

Department of Human Services
Bureau of Human Service Licensing

October 20, 2021

[REDACTED]
ACTS RETIREMENT - LIFE COMMUNITIES INC
726 LOVEVILLE ROAD, SUITE 3000
HOCKESSIN, DE 19707

RE: OAKBRIDGE TERRACE AT LIMA
ESTATES
411 N. MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COCC#: 13891

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2021 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 LIMA ESTATES* License #: *13891* License Expiration Date: *05/21/2022*
Address: *411 N. MIDDLETOWN ROAD, MEDIA, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6108920844* Email: [REDACTED]

Legal Entity

Name: *ACTS RETIREMENT - LIFE COMMUNITIES INC*
Address: *726 LOVEVILLE ROAD, SUITE 3000, HOCKESSIN, DE, 19707*
Phone: *6108920844* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/15/1990* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/22/2021*

Inspection Dates and Department Representative

09/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *31*

Special Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

Inspections / Reviews *(continued)*

10/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/25/2021*

10/20/2021 - 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 9/22/21, a copy of this chapter was not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept

A copy of the Pennsylvania Code, Title 55. Public Welfare, Chapter 2800. Assisted Living Residences, booklet of regulations has been replaced in the wall hanging basket, along with the community's BHSL Annual Violation Report and Plan of Correction. The regulation booklet is now attached to the wall hanging basket to avoid it from being removed. See the attached picture.

The Administrator will perform a weekly audit for 4 weeks, and then monthly, to ensure the booklet is in its place and report same to the QAPI team.

Completion Date: 09/22/2021

Document Submission

Implemented

documents attached

42s Privacy - self/possessions

1. Requirements

2800.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 9/22/21 at 9:55 am, there was a camera in the hallway in the first-floor east wing that is outside the bedrooms that belong to residents # [REDACTED] and # [REDACTED]. The camera records the residents' doors. Additionally, there was no sign indicating video recording in this hallway.

On 9/22/21 at 10:00 am, there was a camera in the hallway in the first-floor west wing outside the bedroom that belongs to resident # [REDACTED]. The camera records the resident's door. Additionally, there was no sign indicating video recording in this hallway.

Plan of Correction

Accept

The Administrator worked with the Maintenance, Security and Information Technology Teams to adjust both cameras to avoid viewing any other door other than the exit door.

On 9/22/21, The Administrator immediately placed signs next to the cameras. Identifying the Security cameras are being used.

The Security Cameras are inspected daily by the Security Team. If the residents' door comes into view, immediate action will be taken to readjust and refocus the camera.

The signs were applied 9/22/21, prior to the inspector leaving the building. The cameras were adjusted 10/13/21.

Completion Date: 10/13/2021

Document Submission

Implemented

documents attached

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/22/21, at 10:08 am, in the dining room on the second floor, there were seven tables that had not been cleared of partially eaten food and dirty dishes. Staff member A stated the last resident finished breakfast in the dining room at 9:15 am.

Plan of Correction**Accept**

The Assisted Living breakfast meal is served 8:00a- 9:00am. The room will be "bussed" no later than 1 hour after the last resident has completed their meal. The Dietart Aide Cleaning Schedule was updated, and staff educated to be sure the dining area is fully "bussed" no later than 1 hour after the last resident has completed their meal. The Administrator will audit the dining room cleanliness and the new cleaning assignment is being honored, weekly for 1 month and then monthly, while reporting same to the QAPI Team.

Completion Date: 10/15/2021

Document Submission**Implemented**

documents attached

121a Unobstructed egress

1. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 9/22/21, at 9:50 am, a mesh stop sign blocked an egress from the residence's first-floor east wing exit.

Plan of Correction**Accept**

The mesh STOP sign was afixed to the door with a magnet, and did not block the passageway. The intention was to promote safety in using the main entrance/exit. Understandably, the STOP sign could indicate the exit could not be used. The mesh sign on the door was immediately removed during the surveyors walk through the department. The staff was educated the STOP sign could not be used in the assisted living setting.

Completion Date: 08/22/2021

Document Submission**Implemented**

nothing attached

123b Emerg. procedures posted

1. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

The residence's emergency procedures are not posted in a conspicuous and public place in the residence.

123b Emerg. procedures posted (*continued*)**Plan of Correction****Accept**

The Emergency Manual/ Binder has and is housed on a shelf at the nursing station of the second floor. The manual was in the process of being reviewed by the Administrator due to recent extreme weather having damaged another community. The protocol was being reviewed to ensure the most up-to-date information was being posted. The Emergency Manual has been updated and returned to it's home on the shelf at the nursing desk. The Administrator will audit weekly , for 1 month to ensure the Emergency Binder remains in it's assigned location and will report on same at the Staff Safety Meeting monthly.

The binder was replaced on the shelf prior to the inspector leaving the property.

Completion Date: 09/22/2021

Document Submission**Implemented**

documents attached

184a Labeling

1. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #4's Acetaminophen 325 MG Tablet reads "2 Tabs (650 MG) by mouth every day at 7:00 am". The resident's Medication Administration Record reads "give 2 tablets by mouth as needed for temp > 100.5".

Plan of Correction**Accept**

The daily medication had been discontinued, but the cardex of medication was not removed from the medication cart as it should have been. The medication and the order for "Acetaminophen 325mg- give 2 tablets by mouth as needed for temp > 100.5 remains active and current.

The medication card was immediately removed from the medication cart and disposed of by the nurse. The shift supervisor of each shift is responsible to remove the medication from the medication cart as soon as the order for discontinuation is written. The Shift Supervisor/Nurse, on night shift, will perform a monthly audit for 3 months, to ensure all discontinued medications have been removed from the cart. The nurses findings will be reviewed with the QAPI Team.

Completion Date: 10/18/2021

Document Submission**Implemented**

nothing attached

227d Support plan – med/dental

1. Requirements

2800.

227d Support plan – med/dental (continued)

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

On 8/4/21, resident # 3’s assessment determined that the resident needs assistance with short-term memory. The resident’s support plan, dated [redacted]/21, does not address how this need will be met.

Plan of Correction

Accept

The approaches to assist the resident with short term memory loss have been more clearly addressed on the Support Plan. The Support Plan was reviewed with the resident and [redacted] and signed prior to the surveyor leaving the building on 9/22/21.

Completion Date: 09/22/2021

Document Submission

Implemented

documents attached

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 3 participated in the development of [redacted] support plan on [redacted]/21. However, the resident did not sign and date the support plan.

Plan of Correction

Accept

The Administrator forgot to have the resident sign the completed Initial Support Plan after same was reviewed with the resident. The Administrator will review and audit the Support Plans for necessary signatures and dates. The Support Plan Coordinator did update the Support Plan and did have the resident and [redacted] sign and date same prior to the surveyors departure on 9/22/21

Completion Date: 09/22/2021

Document Submission

Implemented

documents attached