

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

December 9, 2024

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

RE: OAKBRIDGE TERRACE AT GRANITE
FARMS ESTATES
1343 W. BALTIMORE PIKE
MEDIA, PA, 19063
LICENSE/COC#: 13890

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES **License #:** 13890 **License Expiration:** 05/07/2024
Address: 1343 W. BALTIMORE PIKE, MEDIA, PA 19063
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 04/25/2017 **Issued By:** Township of Middletown

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 31 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44 **Residents Served:** 31

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:** 31
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/21/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/15/2024

03/26/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/05/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/02/2024

Inspections / Reviews *(continued)*

04/04/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/05/2024

12/09/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2024
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 [redacted] the residence's current license, dated 5/7/23, was not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept ([redacted] - 04/04/2024)

Current license dated 5/7/23 was immediately posted, in a conspicuous and public place in the residence.

Education to be provided to team members on regulation 2800.3d, by Director of Assisted Living and will be completed by 4/5/24.

As part of the Quality Assurance Performance Improvement Program, each May the Director of Assisted Living, will review, update and post the current license in a conspicuous and public place in the residence. The DAL will monitor monthly, starting in March, that the current license is posted and report to the QAPI committee x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ([redacted] - 12/09/2024)

81b Resident equip – good repair

2. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], bedside mobility devices, with openings measuring 8 inches wide by 11 inches long, were securely attached to the structure of Resident 1's bed. However, the device openings were not covered, posing a possible hazardous condition for the resident.

Plan of Correction

Accept ([redacted] - 04/04/2024)

Bedside mobility device openings were immediately covered securely and then removed upon the arrival/installation of

the Halo Safety Ring, which is within the dimensional guidance from DHS.

House wide audit conducted ensuring the absence of mobility devices posing possible hazardous conditions.

Director of Assisted Living to provide education to team members on regulation 2800.81b, to ensure all apparatus/assistive

devices are free of hazards, which will be completed by 4/5/24.

Director of Assisted Living/designee to conduct room audits monthly, starting in March and upon admission, of all resident rooms, to ensure all bedside mobility devices are free from hazards and meet DHS guidelines and will report findings to the QAPI Committee x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ([redacted] - 12/09/2024)

89b Hot water temperature

3. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 2:15 pm, the hot water temperature in Room [redacted] measured 133.5 degrees Fahrenheit.

On [redacted] at 2:30 pm, the hot water temperature in Room [redacted] measured 126.5 degrees Fahrenheit.

On [redacted] at 2:45 pm, the hot water temperature in Room [redacted] measured 138 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 04/04/2024)

Maintenance immediately bled the domestic hot water loop, Which brought the water temperatures to below 120 degrees Fahrenheit.

Maintenance has conducted randomly timed daily audits, starting on 2/22/24 to ensure the water temperature is below 120.

Director of assisted living to educate team members r/t regulation 22800.89b, which will be completed by 4/5/24.

Director of assisted living/designee to conduct weekly audits, starting on 2/26/24, to ensure water temperature stays below 120 degrees Fahrenheit and will report findings to the QAPI Meetings x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 12/09/2024)

101j7 Lighting/operable lamp

4. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 04/04/2024)

A new light bulb was immediately placed in bedside lamp and was able to be turned on/off at bedside.

House wide audit of all resident rooms conducted by DAL on 2/22/24, to ensure each resident, has access to a functioning bedside light source.

Resident education to be provided, by DAL, r/t regulation 2800.101j7, during admission and during resident council meetings.

Staff education to be provided by DAL, r/t regulation 2800.101j7, to ensure all residents have a operable light source, that can be turned on at bedside, which will be completed by 4/5/24.

Director of Assisted Living/designee to conduct room audits monthly and upon admission, of all resident rooms to ensure residents have access to an operable light source that can be turned on/off at bedside and report finding at the QAPI Committee Meetings x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 12/09/2024)

184a Resident meds labeled

5. 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 direction for Resident [redacted] Calcium Carbonate 600 oral tablet had been changed from “take 1 tablet by mouth every night,” to “give 1 tablet by mouth in the afternoon for supplement.” However, the direction change was not indicated on the medication container.

The direction for Resident [redacted] [redacted] tablet had been changed from “take 1 tablet by mouth once a day,” to “give 1 tablet by mouth in the afternoon for hypertension hold for Heart Rate less than 60 or Systolic Blood Pressure less than 110,” However, the direction change was not indicated on the medication container.

Plan of Correction

Accept [redacted] - 04/04/2024)

Orders reviewed by DAL and compared with medication on hand, change of direction sticker put in place, orders clarified with physician and pharmacy and changed label to reflect physicians order and put in place on 2/22/24. House wide audit of Physician's orders vs labeled medication on hand, completed by DAL to ensure uniformity and was completed by 3/8/24.

Director of Assisted Living will educate Nursing staff r/t regulation 184a, to ensure all medication on hand must be labeled to match Physicians order, to be completed by 4/5/24.

Regulation 184a explained by DAL during resident council and will be reviewed upon admission and monthly at resident council by DAL/designee.

Director of Assisted Living/designee will conduct audits quarterly and report findings to the QAPI committee x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 12/09/2024)

185a Storage procedures

6. 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 [redacted] at 11:00 am, Resident [redacted] blood glucose reading was [redacted] However, it was not documented on the Medication Administration Record.

On [redacted] at 11:00 am, Resident [redacted] blood glucose reading was [redacted] However, it was not documented on the Medication Administration Record.

185a Storage procedures (continued)

On [redacted] at 11:00 am, Resident [redacted] blood glucose reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at 3:06 pm, Resident [redacted] glucometer was not calibrated to the correct time. The glucometer was set to [redacted] at 4:22 pm.

Plan of Correction

Accept [redacted] - 04/04/2024)

Resident [redacted] glucometer was calibrated to the correct time on 2/21/24. House wide audit of MAR's and glucometers was conducted and completed on 3/8/24, to ensure safe distribution and use of medications
Director of Assisted Living will provide education to licensed nurses on glucometer calibration and procedures, for the safe distribution and use of medications and the necessary documentation and will be completed by 4/5/24.
Licensed nurse on every shift will review MARs to ensure documentation is complete and accurate.
Director of Assisted Living/designee will conduct weekly audit starting on 3/15/24, to ensure glucometer calibration is accurate and that the necessary documentation is completed. Will report findings at the QAPI Committee Meetings x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 12/09/2024)

187d Follow prescriber's orders

7. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed to have a glucose check done four times a day at 7:30 am, 11:00 am, 4:00 pm, and 9:00 pm. On [redacted] at 11:00 am, Resident [redacted] glucometer did not register a reading.

Resident [redacted] is prescribed [redacted], give 1 capsule by mouth two times a day, in the morning and bedtime, for arthritis. However, on 2/11/24, the medication was not administered to Resident [redacted] at bedtime.

Plan of Correction

Accept [redacted] - 04/04/2024)

7- Orders for resident [redacted] were reviewed and compared to physicians orders. Med error completed, physician and POA made aware on 2/21/24.
House wide audit of MARs and glucometers to be conducted, to ensure all medications are administered as prescribed and that there is correlating documentation, as needed, to be completed by 4/2/24.
Director of Assisted Living will provide education to licensed nurses on regulation 2800.187d, completed by 4/2/24.
Licensed Nurse on each shift will review the MARs to ensure prescriber directions were followed.
Director of Assisted Living/designee will conduct weekly audits of MARs starting on 4/8/24- x's 4 and then monthly starting on 5/6/24. Results will be reported to the QAPI Committee x's 3 months.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 12/09/2024)