

Department of Human Services
Bureau of Human Service Licensing

July 15, 2022

[REDACTED]
ACTS RETIREMENT - LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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 LIMA ESTATES* License #: *13891* License Expiration: *05/21/2023*
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: [REDACTED]
Phone: *6108920844* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/15/1990* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/06/2022*

Inspection Dates and Department Representative

06/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *32*

Special Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/06/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2022*

07/11/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/14/2022*

07/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 06/06/22, at approximately 12:15 P.M., resident medication administration records and the home's narcotic count sheets were unlocked, unattended, and accessible on the first floor medication cart.

Plan of Correction

Accept

Preparation and/or execution of this 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. The plan of correction is prepared solely as a matter of compliance with federal and state law.

The identified documents were immediately secured. Director of Assisted Living spoke with the nurse and re-educated on HIPAA/Privacy Protection. Director of Assisted Living or designee will provide education to the nursing staff on HIPAA/Privacy Protection; in particular to ensuring resident medication administration records and the home's narcotic count sheets are, not visible to the public view.

Director of Assisted Living or Designee will randomly audit carts weekly for four weeks for unattended narcotic count sheets and report findings to the quarterly QAPI committee.

Completion Date: 06/16/2022

Document Submission

Implemented

Re-education to the nursing staff on HIPAA/Privacy Protection; in particular to ensuring resident medication administration records and the home's narcotic count sheets are, not visible conducted via staff meeting - agenda and sign in sheet attached

Attached is the random audit sheet for unattended narcotic count sheets; findings to be reported to the quarterly QAPI committee.

65a Fire Safety-1st day

1. Requirements

2800.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.

65a Fire Safety-1st day (continued)

7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED]/22, did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services.

Plan of Correction**Accept**

The identified individual was immediately educated on all of the topics identified in the requirement.

An audit of staff training records was conducted to ensure that this requirement is met for the direct care staff persons.

Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation by the Director of Assisted Living, or [REDACTED] designee, in general fire safety and emergency preparedness that includes the following: 1. Evacuation procedures. 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. 5. The location and use of fire extinguishers. 6. Smoke detectors and fire alarms. 7. Telephone use and notification of emergency services.

The Director of Assisted Living will review the training records of all direct care workers prior to their first day of work to ensure this requirement is met.

Completion Date: 07/07/2022

Document Submission**Implemented**

An audit of staff training records was conducted to ensure that this requirement is met for the direct care staff persons. Attached is the training form utilized for this training.

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 telephone in resident room #208.

Plan of Correction**Accept**

Room was reviewed and resident interviewed in regards to where to find numbers for an emergency; resident aware of where the numbers are located in the room – Resident has numbers attached to [REDACTED] call bell, since the main phone, is a cellphone. Nursing staff have been re-inserviced on the requirements of 2800.91 by the Director of Assisted Living. Residents are reminded of the presence of the numbers at the monthly Resident Council meetings & at their individual Quarterly Support Plans.

91 Telephone Numbers (continued)

Random audits shall be conducted, by the Director of Assisted Living or designee, weekly for four weeks to ensure this the home is in compliance with this requirement. Results of the audits shall be reported to the QAPI Committee.

Completion Date: 07/05/2022

Document Submission**Implemented**

Nursing staff have been re-inserviced on the requirements of 2800.91 by the Director of Assisted Living. Attached is the agenda and signature sheet of the inservice.

Attached are the environmental rounds sheet that includes placed Emergency Numbers; included is a picture of such card containing the numbers.

Results of the audits shall be reported to the QAPI Committee.

95 Furniture & Equipment**1. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The resident in room 214 uses a handrail to get in and out of bed and for positioning while in bed. The handrail has a large opening that is not covered and presents a hazard to the resident of getting a limb or other body part caught inside the opening.

Plan of Correction**Accept**

The identified device was immediately covered to meet the requirement.

Nursing staff shall be re-educated on 2800.95 by the Assisted Living Administrator, or designee.

A room audit was conducted initially to ensure that all enablers were covered; and will be performed by the Director of Assisted Living or designee for 3 weeks, and the results will be presented to the quarterly QAPI committee.

Completion Date: 06/27/2022

Document Submission**Implemented**

Nursing staff shall be re-educated on 2800.95 by the Assisted Living Administrator, or designee during staff meeting. Agenda and attendance sheet attached.

A room audit was conducted initially to ensure that all enablers were covered; Attached are Environmental Round Sheets that include enablers to be covered. Results will be presented to the quarterly QAPI committee.

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.

101j7 Lighting/operable lamp (continued)

Description of Violation

The resident in room #109 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

A lamp was immediately provided to the identified room to meet the requirement.

Nursing staff will be in serviced on 2800.101j7 by the Assisted Living Administrator, or designee. Resident [REDACTED] was in the process of moving from one level of care to another, all contents were not unpacked. [REDACTED] had a floor lamp next to [REDACTED] recliner chair. Room audits for proper lighting will be conducted on the day of move-in into Assisted Living, and randomly ongoing, by the Assisted Living Administrator or designee, to ensure compliance with the requirement. Results of these audits will be reported to the QAPI Committee.

Completion Date: 06/27/2022

Document Submission**Implemented**

Nursing staff in-serviced on 2800.101j7 by the Assisted Living Administrator, or designee. Attached is the agenda and sign-in sheet of Attendance.

Attached is a copy of the Environmental Audit that includes looking for adequate lighting; attached is also a picture of the lamp that has been placed.

Results of these audits will be reported to the QAPI Committee.

132c Fire drill records

1. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 03/05/22 does not include the amount of time, including seconds, it took for evacuation. The fire drills conducted on 04/05/22, 02/28/22, 02/21/22, 01/18/22 and 12/23/21 all list "0 sec" in the evacuation time.

Plan of Correction**Accept**

Maintenance Personnel/Security who conducts the fire drills were re-in serviced on the requirements of 2800.132.c. by the Director of Assisted Living.

Fire Drill documentation shall be audited by the Director of Assisted Living to ensure compliance with the requirement prior to the end of each month for twelve months. If there are any identified issues, the drill shall be repeated and documented.

The results of these audits shall be reported to the QAPI Committee.

Completion Date: 06/28/2022

Document Submission**Implemented**

Fire Drill documentation shall be audited by the Director of Assisted Living to ensure compliance with the requirement prior to the end of each month for twelve months. If there are any identified issues, the drill shall be repeated and documented. Attached is a copy of the latest Fire Drill report and minutes from the Safety Committee meeting.

132c Fire drill records (continued)

The results of these audits shall be reported to the QAPI Committee.

132d Evacuation**1. Requirements**

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

During the fire drill on 01/18/22, at 15:52 PM, the resident in room 215 did not evacuate.

Plan of Correction**Accept**

The drill was repeated to include Resident 215. Staff and residents to be re-educated on the requirements of 2800.132.d by the Director of Assisted Living.

Fire Drill documentation shall be audited by the Director of Assisted Living to ensure compliance with the requirement prior to the end of each month for twelve months. If there are any identified issues, the drill shall be repeated and documented.

The results of these audits shall be reported to the Safety Committee.

Completion Date: 06/28/2022

Document Submission**Implemented**

Staff re-educated on the requirements of 2800.132.d by the Director of Assisted Living - Attached is this training, as well as Safety Committee Agenda, and latest Fire Drill.

132f Alternate exit routes**1. Requirements**

2800.

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

Description of Violation

Exit routes 1, 2, and 4 were the only exit routes used during the fire drills held on 12/23/21, 1/18/22, and 02/28/22.

Plan of Correction**Accept**

The Director of Physical Plant Services and the Security Supervisor were re-educated to the requirements of 2800.123.f. by the Director of Assisted Living. When determining the location of the fire for the drill, the person executing the drill will utilize varied locations for the fire to ensure different exits are utilized.

Fire Drill documentation shall be audited by the Director of Assisted Living to ensure compliance with the requirement prior to the end of each month for twelve months. If there are any identified issues, the drill shall be repeated and documented.

The results of these audits shall be reported to the Safety Committee.

Completion Date: 06/28/2022

Document Submission**Implemented**

Fire Drill documentation shall be audited by the Director of Assisted Living to ensure compliance with the

132f Alternate exit routes (continued)

requirement prior to the end of each month for twelve months. If there are any identified issues, the drill shall be repeated and documented. Attached is a copy of the latest Fire Drill report and minutes from the Safety Committee meeting.

162c Menus - posted**1. Requirements**

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 06/06/22, the residence's menu for the week of 06/06/22 to 06/12/22 was posted. However, no additional menus were posted.

Plan of Correction**Accept**

The menu for the week of 6/13 – 6/19 was immediately posted on the day of the survey. Two weeks of menus shall be posted and signed at all times. The Nutrition Services Manager or designee will monitor weekly for 4 weeks and monthly thereafter with reports of compliance to the quarterly QAPI meeting.

Completion Date: 06/06/2022

Document Submission**Implemented**

The Nutrition Services Manager or designee will monitor weekly for 4 weeks and monthly thereafter with reports of compliance to the quarterly QAPI meeting. Attached is the audit sheet.

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 is prescribed Tylenol Tablet 325 MG (Acetaminophen) as needed for pain or fever. On 06/06/22, this medication was not available in the residence.

Resident #2 is prescribed Amicare Gel (Homeopathic Products) as needed for arthritis pain and Anusol-HC Suppository (Hydrocortisone Acetate) as needed for hemorrhoids. On 06/06/22, these medications were not available in the residence.

Plan of Correction**Accept**

The identified medications have been procured and are available to the residents.

An audit was conducted by the Director of Assisted Living to ensure that the home is in full compliance with this requirement. Random audits shall be conducted by the Director of Assisted Living, or designee, for three months to ensure compliance is maintained.

Results of these audits shall be reported to the QAPI Committee.

Completion Date: 07/08/2022

Document Submission**Implemented**

Attached is the Medication Cart audit form to review to make sure medications are present. These audits shall be

185a Storage procedures (continued)

reported to the QAPI Committee.

254a Records – discharge/active

1. Requirements

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 06/06/22, the resident records were unlocked, unattended, and accessible in a cabinet in the second floor nurse's station.

Plan of Correction

Accepted

The identified records were immediately secured to meet the requirements. The nursing staff has been reeducated of the requirements.

The Director of Assisted Living, or designee, shall conduct a random audit for four weeks to ensure the home remains in compliance with this requirement. Results of this audit shall be reported to the QAPI Committee.

Completion Date: 06/16/2022

Document Submission

Implemented

Attached in the random audit form utilized to ensure the home remains in compliance with this requirement. Results of this audit to be reported to the QAPI Committee.