

Department of Human Services  
Bureau of Human Service Licensing

May 19, 2021

██████████ VP RESIDENT HEALTH SERVICES  
ACTS RETIREMENT-LIFE COMMUNITIES INC  
1936 WEST POINT PIKE  
LANSDALE, PA 19446

RE: OAKBRIDGE TERRACE AT SPRING  
HOUSE ESTATES  
728 NORRISTOWN ROAD  
LOWER GWYNEDD, PA, 19002  
LICENSE/COC#: 13901

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2021, 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

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 SPRING HOUSE ESTATES      **License #:** 13901      **License Expiration Date:** 05/31/2021  
**Address:** 728 NORRISTOWN ROAD, LOWER GWYNEDD, PA 19002  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2156288110      **Email:**

**Legal Entity**

**Name:** ACTS RETIREMENT-LIFE COMMUNITIES INC  
**Address:** 1936 WEST POINT PIKE, LANSDALE, PA, 19446  
**Phone:** 2156288110      **Email:**

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 06/21/2001      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 62      **Waking Staff:** 47

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/23/2021

**Inspection Dates and Department Representative**

03/22/2021 - On-Site: [REDACTED]  
03/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 54      **Residents Served:** 40

**Special Care Unit**

**In Home:** Yes      **Area:** OBTW      **Capacity:** 30      **Residents Served:** 22

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 40  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 22      **Have Physical Disability:** 0

Inspections / Reviews

03/22/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/15/2021*

4/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/25/2021*

5/19/2021 - Document Submission

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

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #1, dated 01/16/2020, was not signed by the administrator or a designee.

Plan of Correction

Accept

\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.

Contract was signed immediately upon discovery on 3/22/21

All existing contracts will be audited for completion of signature - completed 4/2/21

All new contracts will be checked by administrator and Social Worker/Support Plan Coordinator at time of completion- ongoing with new contracts

Finding of audits will be reported to QAPI Steering Committee

Completion Date: 04/02/2021

Document Submission

Implemented

Correction completed

85d Trash cans – kitchen/bath

1. 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 03/23/2021 at 10:30 AM, there were several trash cans in the kitchen without a lid.

Plan of Correction

Accept

\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.

Trash can lids are not used during production d/t cross contamination. Time of inspection was during production time. All lids are on trash cans before and after production. culinary staff are pricing and researching auto lift lids Lids replaced after production time on 3/23/21

Staff educated that lid is to be on trash cans before and after production until trash cans with auto lids are purchased. The culinary director or designee will audit placement of lids weekly times 4 weeks and report findings to the QAPI Steering Committee

Completion Date: 03/23/2021

85d Trash cans – kitchen/bath (*continued*)**Document Submission****Implemented***correction completed*

## 91 Telephone Numbers

**1. Requirements**

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.

**Description of Violation**

*There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephones in the common area of the Secured Dementia Care Unit (SDCU).*

**Plan of Correction****Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Emergency phone number tags replaced immediately on 3/22 on both phones. Task of checking emergency phone tags in common areas added to daily shift audit - attached is audit form*

*Audits of tags will be reported to the QAPI Steering Committee*

*Completion Date: 03/22/2021*

**Document Submission****Implemented***correction completed*

## 103g Storing food

**1. Requirements**

2800.

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

**Description of Violation**

*One tub of chocolate ice cream in the ice-cream freezer in the kitchen was opened and unsealed.*

**Plan of Correction****Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*3/23/21 lid replaced on chocolate ice cream in main kitchen. Added to the nightly check list for culinary team to check ice cream lids*

*Audits of ice cream lids will be reported to the QAPI Steering Committee*

*Completion Date: 03/23/2021*

**Document Submission****Implemented***Correction completed*

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:

- 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 02/11/2019, does not include the ability to self-administer medications. This area of the form is blank.

Plan of Correction

Accept

\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.

Correct immediately - checked resident can not self administer her medications

All current Med evals audited for accuracy - completed 4/2/21

Task added to weekly audit during support plan meetings each Tuesday for all new, quarterly and annual SP

Findings of audits will be reported to the QAPI Steering Committee

Completion Date: 04/02/2021

Document Submission

Implemented

Correction completed

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.

Description of Violation

Resident #3 is prescribed Accu-check before meals. On 03/21/2021 before lunch, resident #3's blood sugar level on glucometer read 519. The blood sugar reading was recorded as 417.

Plan of Correction

Accept

\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.

The accucheck was entered incorrectly - was updated with correct reading at time of audit on 11-7 shift by nurse and witness from 3/21 and 3/23 audit checks - see documentation attached

Added to daily shift audit

Findings of audits will be reported to the QAPI Steering Committee

Completion Date: 03/23/2021

Document Submission

Implemented

Correction completed

## 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:

6. Dose.

**Description of Violation**

*Resident #3 is prescribed Accu-check before meals and Humalog U-100 Kwikpen injection on a sliding scale. Resident #3's March medication administration record (MAR) does not include the blood sugar level or how many units of insulin was given on 03/21/2021 before lunch.*

**Plan of Correction****Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Reviewed documentation with staff and added sliding scale documentation to daily shift audit - 3/23/21 - this is ongoing education with staff*

*Staff nurses were educated by the Director of Assisted Living on documenting glucometer results and sliding scale insulin dose immediately after performing Accu-check on diabetic residents. Results of audits will be reported to QPI Steering Committee -*

**Completion Date:** 04/01/2021

**Document Submission****Implemented**

*Correction completed*

## 187b Date/time of med admin

## 1. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #4 is prescribed Tramadol 50 mg on an as-needed basis (PRN). Resident #4's March MAR does not include the initials of the staff person who administered it at 06:00 AM on 03/12/2021 and at 05:50 AM on 03/13/2021.*

**Plan of Correction****Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Reviewed documentation with all staff immediately on 3/23/21 and added it to the daily shift audits to be conducted by nursing supervisors.*

*Staff educated by Director of Assisted Living on proper documentation in EMAR. Finding of audits will be reported to the QAPI Steering Committee*

**Completion Date:** 04/01/2021

**Document Submission****Implemented**

*Correction completed*

## 187d Follow prescriber's orders

## 1. Requirements

2800.

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

## Description of Violation

*Resident #3 is prescribed Accu-check before meals and Humalog U-100 Kwikpen injection on a sliding scale. If the blood sugar level is higher than 499, the residence should contact the prescriber. On 03/21/2021 at 11:29 AM, resident #3's actual blood glucose level was 519 but there is no record that the staff contacted the prescriber.*

## Plan of Correction

Accept

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Contacted the nurse who was on duty that day and the accucheck was 517 as documented on log. Nurse gave sliding scale per doctors order, but did not document the order (sliding scale order was already in place with parameters) Nurse should have documented the verbal order to give the highest sliding scale dose as listed. this was verified on 3/22/21 - added to ongoing daily shift audits by nurses for compliance  
Staff educated by DAL on following physician orders and writing verbal orders. Results of Accu-check will be audited by nursing staff daily. Findings of audits will be reported to the QAPI Steering Committee*

**Completion Date:** 04/01/2021

## Document Submission

Implemented

*Correction completed*

## 227d Support plan – med/dental

## 1. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

## Description of Violation

*The assessment/support plan (ASP) for resident #2, dated 02/25/2019, indicates the resident has medical needs but it does not document how the resident's medical needs will be met. The ASP dated 02/15/2021 for resident #5, who resides in the SDCU, is blank on section 3 (mental health, behavioral health, and cognitive functioning needs).*

227d Support plan – med/dental (continued)

Plan of Correction

Accept

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*All existing support plans are audited for completion of all residents needs and who will meet those needs. We are in the process of updating all SP for accuracy - will be completed by 4/21/21*

*Added to the Tuesday weekly audit review for Med Evals/Support Plans*

*Findings of audits will be reported to the QAPI Steering Committee*

*Completion Date: 04/21/2021*

Document Submission

Implemented

*Correction completed*

227e Self-administer medication

1. Requirements

2800.

227.e. The resident’s final support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration and the ability of the resident to safely operate key-locking devices. Strategies that promote interactive communication on the part of and between direct care staff and individual residents shall also be included in the final support plan.

Description of Violation

*Resident #2's final support plan, dated 02/25/2019, does not address the resident's ability to self-administer medications.*

Plan of Correction

Accept

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Correct immediately that the resident can not self administer [redacted] medications. Added to the Tuesday weekly audit review for Med Eval/SP -audit weekly by SP coordinator and DAL*

*Findings of audits will be reported to the QAPI Steering Committee*

*Completion Date: 03/23/2021*

Document Submission

Implemented

*Correction completed*

227h Support plan – refusal sign

1. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

*Resident #6 was not able to participate in the development of [redacted] support plan on 03/21/2020. The residence did not make a notation regarding the resident's inability to participate or to sign.*

227h Support plan – refusal sign (continued)

**Plan of Correction**

**Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*Corrected immediately - Resident did sign SP of 3/20/2020 and [redacted] current SP was signed also*

*Added tot he Tuesday weekly audit review for Med Evals/SP*

*Audit weekly by SP coordinator, DAL for current and new residents*

*Findings of audits will be reported to the QAPI Steering Committee*

**Completion Date:** 03/23/2021

**Document Submission**

**Implemented**

*Completed*

234c Support plan responsible person

**1. Requirements**

2800.

234.c. Responsible individual. The support plan and if applicable, the rehabilitation plan must identify the individual responsible to address the resident’s needs.

**Description of Violation**

*The support plan, dated 02/15/2021, for resident #5 does not identify the individual responsible for addressing the resident's needs, including medical and psychological.*

**Plan of Correction**

**Accept**

*\*\*Preparation and/or execution of the plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely as a matter of compliance with federal and state law.*

*All existing SP are audited for accuracy and will be completed by 4/21/21*

*Added to the Tuesday weekly audit review*

*Continue to audit by SPC and DAL*

*Findings of audits will be reported to the QAPI Steering Committee*

**Completion Date:** 04/21/2021

**Document Submission**

**Implemented**

*Correction completed*

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

**Facility Information**

Name: OAKBRIDGE TERRACE AT SPRING HOUSE ESTATES License #: 13901 License Expiration Date: 05/31/2021  
Address: 728 NORRISTOWN ROAD, LOWER GWYNEDD, PA 19002  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: 2156288110 Email:

**Legal Entity**

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC  
Address: 420 DELAWARE DRIVE, FORT WASHINGTON, PA, 19034  
Phone: 2156288110 Email:

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/16/2001 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

**Inspection**

Type: Interim - POC Notice: Unannounced BHA Docket #:  
Reason: Monitoring Exit Conference Date: 05/11/2021

**Inspection Dates and Department Representative**

05/11/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 52 Residents Served: 42

**Special Care Unit**

In Home: Yes Area: OBTW Capacity: 30 Residents Served: 23

**Hospice**

Current Residents: 0

**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: 23 Have Physical Disability: 1

**Inspections / Reviews**

05/11/2021 - Interim - POC

Lead Inspector: [REDACTED] Follow-Up Type: Not Required

**No Deficiencies Identified**