

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

June 26, 2025

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

RE: OAKBRIDGE TERRACE AT GWYNEDD  
ESTATES  
301 NORRISTOWN ROAD  
AMBLER, PA, 19002  
LICENSE/COC#: 13897

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2025 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 GWYNEDD ESTATES License #: 13897 License Expiration: 05/31/2025  
 Address: 301 NORRISTOWN ROAD, AMBLER, 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: Other Date: 03/28/2006 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 05/28/2025

**Inspection Dates and Department Representative**

05/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 20 Residents Served: 14

**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: 14  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

05/28/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/22/2025

06/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/25/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/07/2025

Inspections / Reviews *(continued)*

06/25/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/25/2025

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 07/07/2025

06/26/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/25/2025

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

62 Contact list

1. Requirements

2800.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

the Administrator, did not have a current list of the names, addresses and telephone numbers of all staff persons including substitute or agency personnel and volunteers.

Plan of Correction

Accept ( ) - 06/17/2025)

The Staff List has been updated with the current substitute and agency personnel. List was completed on 6/30/2025. The Director of Assisted Living (DAL) will maintain and update the staff list whenever a new hire, substitute, or agency team member starts at the community. Audit will be completed quarterly and reported at the QA meeting for the next 6 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 06/26/2025)

181d Self-administer Storing medication

2. Requirements

2800.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

Description of Violation

Resident #1 self-administers medications and stores medications in their room. On 5/28/25, Resident #1 stated during an interview with the Department that they never lock their room when they leave and their medications are not kept in a lock box within the room.

Plan of Correction

Accept ( ) - 06/17/2025)

DAL spoke with the Resident and about keeping door locked when is not in the room. The door will be checked by team members on every shift to ensure it is locked when is not at home. Documentation on the Emar will be maintained. Audit of the Emar will be done by the DAL and reported at the quarterly QA meeting for the next 6 months. Completed 6/30/2025

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 06/26/2025)

181f Self-administer Record of medication

3. Requirements

2800.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #2 self-administers medication. On 5/28/25, Resident #2's record did not include a current list of medications. Over the counter Pepto Bismol was found in Resident #2's room and was not included on their current medication list.

181f Self-administer Record of medication (continued)

Plan of Correction

Accept ( ) - 06/17/2025

DAL spoke with Resident #2 and reviewed regulations for self-medication. The resident voiced understanding of the regulation. A self-medication checklist will be maintained monthly by the 3-11 nurse. During the monthly review, the nurse will remind the Resident to notify the team members of any new medication ordered by an outside doctor. Completion Date 6/30/2025. Monitored by the DAL and reported quarterly for the next 6 months at the QA Meeting.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 06/26/2025

184b - Labeling OTC/CAM

4. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 5/28/25, a bottle of Vitamin D3 was observed in the second floor medication cart. The bottle was not labeled with a resident's name.

Plan of Correction

Accept ( ) - 06/17/2025

Labeling of OTC medications reviewed with nurses and med techs. Reminding team members that all OTC meds need to be labeled with the Residents' names. Training will be completed by 6/30/2025. 11-7 nurse will maintain audits of the med chart, checking that all OTC meds have been labeled. Audits will be reviewed quarterly at the QA meeting for the next 6 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 06/26/2025

184c Sample prescription meds

5. Requirements

2800.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

The sample prescription Xeljanz belonging to Resident #3 was found in the medication cart. The label for this sample did not include written instructions for use.

Plan of Correction

Accept ( ) - 06/17/2025

Training will be provided to the nurses and med techs, reviewing that sample medications need to have a printed label on them with the provider's instructions. Training will be completed by 6/30/2025. 11-7 nurse will audit the med chart and check that all sample meds have instructions attached to them. Audit will be reviewed by DAL at the quarterly QA meeting for the next 6 months

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 06/26/2025