

Department of Human Services
Bureau of Human Service Licensing

May 2, 2022

[REDACTED], EXECUTIVE DIRECTOR
ACTS RETIREMENT-LIFE COMMUNITIES INC
420 DELAWARE AVE, PO BOX 2222
FORT WASHINGTON, PA, 19034

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *OAKBRIDGE TERRACE AT NORMANDY FARMS ESTATES* License #: *13898* License Expiration: *07/17/2022*
Address: *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: *420 DELAWARE AVE, PO BOX 2222, FORT WASHINGTON, PA, 19034*
Phone: *2156998721* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/23/1985* Issued By: *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *43*

Special Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *12* Residents Served: *6*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

03/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

04/25/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/28/2022*

05/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/2/22, the soda/ice machine in the main kitchen contained a brown substance that appeared to be mold.

Plan of Correction

Accept

The soda/ice machine in the main kitchen was immediately cleaned at time of DHS inspection. Multi-Flow vendor came to facility on 3/18/2022 and repaired the leak in the machine. This leak was the cause of the brown substance that was present at time of inspection. The soda/ice machine will be cleaned daily. Daily audits x 4 weeks, then bi-weekly x 2 weeks, then monthly x 4, and will be performed by designated culinary staff. Culinary Director or designee will report audit results to QAPI.

Completion Date: 04/04/2022

Document Submission

Implemented

Documents attached

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 03/02/22, two trash cans were observed uncovered in the main kitchen.

Plan of Correction

Accept

Culinary Director disposed of broken trash cans in main kitchen where the lids were not appropriately attached. Culinary Director purchased new trash cans for the main kitchen to replace the broken trash cans. Trash cans were delivered to main kitchen on 4/1/2022

Completion Date: 04/01/2022

Document Submission

Implemented

Documents attached

96a First aid kit

1. Requirements

2800.
96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in Blueberry's medical station does not include antiseptic.

96a First aid kit (continued)

Plan of Correction

Accept

The First Aid kits in each unit were inventoried and the missing antiseptic was added to the First Aid Kit in Huckleberry med room on day of inspection. The First aid kits were then closed and sealed. An audit form was developed for the First Aid kits. Nursing staff to ensure all required First Aid items are present in the kit in each med room with completion of weekly audit. DAL or designee will review the audits weekly x 4 weeks and then monthly x 2 months and report findings to QAPI.

Completion Date: 03/15/2022

Document Submission

Implemented

Documents attached

101j7 Lighting/operable lamp

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

DAL purchased battery operated push on lights and had building maintenance attach light to bedside wall within arms reach of the resident when in bed. Visual and verbal instructions were given to resident # 1 and # 2 on how to operate light if needed.

Weekly audit of resident rooms to ensure bedside light is present and working will be completed weekly x 4 weeks then monthly x 2 months. DAL or designee will review weekly audits x 4, then monthly x 2 months and report findings to QAPI for review.

Completion Date: 03/30/2022

Document Submission

Implemented

Documents attached

102b Bath sinks/mirrors

1. Requirements

2800.

102.b. There must be at least one sink and wall mirror in the bathroom of the living unit.

Description of Violation

Room 34's bathroom sink isn't working properly. The sink is clogged, and the water has accumulated.

Plan of Correction

Accept

The identified clogged sink in room 34 was unclogged immediately at time of room inspection. Plant Director was

102b Bath sinks/mirrors (continued)

present at time of room inspection and was able to direct maintenance employee to room immediately and unclog resident #2 bathroom sink drain. Inspection done of every residents room and no other sinks were clogged or non-functioning. Residents were reminded during room inspection by DAL to notify staff immediately of any maintenance needs. Nursing staff to perform weekly audit of residents bathroom sink and report issues immediately to nursing or maintenance staff. DAL or designee will review weekly inspection reports weekly x 4, then monthly x 2 and report findings to QAPI for review.

Completion Date: 03/30/2022

Document Submission

Implemented

Documents attached

103c Food protected

1. Requirements

2800.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 3/2/22, there were two trays of salmon left uncovered and stored in the fridge.

Plan of Correction

Accept

The identified trays of uncovered Salmon were disposed of immediately by culinary staff. Culinary staff were in-serviced on the proper way to store and prepare food in the kitchen and how to properly cool hazardous food items. Culinary staff will complete a 7 day a week, 5x a day audit of refrigerator to monitor for proper storage of food items. Culinary Director or designee will perform a weekly audit of main kitchen x 4 then monthly x 2 and report findings to QAPI.

Completion Date: 03/16/2022

Document Submission

Implemented

Documents attached

183f Discontinued medications

1. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

Resident #3 is prescribed [redacted] as needed. Resident #3's [redacted] expired on 1/27/22. On 3/2/22, this medication was observed on the medication cart.

183f Discontinued medications (*continued*)**Plan of Correction****Accept**

Expired medication found in med cart for resident #3 was disposed of immediately and reordered from pharmacy. The expired medication was delivered to that resident on the evening of the date of inspection and placed in med cart. Nursing staff was in-serviced and educated on Regulation 2800.183 and that any expired medication needs to be removed from med cart, reorder if warranted and disposed of properly. Nursing staff to perform weekly audit of med carts to check for expired medications. DAL or designee will review med cart audits weekly x 3 months and report findings to QAPI for review.

Completion Date: 03/28/2022

Document Submission**Implemented**

Documents attached

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

On 3/2/22, resident #4's glucometer was not calibrated for the entire month of February.

- On 02/28/2022 at 8:00 a.m., the glucometer read 120 and the MAR was recorded as 134.*
- On 02/27/2022 at 8:00 a.m., the glucometer read 196 and the MAR was recorded as 127.*
- On 02/26/2022 at 8:00 a.m., the glucometer read 134 and the MAR was recorded as 160.*
- On 02/25/2022 at 8:00 a.m., the glucometer read 137 and the MAR was recorded as 154.*
- On 02/24/2022 at 8:00 a.m., the glucometer read 124 and the MAR was recorded as 151.*
- On 02/23/2022 at 8:00 a.m., the glucometer read 118 and the MAR was recorded as 129.*
- On 02/22/2022 at 8:00 a.m., the glucometer read 138 and the MAR was recorded as 136.*
- On 02/21/2022 at 8:00 a.m., the glucometer read 132 and the MAR was recorded as 172.*
- On 02/20/2022 at 8:00 a.m., the glucometer read 181 and the MAR was recorded as 153.*
- On 02/19/2022 at 8:00 a.m., the glucometer read 153 and the MAR was recorded as 129.*
- On 02/18/2022 at 8:00 a.m., the glucometer read 111 and the MAR was recorded as 125.*
- On 02/17/2022 at 8:00 a.m., the glucometer read 154 and the MAR was recorded as 176.*
- On 02/16/2022 at 8:00 a.m., the glucometer read 148 and the MAR was recorded as 153.*
- On 02/15/2022 at 8:00 a.m., the glucometer read 168 and the MAR was recorded as 236.8.*
- On 02/14/2022 at 8:00 a.m., the glucometer read 180 and the MAR was recorded as 131.*
- On 02/13/2022 at 8:00 a.m., the glucometer read 135 and the MAR was recorded as 130.*
- On 02/12/2022 at 8:00 a.m., the glucometer read 161 and the MAR was recorded as 124.*
- On 02/11/2022 at 8:00 a.m., the glucometer read 140 and the MAR was recorded as 202.*
- On 02/10/2022 at 8:00 a.m., the glucometer read 129 and the MAR was recorded as 120.*
- On 02/09/2022 at 8:00 a.m., the glucometer read 160 and the MAR was recorded as 196.*
- On 02/08/2022 at 8:00 a.m., the glucometer read 137 and the MAR was recorded as 134.*
- On 02/07/2022 at 8:00 a.m., the glucometer read 210 and the MAR was recorded as 137.*
- On 02/06/2022 at 8:00 a.m., the glucometer read 140 and the MAR was recorded as 124.*

185a Storage procedures *(continued)***Plan of Correction****Accept**

Resident # 4 glucometer had battery changed and correct date and time placed on glucometer. 12a-8am nursing staff to perform nightly reviews of daily glucometer numbers/readings to ensure correct readings are being documented in MAR, to ensure date and time are correct on glucometer and that battery light is not blinking. Nursing staff was in-serviced on the instructions for the One Touch Ultra Mini glucometer, how to change the time and date if needed and how it can be calibrated correctly. DAL or designee will review daily glucometer audits weekly x 4 weeks, then monthly x 2 months. DAL or designee will report audit findings to QAPI for review.

Completion Date: 03/14/2022

Document Submission**Implemented**

Documents attached