

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

October 1, 2025

[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 08/20/2025, 08/21/2025 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 SPRING HOUSE ESTATES License #: 13901 License Expiration: 05/31/2026
 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: CWOPA L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 08/21/2025

Inspection Dates and Department Representative

08/20/2025 - On-Site: [REDACTED]
 08/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 52 Residents Served: 47

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

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

08/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2025

09/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/30/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2025

Inspections / Reviews *(continued)*

09/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2025

10/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/20/2025, at 10:09 A.M., Resident # 1's face sheet/discharge transfer sheet containing resident medications and health information, was unlocked, unattended, and accessible in the Director of Assisted Living and Support Coordinator's shared office in the special care unit.

Plan of Correction

Accept (█ - 09/15/2025)

This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.

Protected health information was stored properly as soon as it was recognized by the surveyor. Administrator of Health Services (AHS) has provided education, completed on September 10, 2025 to the Administrator and Support Plan coordinator regarding the importance of protected health information and proper storage of information. Random audits of the shared office will be conducted monthly for 3 month starting in September by the AHS or designee and reported to QA.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 10/01/2025)

65h 16 hrs annual training

2. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Direct Care Staff Person A received only 14.89 hours of annual training relating to █ job duties during training year January 1, 2024 to December 31, 2024.

Plan of Correction

Accept (█ - 09/15/2025)

Direct Care Person A is being educated on the importance of completing the mandatory training courses provided by the home. Direct Care Person A's training plan has been reviewed on September 10, 2025 for training year 2025 to ensure the appropriate trainings have been assigned to them and they are on track to complete before December 31, 2025. A review of the training plan for 2025 has been completed on September 10, 2025 to ensure the home provides at minimum required training by regulation 2800:65h. Please see attached training plan. Quarterly audits of the training progress will be completed by the Administrator or designee beginning in September and reported to QA for the next 4 quarters. Team members are being educated on the importance of completing the individually assigned training as well as

65h 16 hrs annual training (continued)

attending an in-person education that is offered. Team member education will be completed by Sept 30, 2025.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 10/01/2025)

85a Sanitary conditions

3. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/20/25, at 10:27 A.M., the bathroom in resident living unit 212 had a strong odor, a brown stain on the floor, and a brown substance on the outside of the toilet bowl that appeared to be feces.

Plan of Correction

Accept (█) - 09/15/2025)

The bathroom of the resident in apartment 212 was reviewed immediately by the Administrator at the time of inspection. Bathroom was clean by environmental services at the time of notification.

Environmental services and the home team members are being educated on the importance of increased rounding at peak times for bathroom use to ensure spaces remain clean through the day and night. Education will be complete by Sept 30, 2025.

Environmental bathroom rounds will be completed by the Director of Environmental Services or designee weekly for 12 weeks and reported to the QA committee. The rounds will begin September 15, 2025.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 10/01/2025)

86b Bathroom ventilation

4. Requirements

2800.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident living unit 212, does not have an operable window or ventilation fan. The ventilation fan is inoperable.

Plan of Correction

Accept (█) - 09/15/2025)

Upon identification by the surveyor that the bathroom fan was not operational it was addressed by the maintenance team and put back in working order.

A preventative maintenance program for the test of the ventilation fans in the bathroom in the home is currently in use. Maintenance team is being educated on the importance of completing the preventative maintenance and addressing an issue found during that process immediately. Training began on September 10, 2025.

The preventative maintenance program is completed monthly beginning in October. The results of the preventative maintenance audits will be reported to QA for 3 months.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 10/01/2025)

109b Rabies vaccination

5. Requirements

2800.

109.b. Cats and dogs present at the residence shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 8/20/25, a cat was present at the residence. The residence does not have a current certificate of rabies vaccination for the cat. The most recent rabies vaccination the residence obtained for the cat was 6/10/21 and expired 6/10/22.

Plan of Correction

Accept (█ - 09/15/2025)

The cat identified during the survey had a letter on file from the veterinarian that due to its age, living situation and underlying medical conditions it was not recommend having the rabies vaccine. This information was shared with the surveyor.

The Administrator is working with the veterinarian and power of attorney (POA) of the resident to have the cat vaccinated with the the rabies vaccine to the cat by September 30, 2025.

An audit was completed by the home to ensue any other cats or dogs present in the home have an up to date rabies vaccination and the record is on file. The audit was completed on September 10, 2025.

Administrator and support plan coordinator have been educated but the Health Services Administrator on the importance of compliance with this regulation.

A letter has been sent to resident and families of residents in the home reviewed the house rules for pets.

An audit of the pet vaccination records will be completed for those residents who have a cat or dog at the time of the annual support plan review to co-inside with their move in anniversary. Results of these audits will be reported to QA annually for 2025 and 2026.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 10/01/2025)

141b1 Annual medical evaluation

6. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident # 2's most recent medical evaluation was completed on █ The resident's previous medical evaluation was completed on █

Plan of Correction

Accept (█ - 09/15/2025)

Resident 2 was not in the home during the time of the annual medical evaluation. The evaluation was completed on █ when █ returned to the home.

An audit was completed on September 10, 2025 by the home for each resident living in the home to ensure medical evaluations were completed annual as outlined in the regulation.

Administrator and Support plan coordinator were educated on September 10, 2025 on the importance of adherence to this regulation by the Health Services Administrator.

Quarterly audits will begin in September and will be completed to ensue the annual medical evaluation is completed within the time frame outlined in the regulation. The audits will be reported to QA for the next 4 quarters.

Licensee's Proposed Overall Completion Date: 09/30/2025

141b1 Annual medical evaluation (continued)

Implemented () - 10/01/2025

171b5 Transportation-first aid kit

7. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the van used to transport residents does not include a thermometer.

Plan of Correction

Accept () - 09/15/2025

A thermometer was ordered and placed in the first aid kit immediately after identification by the surveyor.

Transportation director was educated on September 10, 2025 the importance of keeping the first aid kits stocked per this regulation.

The audit process was updated to include a thermometer on the tool.

Monthly audits of the first aid kits in the vehicles will continue in September by the Director of Transportation or designee and will be reported to QA for 3 months.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 10/01/2025

187a Medication record

8. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # 2 is prescribed Humalog Kwikpen subcutaneous inject 10 units two times a day before breakfast 8:00 A.M. and before lunch 12:00 P.M. Call physician if the blood sugar reading is below 60 or above 350. This medication was administered on 8/18/25 at noon; however, the 12:00 P.M. blood sugar reading was not included on resident # 2's August 2025 medication administration record.

187a Medication record (continued)

Plan of Correction

Accept () - 09/15/2025

Resident #2 was out of the home at the time of the ordered injection.

Resident #2 chart was audited to ensure there is no other incomplete documentation related to blood sugar or medication administration related to the diabetes orders.

The nursing team is being educated on the importance of documenting the absence of the residents from the home during medication administration times. Education will be completed by Sept 30, 2025.

The nursing team is being educated on the importance of obtaining clarification orders regarding medication orders when the resident returns to the home and medication is clinically indicated. Education will be complete by Sept 30, 2025.

The nursing team is being education on the importance of documentation of the blood sugar readings at the time they are taken. Education will be completed by Sept. 30, 2025.

Monthly audits will be started in September and completed for those residents on insulin to ensure blood sugar reading are bring recorded at the time of completion and medication administration records are completed timely per the clinical standard and regulatory compliance. Audits will begin in September will be reported to QA monthly for 3 months.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 10/01/2025

236a Staff training

9. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct Care Staff Person A, who works in the special care unit had only 2 hours of training related to dementia care during the January 1, 2024 to December 31, 2024 training year.

Plan of Correction

Accept () - 09/15/2025

Direct Care Person A is being educated on the importance of completing the mandatory training courses provided by the home.

Direct Care Person A's training plan has been reviewed for training year 2025 to ensure the appropriate trainings have been assigned to them and they are on track to complete before December 31, 2025.

A review of the training plan for 2025 has been completed to ensure the home provides at minimum required training by regulation 2800:65h. Please see attached training plan.

Quarterly audits of the training progress will be completed by the Administrator or designee and reported to QA for the next 4 quarters. Audits to begin in September.

Team members are being educated on the importance of completing the individually assigned training as well as attending an in-person education that is offered. Team member education will be completed by Sept 30, 2025.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 10/01/2025