

Department of Human Services
Bureau of Human Service Licensing

August 19, 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 licensing inspections on 08/02/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

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: [REDACTED]
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: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *08/02/2022*

Inspection Dates and Department Representative

08/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *29*

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: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

08/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2022*

08/15/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/20/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/15/2022*

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 500mg for pain as needed. On 08/02/22, [this/these] medication(s) were not available in the residence.

Plan of Correction

Do Not 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.

Resident #1 is prescribed Tylenol 650 mg every 6 hours as needed for pain and Tylenol 650 mg every 6 hours as needed for a temperature > 100.5 degrees Fahrenheit.

The Director of Assisted Living spoke with the dispensing pharmacy. The Acetaminophen orders were combined by the pharmacy and as a result, all the characters did not fit on one label. The indication for pain was cut off. The Acetaminophen is a standard product and processed through an automated labeling machine, so the missing directions at the end did not get attached.

The pharmacy immediately corrected the issue and sent new medication cards with full directions. A pharmacy audit was performed of all Acetaminophen orders to ensure they are not run through the automated labeling machine, or the number of characters are reduced to fit on a single label.

The Director of Assisted Living, or designee to perform an audit of all medication labels to ensure the full directions and indications are visible on all medication labels. The nursing staff receiving pharmacy deliveries will be educated on verifying medication label accuracy upon receipt.

Completion Date: 08/16/2022

Update: 08/15/2022

This violation was cited because the medication was not available in the home. Please revise your plan to include methods by which the home intends to ensure that all medications, including PRN medications, are obtained and available in the home at all times the residents are prescribed those medications. Please indicate specific steps, the title of the person(s) responsible for each step, and dates/timeframes.

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.

Resident #1 is prescribed Tylenol 650 mg every 6 hours as needed for pain and Tylenol 650 mg every 6 hours as needed for a temperature > 100.5 degrees Fahrenheit.

The Director of Assisted Living, or designee, will in-service nursing staff, who receive orders, and pharmacy deliveries on verifying medication label accuracy upon receipt; and auditing the charts and the medication carts to ensure medications, including PRN medications, are obtained and available as prescribed. These audits are conducted weekly for four weeks and will be reported to the quality assurance committee.

185a Storage procedures (continued)

Completion Date: 08/18/2022