



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ACTS RETIREMENT - LIFE COMMUNITIES INC**  
LEGAL ENTITY

To operate **OAKBRIDGE TERRACE AT LIMA ESTATES**  
NAME OF FACILITY OR AGENCY

Located at **411 N. MIDDLETOWN ROAD, MEDIA, PA 19063**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Assisted Living**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **36**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2800: Assisted Living Residences**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 21, 2021** until **May 21, 2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138910**

*Jennifer Biderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



June 23, 2021

Ms. Terri White  
Vice President, Mid-Atlantic Region  
ACTS Retirement – Life Communities, Inc.  
726 Loveville Road, Suite 3000  
Hockessin, Delaware 19707

RE: Oakbridge Terrace at Lima Estates  
411 North Middletown Road  
Media, Pennsylvania 19063  
Certificate #: 138910

Dear Ms. White:

The Department has received your June 8, 2021 renewal application to operate the above Assisted Living Home pursuant to Title 55, PA Code, Chapter 2800. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Assisted Living Home at least once every twelve months. The Department will conduct an inspection of Oakbridge Terrace at Lima Estates within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2800 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE**  
**APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE**  
**THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN		173 003 002	
<b>IDENTIFICATION</b>			
1. NAME OF AGENCY/FACILITY <b>OAKBRIDGE TERRACE AT LIMA ESTATES</b>		TELEPHONE NUMBER <b>(610) 892-0844</b>	
FACILITY ADDRESS <b>411 N. MIDDLETOWN ROAD, MEDIA 19063</b>		E-MAIL FOR FACILITY (NOT the WEB site URL) <b>LEEANNL@ACTSLIFE.ORG</b>	3. COUNTY <b>DELAWARE</b>
2. NAME OF LEGAL ENTITY <b>ACTS RETIREMENT - LIFE COMMUNITIES INC</b>		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>726 LOVEVILLE ROAD, SUITE 3000 HOCKESSIN DE 19707</b>		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>TWHITE@ACTSLIFE.ORG</b>	4. DATE CERTIFICATE EXPIRES <b>05/21/2021</b>
5. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE <b>Terri White, Vice President, Mid-Atlantic Region</b>		5. CERTIFICATE NUMBER <b>138910</b>	
7. TYPE OF SERVICE PROVIDED <b>ASSISTED LIVING</b>		FEN OR SSN <b>23-1900132</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>36 Units</b> ✓ # 258620 \$ 300. -			
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (item 1) or Legal Entity (item 2), or the Person Responsible (Operator) (item 6), or the person signing the application ever been denied a Certificate of License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input checked="" type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 P.A.C.S. 2701-2707)			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

**RECEIVED**

**JUN 08 2021**

**DECLARATION**

**Human Services Licensing**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

<p>Terri White</p> <hr/> <p align="center"><small>NAME (Type or Print)</small></p> <p>Vice President, Mid- Atlantic Region</p> <hr/> <p align="center"><small>TITLE</small></p>	<p align="center"><i>Terri White</i></p> <hr/> <p align="center"><small>SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE (Where the legal entity is a corporation, the signature must be of a corporate officer.)</small></p> <p align="center">1/21/2021</p> <hr/> <p align="center"><small>DATE</small></p>
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3/22/2021

Emailing Date: June 9, 2021

Ch# 567150  
\$1,260.00

Ms. Terri White  
Vice President, Mid-Atlantic Region  
ACTS Retirement – Life Communities, Inc.  
726 Loveville Road, Suite 3000  
Hockessin, Delaware 19707

RE: Oakbridge Terrace at Lima Estates  
411 North Middletown Road  
Media, Pennsylvania 19063  
Certificate #: 138910

Dear Ms. White:

Prior to the issuance of Certificate of Compliance to your facility, a license fee of \$35.00 per bed for the certificate referenced above must be submitted in order to operate an Assisted Living home.

Your licensed capacity is 36 beds. Upon receipt of the total fee of \$1,260.00, the facility will be issued a Certificate of Compliance for the period covering May 21, 2021 through May 21, 2022. Make your check or money order payable to: DHS.

Mail payment to the following address:

Department of Human Services  
Human Services Licensing Administration  
Room 623 Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105-2675.

If the fee is not sent within 15 days from the date you receive this letter, your facility may not be issued the Certificate of Compliance. Specific fees are set forth in Title 55, PA Code Chapter 2800. If you have questions concerning this correspondence, please contact Linnette Bidelspach at 717-705-6954.

Sincerely,



Linnette Bidelspach  
Acting Director  
Licensing Administration