

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

February 10, 2026

[REDACTED]
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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2025 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 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:** 41 **Waking Staff:** 31

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 08/05/2025

Inspection Dates and Department Representative

08/05/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 41 **Residents Served:** 41

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: 41 |
| Diagnosed with Mental Illness: 0 | Diagnosed with Intellectual Disability: 0 |
| Have Mobility Need: 0 | Have Physical Disability: 0 |

Inspections / Reviews

08/05/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/01/2025

Inspections / Reviews (*continued*)

02/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

02/10/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

101j7 Lighting/operable lamp

1. 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] - 09/05/2025)

Resident [redacted] purchased a lamp and it is on [redacted] bedside table where [redacted] can turn on and off. This was completed 8/12/25. Staff has been educated on Regulation 2800.101.j. on 8/25/25 & 8/28/25. Direct care staff is to observe each resident for proper source of light at bedside and notify DAL or SPC if there are any concerns. CNA's are to perform room checks monthly to include a source of light at bedside and report findings to DAL. Findings will be reported at QAPI meeting.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] - 02/10/2026)

181f Self-administer Record of medication

2. 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 [redacted] medication.

Description of Violation

Resident [redacted] self-administers [redacted] medication. On [redacted], resident [redacted] record did not include a current list of medications. The following medications were on the resident's medication list that [redacted] is no longer prescribed:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 09/05/2025)

Resident [redacted] Self Medication assessment was completed on 8/6/25, copy attached. Resident had stopped the four meds listed as [redacted] no longer needed them. All 4 medications were discontinued by PCP and were removed from [redacted] orders. Updated Order Summary attached. Education provided to Support Plan Coordinator regarding Regulation 2800.181.f. on 8/25/25, training attached. SPC will assess each resident that self-administers meds quarterly and include a current list of medication and ensure that all ordered meds are on hand. At each assessment SPC will remind resident of the importance of notifying [redacted] of any changes in between assessments. Each assessment will be reviewed by DAL quarterly x 2.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [redacted] - 02/10/2026)

183e Storing Medications

3. 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 [redacted], an opened and undated [redacted] prescribed to resident [redacted] was available on the medication cart. According to the manufacturer's instructions, the medication should be discarded 6 weeks after opening the foil tray or when the counter reads zero.

Plan of Correction

Accept [redacted] - 09/05/2025)

The [redacted] was discarded the day of survey and new [redacted] replaced and dated when opened. Staff has been educated on Regulation 2800.101.j. on 8/25/25 & 8/28/25. when staff administering meds they are to make note of any medications that need to be dated per manufacturers instructions and notify the nurse of any discrepancies. 11-7 Nurses to audit each med cart monthly to ensure compliance and report to DAL.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] - 02/10/2026)

184a Resident meds labeled

4. 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

Resident [redacted]'s mometasone furoate nasal spray does not have a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. Per staff [redacted] knew the medication belong to the resident because it was labeled with the resident's room number.

Repeated Violation: [redacted], et al.

Plan of Correction

Accept [redacted] - 09/05/2025)

[redacted] without pharmacy label was discarded. There was a new [redacted] in med cart already. Review of Regulation 2800 184.a. education provided to staff on 8/25 & 8/28, education attached. Staff when administering meds staff are to note any improperly labeled medications and remove from the med cart and notify the nurse. 11-7 nurses to audit each med cart monthly to ensure compliance and report to DAL.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] - 02/10/2026)