21 at 12:02 pm, resident # 5's blood sugar reading was 123 according to the glucometer. Blood sugar was recorded on the medication administration record as 153. 4 units of insulin were administered on this date. According to the doctor's orders, 2 units of insulin should have been administered.

On 3/13/21 at 1:10 pm, resident # 5's blood sugar reading was 243 according to the glucometer. Blood sugar was recorded on the medication administration record as 214. 8 units of insulin were administered on this date. According to the doctor's orders, 10 units of insulin should have been administered.

On 3/13/21 at 9:16 am, resident # 5's blood sugar reading was 158 according to the glucometer. Blood sugar was recorded on the medication administration record as 150. 2 units of insulin were administered on this date. According to the doctor's orders, 4 units of insulin should have been administered.

Plan of Correction**Accept**

Staff nurses were educated by Director of Assisted Living on documenting glucometer results immediately after performing Accu-check on Diabetic residents.

Staff nurses were educated by Director of Assisted Living on how to perform a check of glucometer reading prior to documenting glucometer reading in residents EMAR.

Director of Assisted Living will conduct random observations of nursing staff performing Glucometer testing and recording weekly x 4 then monthly x 3.

Results of audit will be reported to QAPI Steering Committee.

Completion Date: 04/12/2021

187d Follow prescriber's orders (*continued*)**Document Submission****Implemented**

Professional staff nurses were oriented on documenting glucometer results immediately after administering accucheck on diabetic residents.

Random audits of nursing staff testing and recording were started.