

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

February 25, 2025

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

RE: OAKBRIDGE TERRACE ASSISTED
LIVINGAT BRITTANY POINTE
ESTATES
1001 VALLEY FORGE ROAD
LANDSDALE, PA, 19446
LICENSE/COC#: 13893

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2024, 12/10/2024 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 ASSISTED LIVING AT BRITTANY POINTE ESTATES License #: 13893 License Expiration: 07/01/2025

Address: 1001 VALLEY FORGE ROAD, LANDSDALE, PA 19446

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: Other	Date: 03/24/2000	Issued By: CWOPA L&I
Type: Other	Date: 04/20/2000	Issued By: Upper Gwynedd Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal, Complaint Exit Conference Date: 12/10/2024

Inspection Dates and Department Representative

12/09/2024 - On-Site: [REDACTED]

12/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 41 Residents Served: 37

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: 37
Diagnosed with Mental Illness: 19	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

12/09/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/12/2025

Inspections / Reviews (*continued*)

02/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/24/2025

02/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, date of hire [REDACTED], received only 3.25 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

Staff person A completed 4.1 hours of Dementia Specific Training within 30 days. Evidence explained and sent to DHS for review of compliance.

* Ensure all Ancillary staff persons are assigned 4 hours of Dementia Specific training within 30 days of hire.

Responsible - [REDACTED], ACT's Corporate University by 2/10/25.

* Conduct audit of Ancillary staff new hires to ensure 4 hours of Dementia training completed then notify ACT's Corporate University with any discrepancies. Responsible - DAL or Designee 2/10/25 then monthly

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented ([REDACTED] - 02/25/2025)

183d Current medications

2. Requirements

2800.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 12/09/24, Albuterol Sulfate HFA prescribed for resident # 1, was in the residence's medication's cart; however, the medication was discontinued.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

* Albuterol inhaler removed from med cart during survey by staff nurse on 12/10/24.

* Education provided for all nurses and Med Techs on regulation 2800 183D. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence. Responsible - DAL to be completed by 1/17/25

* Monthly med cart audits to be conducted to include that only current meds are to be in med cart. Audit report to be reviewed by DAL or designee. Responsible - Night Shift Nurses to complete audits which are reviewed by DAL or designee. by 2/10/25 then monthly

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented ([REDACTED] - 02/25/2025)

184a Resident meds labeled

3. Requirements

2800.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a Resident meds labeled (*continued*)**Description of Violation**

The pharmacy label for resident #1's Docusate 100mg, take on cap as needed for stool softener, does not match the December 2024 medication administration record.

The pharmacy label for resident #1's Gabapentin 100mg, take 200mg at breakfast, 400mg at lunch, 600mg at dinner and 600mg at bedtime, does not match December 2024 medication administration record.

The pharmacy label for resident #2's Zinc Oxide 20% ointment, applied to the right-side gluteal area three times daily, does not match the December 2024 medication administration record.

Plan of Correction

Accept (█ - 02/14/2025)

** Change of Direction stickers applied to Resident #1 Docusate and Gabapentin and Resident #2 Zinc Oxide during survey on 12/10/244 by staff nurse.*

** Education provided for all nurses and Med Techs on regulation 2800 184a to include "The original container for prescription medications shall be labeled with a pharmacy label. Responsible - DAL to be completed by 1/17/25"*

** Monthly med cart audits to be conducted and to include that all medications labels match the MAR. If a change of direction has occurred, apply the appropriate sticker. Audit report to be reviewed by DAL or designee. Responsible - Night Shift Nurses to complete audits which are reviewed by DAL or designee. by 2/10/25 then monthly*

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented (█ - 02/25/2025)