

Department of Human Services  
Bureau of Human Service Licensing

April 26, 2021

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

RE: OAKBRIDGE TERRACE AT  
GWYNEDD ESTATES  
301 NORRISTOWN ROAD  
AMBLER, PA, 19002  
LICENSE/COC#: 13897

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021 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 GWYNEDD ESTATES      **Licen e #:** 13897      **Licen e Expiration Date:** 05/31/2021  
**Addr e :** 301 NORRISTOWN ROAD, AMBLER, PA 19002  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2156288840      **Email:** [REDACTED]

**Legal Entity**

**Name:** ACTS RETIREMENT-LIFE COMMUNITIES INC  
**Address:** 1936 WEST POINT PIKE, LANSDALE, PA, 19446  
**Phone:** 2156288840      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 03/28/2006      **Issued By:** CWOPA

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 19      **Waking Staff:** 14

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/05/2021

**Inspection Dates and Department Representative**

04/05/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 20      **Residents Served:** 19

**Special Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 19  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

04/05/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/19/2021

Inspections / Reviews *(continued)*

4/20/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/26/2021*

4/26/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 3d Post license/VR/Regs

**1. Requirements**

2800.

- 3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

**Description of Violation**

*On 4/5/21, a copy of the 2800 regulations, was not posted in a conspicuous and public place in the residence.*

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

*A copy of the 2800 regulations was posted in a conspicuous and public area prior to the end of the day on 4/5/2021. The Social Worker will monitor the posting monthly to ensure it has not been removed.*

**Completion Date:** 04/05/2021

**Document Submission****Implemented**

*A copy of the 2800 regulations was posted in a conspicuous and public area prior to the end of the day on 4/5/2021. The Social Worker will monitor the posting monthly to ensure it has not been removed.*

**Completion Date:** 04/05/2021

## 103e Leftovers

**1. Requirements**

2800.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 4/5/21, at 1:05 pm, a plate of leftover fruit salad and chicken salad was in the refrigerator in the resident dining room. The food was not labeled or dated. Lunch was no longer being served and there were no residents in the dining room.*

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

*Culinary and nursing staff will be educated to date and time all food that is stored in the refrigerator. The Assisted Director of Culinary or designee will audit all item the the refrigerator weekly x4 weeks then monthly thereafter. Finding of audits will be reported to the QA committee.*

**Completion Date:** 04/19/2021

**Document Submission****Implemented**

*Culinary and nursing staff will be educated to date and time all food that is stored in the refrigerator. The Assisted Director of Culinary or designee will audit all item the the refrigerator weekly x4 weeks then monthly thereafter. Finding of audits will be reported to the QA committee.*

**Completion Date:** 04/19/2021

## 132f Alternate exit routes

**1. Requirements**

2800.

- 132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*During the fire drills held from December 2019 to March 2020, both north and south exits were used for evacuation.*

132f Alternate exit routes (*continued*)**Plan of Correction****Accept**

*Fire Drills that are conducted going forward will use alternate routes of egress. The Director of Assisted Living or designee will audit fire drills monthly and report findings the the QA Committee.*

**Completion Date:** 04/19/2021

**Document Submission****Implemented**

*Fire Drills that are conducted going forward will use alternate routes of egress. The Director of Assisted Living or designee will audit fire drills monthly and report findings the the QA Committee.*

**Completion Date:** 04/19/2021

## 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 #1's glucometer is not calibrated for the correct time. On 4/5/21 at 1:22 pm, the glucometer reads 4/5/21 5:22 pm.*

*Resident #1's glucometer shows a blood glucose reading on 4/5/21 at 3:01 pm of 88. This is not recorded on the resident's Medication Administration Record.*

*Resident #1's glucometer shows a blood glucose reading on 4/5/21 at 12:12 pm of 113. This is recorded on the resident's Medication Administration Record as 114.*

*Resident #1's Medication Administration Record has a record of a blood glucose reading of 150 for 4/1/20 in the morning. This reading is not on resident #1's glucometer.*

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

*Professional nursing staff will be educated on the Glucose Monitoring policy. Staff on night shift will monitor the calibration of the glucometer monthly and report findings the the Director of Assisted Living. Staff on night shift will monitor the accuracy of the blood glucose documentation weekly and report findings to the Director of Assisted Living. Findings of the audits will be reported to the QA committee.*

**Completion Date:** 04/19/2021

**Document Submission****Implemented**

*Professional nursing staff will be educated on the Glucose Monitoring policy. Staff on night shift will monitor the calibration of the glucometer monthly and report findings the the Director of Assisted Living. Staff on night shift will monitor the accuracy of the blood glucose documentation weekly and report findings to the Director of Assisted Living. Findings of the audits will be reported to the QA committee.*