

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

February 3, 2026

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/10/2025, 12/01/2025 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:** 75      **Waking Staff:** 56

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 12/01/2025

**Inspection Dates and Department Representative**

11/10/2025 - On-Site: [REDACTED]  
12/01/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 52		<b>Residents Served:</b> 48	
Special Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> West	<b>Capacity:</b> 30	<b>Residents Served:</b> 27
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 48	
<b>Diagnosed with Mental Illness:</b> 37		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 27		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

11/10/2025 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/22/2025

12/22/2025 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 01/21/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/26/2025

Inspections / Reviews *(continued)*

12/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/26/2026

02/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 3:00pm, resident [redacted] was involved in an incident with resident [redacted] and resident [redacted] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person A. This allegation was not reported to the Local Area Agency on Aging.

On [redacted] at approximately 3:00 PM resident [redacted] was involved in an incident with resident [redacted] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person B and reported to staff person C on [redacted] at 3:30pm. This allegation was not reported to the Local Area Agency on Aging.

On [redacted], at 7:01 PM, resident [redacted] involved in an incident with resident [redacted] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person D and reported to staff person E on [redacted] immediately after the incident. This allegation was not reported to the Local Area Agency on Aging.

Plan of Correction

Accept [redacted] - 12/29/2025)

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.

Staff persons A, B, C, D, E were re-educated regarding the reporting requirements of abuse by Nursing Home Administrator or designee. Employees will be re-educated regarding the reporting requirements of abuse by 12/20/25. Knowledge and understanding of abuse reporting requirements audits will be conducted of random employees weekly x4 and results reported to QAPI by the Director of assistant living or designee starting 12/29/25.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [redacted] - 02/03/2026)

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

The residence did not report the following incidents to the Department:

On [redacted] at approximately 3:00pm, resident [redacted] was involved in an incident with resident [redacted] and resident [redacted] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person A.

16c Incident reporting (continued)

On [REDACTED] at approximately 3:00 PM resident [REDACTED] was involved in an incident with resident [REDACTED] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person B and reported to staff person C on [REDACTED] at 3:30pm.

On [REDACTED] the local police arrived on site to speak with resident [REDACTED] in response to resident [REDACTED] inappropriate behaviors towards other residents.

On [REDACTED], at 7:01 PM, resident [REDACTED] involved in an incident with resident [REDACTED] that involved allegations of inappropriate sexual behaviors or abuse. This incident was witnessed by staff person D and reported to staff person E on [REDACTED] immediately after the incident.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

Staff persons A, B, C, D, E were re educated regarding the incident reporting requirements by Nursing Home Administrator or designee. Employees will be re educated regarding the incident reporting requirements by 12/20/25. Knowledge and understanding of incident reporting requirements audits will be conducted of random employees weekly x4 and results reported to QAPI by Director of assisted living or designee starting 12/29/25.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

17 Record confidentiality

3. 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 [REDACTED], at 9:09 AM, resident medications, labeled with resident's personal medical information were unlocked, unattended, and accessible on top of a medication cart located by the front door of the residence's East wing.

At 9:12am, a medication cabinet located in the same wing, was unlocked, unattended, and accessible to residents. The cabinet contained resident medications, labeled with resident's personal medical information.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] 12/29/2025)

Employees will be re educated by Nursing home Administrators or designee regarding maintaining confidentiality of resident records by 12/20/25. Audits starting 12/29/25 will be conducted weekly x4 regarding confidentiality of records and results reported to QAPI by Director of assisted living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] 02/03/2026)

42b Abuse/Neglect

4. Requirements

## 42b Abuse/Neglect (continued)

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

Resident ■ resides in the residence's secure unit. Resident ■ assessment and support plan dated ■ shows a minimal need related to short term memory and no needs related to long-term memory.

On ■ resident ■ signed an agreement with the residence that ■ agrees to the following expectations: Refrain from touching anyone else's body under any circumstances, demonstrate respectful and appropriate behavior towards others, not making inappropriate sexual remarks or sharing sexualized media, and any threat of self-harm will be treated with seriousness and urgency. Incentives for positive participation include the opportunity to participate in additional social activities beyond the secure unit.

Resident ■ diagnosis of ■ has been questioned by at least 2 medical professionals including on ■ when the resident was seen to be evaluated for their cognitive ability to make decisions regarding medications, care and understanding or capacity to enter into or understand agreements, at which time the resident was determined capable of understanding the consequences of refusing medications, care and understanding of inappropriate behaviors towards staff and other resident as well as the expectations of the agreement that resident ■ signed on ■.

Residents ■ and ■ also reside in the residence's secure unit and have documented needs related to their memory and dementia diagnoses. Staff report that Resident ■ routinely seeks out residents of the opposite gender who are known to be the most cognitively impaired in the unit, including residents ■ and ■ specifically. Resident ■ has also been observed by staff trying to hide from staff so that they can engage with residents of the opposite gender, at times sneaking into the other residents rooms. Resident ■ often denies that they are attempting to engage in any inappropriate behaviors but staff report that Resident ■ actions, demeanor, and response to being observed touching another resident or in another residents room, is such that staff believe that resident ■ is fully aware that what ■ is doing is not appropriate.

On ■ at approximately 3:00 PM resident ■ was kneeling on the floor in front of resident ■. Resident ■ kissed the hands of resident ■ and resident ■ kissed the forehead of resident ■. Resident ■, while still kneeling, then moved to resident ■ and attempted to touch resident ■'s thigh while making sounds that were meant to scare resident ■. Resident ■ then began screaming "Stop, Stop!". Resident ■ raised ■ hand and said to staff "Get [resident ■ away from me". This was witnessed by staff person A.

On ■ at approximately 3:00 PM resident ■ was guiding resident ■ to a chair. As resident 4 was lowering themselves to sit down, resident ■ placed their hand, palm up under resident ■ buttocks area. Staff person B instructed resident ■ to remove their hand before resident ■ had completely sat down. Within the same hour resident ■ was observed by staff person B gesturing to the left breast area of resident ■. When staff person B walked over to the residents, resident ■ reported that resident ■ had touched ■.

On ■ at 7:01 PM, resident ■ was observed by staff person D handing ■ silver watch to resident 4. Staff person D observed resident ■ telling resident ■ to keep the watch so resident ■ would know when 10:00 PM was. Resident ■ said to resident ■ that ■ would pretend to sleep on the couch near resident ■'s room until 10:00 PM, so that after security passed by, resident ■ would then go in to resident ■ room. Resident ■ responded with "I won't be dressed" to which resident ■ replied "Perfect that's how I want you". Staff person D attempted to separate resident ■ and resident ■ by redirecting resident ■ to another activity. At this time, when resident ■ stood up from the chair staff person D observed resident ■ rubbing resident ■ buttocks. Staff person D told resident ■ not to do that.

42b Abuse/Neglect (continued)

Plan of Correction

Directed [REDACTED] - 12/29/2025)

Team Members will be re educated by nursing home administrator or designee regarding the recognition of abuse or neglect regardless of the person initiating the abusive behavior by 12/20/25. Audits starting 12/29/25 will be conducted weekly x4 regarding identifying abuse or neglect, results reported to QAPI by director of assistant living of designee.

Proposed Overall Completion Date: 01/23/2026

DIRECTED POC In addition to the above plan of correction, the audits shall consist of interviewing at least 5 randomly selected residents and 5 randomly selected staff of the home to inquire about the protection of residents rights and treatment. Documentation of the interviews shall be kept and made available for review by the Department upon request.

Directed Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

43b Residents rights-reward

5. Requirements

2800.

43.b. A resident's rights may not be used as a reward or sanction.

Description of Violation

On multiple occasions, the residence refused to allow resident [REDACTED] to participate in activities, stating that resident behaved inappropriately and as a consequence, they could not attend the activity they wished to go to that day. The resident has a right to participate in activities conducted in the residence, regardless of [REDACTED] compliance with the residence's behavioral request.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

The resident was free to attend any activity on the unit. The resident was not denied the right to participate in activities conducted on the unit. Behavioral contracts will not consist of rewards for residents to attend events outside of the unit. Behavior contracts will be audited upon initiation to verify that they do not include rewards top attend events outside the community weekly x4 and results reported to QAPI starting 12/29/25 by director of assistant living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

82c Locked poisons

6. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED] at 9:24 AM a bottle of Comet disinfecting sanitizing bathroom cleaner and a bottle of Spic and Span disinfecting all purpose spray and glass cleaner, both with a manufacturer's label indicating "if ingested contact poison control

82c Locked poisons (continued)

, was unlocked, unattended, and accessible to residents in an unlocked housekeeping cart near room [REDACTED]. Not all the residents of the residence, including resident [REDACTED], have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

Resident was reevaluated to reflect the ability to be around poisonous material. The ADME dated 12/2/2025 reflects that resident [REDACTED] is able to safely use or avoid poisonous materials. Resident ADME's will be audited starting 12/29/25 to verify the capability of being around poisonous materials weekly x4 and results reported to QAPI by director of assistant living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

100a Exterior – free of hazards

7. Requirements

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:26 AM, outside of the emergency exit door near room [REDACTED], there was a large truck parked in front of the concrete pad on the grassy area. To the side of the concrete pad there was a pile of construction materials and other debris causing a hazardous area limiting the ability for a resident to safely evacuate in an emergency.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

Contractors were educated at the time of the inspection, and the vehicle relocated to another parking location. The construction materials and debris were also removed at the time of inspection. Audits starting 12/29/25 to verify that the building grounds outside of the emergency exit door near room 209 must be in good repair and free of hazards will be conducted weekly x4 and results reported to QAPI director of assistant living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

121a Unobstructed egress

8. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED], at 9:25, a length of yellow caution tape was hanging down about 3 feet from the ceiling, directly in front of the emergency exit door near room [REDACTED]. More yellow caution tape was also attached to the wall next to the door. The presence of this caution tape at the emergency exit door creates an obstruction as a person may hesitate to use this door in an emergency.

121a Unobstructed egress (continued)

Plan of Correction

Accept [REDACTED] - 12/29/2025)

The caution tape was removed at the time of observation. Employees will be re-educated on the appropriate use of caution tape by 12/20/25 by nursing home administrator. Audits starting 12/29/25 to verify the removal of the construction tape near the emergency exit will be conducted weekly x4 and results reported to QAPI director of assistant living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

123c Evacuation diagrams

9. Requirements

2800.

123.c. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The residence currently serves 48 residents. However, the emergency evacuation diagrams that are posted in the East wing, do not contain the line of travel to exit doors and location of the fire extinguishers and pull signals.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

The evacuation diagram was updated to contain the line of travel to exit doors and location of fire extinguishers and pull alarms. Director of Plant Operations was educated on 12/15/25 regarding evacuation diagram requirements. Audits starting 12/29/25 to be conducted to verify the correct evacuation diagram is in use weekly x4 and results reported to QAPI director of assistant living or designee. Residents will be notified of the updated signage during Resident Council.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)

183b Medications and syringes locked

10. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On [REDACTED], at 9:09 AM, OTC medications and prescription medications belonging to residents of the East wing were unlocked, unattended, and accessible on top of a medication cart located against the wall outside the East wing dining room.

At 9:12 AM, a medication cabinet located in the same wing, containing OTC medications and prescription medications belonging to residents of the East wing was unlocked, unattended, and accessible to residents and others in the home.

**183b Medications and syringes locked (continued)****Plan of Correction****Accept** (████) - 12/29/2025)

*Employees will be re educated regarding the security of medication cabinets and the appropriate disposal of medications and syringes by 12/20/25 by nursing home administer or designee. Audits starting 12/29/25 regarding the appropriate security of medication cabinets and disposal of medications will be conducted weekly x4 and results reported to QAPI.*

**Licensee's Proposed Overall Completion Date:** 01/23/2026

**Implemented** (████) - 02/03/2026)**233c Key-locking devices****11. Requirements**

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The directions for operating the residence's locking mechanism are not conspicuously posted near the doors in the special care unit. The residence has photographs with at least 6 four digit numbers posted near two of the exits, but no explanation of what numbers are to be entered to into the keypad so that a person may exit. Resident's designated persons are given instructions upon the resident's admission to the unit, however, there is no information or instructions provided to other visitors of the unit so that immediate egress is possible.*

**Plan of Correction****Accept** (████) - 12/29/2025)

*Information and/or instructions regarding immediate egress have been updated and posted near the exit. Audits regarding the ease of use to accommodate immediate egress will be conducted weekly starting 12/29/25 x4 and results reported to QAPI by director of assistant living or designee. Information regarding the changes will be communicated to families by 12/20/25.*

**Licensee's Proposed Overall Completion Date:** 01/23/2026

**Implemented** (████) - 02/03/2026)**252 Records – content****12. Requirements**

2800.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

252 Records – content (*continued*)

6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the residence, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the residence, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2800.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.
27. A record relating to any exception request under § 2800.229 (relating to excludable conditions; exceptions).
28. Ongoing resident progress notes.

**Description of Violation**

Resident [REDACTED] record does not include all handwritten ongoing resident progress notes. Direct care staff reported during interviews that staff will document resident [REDACTED] care and behavior notes in a handwritten logbook, however, the residence reported they regularly destroy these records. On [REDACTED] the residence could only provide the handwritten notes back to [REDACTED] for resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 12/29/2025)

The handwritten log is an internal shift to shift report tool which contains information for multiple residents. Employees will be re-educated regarding the communication of appropriate information by 12/20/25 by nursing home administrator or designee. Audits to verify the appropriate use of communication tools will be completed weekly x4 starting 12/29/25 and results reported to QAPI director of assistant living or designee.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/03/2026)