

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

October 11, 2024

[REDACTED], ADMINISTRATOR OF HEALTH SERVICES
ACTS RETIREMENT-LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT SPRING
HOUSE ESTATES
728 NORRISTOWN ROAD
LOWER GWYNEDD, PA, 19002
LICENSE/COC#: 13901

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2024, 08/13/2024 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 SPRING HOUSE ESTATES License #: 13901 License Expiration: 05/31/2025
 Address: 728 NORRISTOWN ROAD, LOWER GWYNEDD, PA 19002
 County: MONTGOMERY 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: C-2 LP Date: 06/21/2001 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/13/2024

Inspection Dates and Department Representative

08/12/2024 - On-Site: [REDACTED]
 08/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 54 Residents Served: 48

Special Care Unit
 In Home: Yes Area: OBT West Capacity: 30 Residents Served: 27

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

08/12/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/07/2024

08/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/08/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2024

Inspections / Reviews (*continued*)

09/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/15/2024

10/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85e Trash outside

1. Requirements

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The residence's dumpster was covered with a lid; however, a cardboard box with a white plastic bag containing some trash in it was found near the covered dumpster.

Plan of Correction

Accept ([redacted]) - 09/03/2024)

The Cardboard box with white plastic bag containing some trash was placed in the Dumpster upon learing of the violation. The Culinary Operations Mangager will check the Loading Dock area daily during sanitation rounds for loose debris effective 8/12/24. Any debri found outside of the Dumpster will be placed immediatly in the dumpster.

Proposed Overall Completion Date: 08/29/2024

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([redacted]) - 10/11/2024)

103f Fridge/Freezer Temps

2. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 08/13/2024 at 09:19 AM, the temperature in the ice cream freezer was 12 degrees Fahrenheit.

Plan of Correction

Accept ([redacted]) - 09/03/2024)

The ice cream was removed from the freezer and stored in the main walk-in freezer that was at the appropriate temperature on 8/13/24. A root cause analysis was completed to determine why the freezer temperature was high. During the daily monitoring process by the Medical Diet Aide, the temperature will be noted if the freezer is out of compliance. The corrective action will be as follows: All products will be removed from the freezer in quetion and placed in the deep freezer in the main kitchen until said freezer is back to 0 degrees. The freezer logs will be reviewed daily by the Culinary Dietary Mangager and the Dietary Supervisor. Unfavorable results will be reported to the Qappi Committe x3.

Proposed Overall Completion Date: 08/28/2024

Licensee's Proposed Overall Completion Date: 09/15/2024

Implemented ([redacted]) - 10/11/2024)

132g Fire drills – days/times

3. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

132g Fire drills – days/times (continued)

Description of Violation

The residence's monthly fire drill was held on Thursday for three consecutive months: March 07, April 11, and May 30, 2024.

Plan of Correction

Accept () - 09/03/2024)

The requirements for conducting fire drills including staggered times, days of the weeks and shifts were reviewed with the Maintenance department and Security by the Director of Assisted living on 8/13/24. Fire drills will be conducted on different shifts, on different weeks of the month and different days of the month. The Director of Assisted Living will review the Fire drill schedule monthly to insure proper scheduling of drills. The Maintenance Department and Security staff will be trained on the proper procedure for conducting monthly fire drill by 9/15/24. Monthly findings will be reported to the Qappi committee x3 by the Director of Assisted Living.

Proposed Overall Completion Date: 09/15/2024

Licensee's Proposed Overall Completion Date: 09/15/2024

Implemented () - 10/11/2024)

183e Storing Medications

4. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 08/13/2024, Humalog 100 unit/ml vial prescribed for resident #2, which was labeled with a discard-after date of 08/03/2024, was still in OBT East medication cart.

Plan of Correction

Accept () - 09/03/2024)

On 8/13/24, upon identification, insulin was disposed of appropriately. On 8/13/24, all medications carts were checked by Director of Assisted Living (DAL) or designee to ensure no other items were expired or out of date. By 9/9, all insulin orders will have additional verbiage in EMAR order to check insulin pen open and discard date prior to administration. Education to be given by Director of Assisted Living or designee to the nurses and certified medication technicians by 9/9/2024 to review medication administration and storage including appropriate labeling of insulin per policy, required checks of insulin and other medications for expiration date, and medication cart audit process to ensure disposal of any expired products. Medication cart audits, to check the medications present in the cart compared to the active orders including checking for appropriate labeling and expiration dates, will be completed by Director of Assisted Living or designee starting 9/9 weekly for 2 months and results will be reported to Quality Assurance Committee.

Proposed Overall Completion Date: 09/09/2024

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented () - 10/11/2024)

231b Medical evaluation

5. Requirements

231b Medical evaluation (continued)

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

- 1. Documentation for a special care unit for residents with Alzheimer’s disease or dementia must include the resident’s diagnosis of Alzheimer’s disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #1’s medical evaluation, dated [REDACTED] does not include the resident’s diagnosis of dementia and the need for the resident to be served in a special care unit.

Repeat Violation: 06/26/2023

Plan of Correction

Accept ([REDACTED] - 09/03/2024)

Resident #1 Diagnosis of Dementia will be updated and reviewed by [REDACTED] Physician by 9/10/24. The Director of Assisted Living will be responsible for contacting the physician to implement the change. The Director of Assisted Living/designee will audit all resident's ADME by 9/10/24 to insure the appropriate dementia diagnosis is documented and will inform the physician by same date. Training on the appropriate dementia diagnosis will be completed by the Director of Assisted living by 9/10/24. A monthly audit of all Resident's ADME's will be completed by the support plan coordinator and results reported to the Qappi Committe x3.

Proposed Overall Completion Date: 09/10/2024

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented ([REDACTED] - 10/11/2024)