

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

March 2, 2026

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

RE: OAKBRIDGE TERRACE AT FORT
WASHINGTON ESTATES
735 SUSQUEHANNA ROAD
FORT WASHINGTON, PA, 19034
LICENSE/COC#: 13894

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026 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 FORT WASHINGTON ESTATES License #: 13894 License Expiration: 05/24/2026
Address: 735 SUSQUEHANNA ROAD, FORT WASHINGTON, PA 19034
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: 09/17/1998 Issued By: CWOPA 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: 01/29/2026

Inspection Dates and Department Representative

01/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	18	Residents Served:	12
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:	12
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	2	Have Physical Disability:	0

Inspections / Reviews

01/29/2026 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2026

02/10/2026 - POC Submission
Submitted By: [REDACTED] Date Submitted: 02/23/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/15/2026

Inspections / Reviews (*continued*)

02/11/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/23/2026

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/27/2026

03/02/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/23/2026

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

103e Leftovers

1. Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1/29/26 at 11:25am, there was an unlabeled, undated pan of raw bacon in the main kitchen refrigerator.

Plan of Correction

Accept (████) - 02/11/2026

Management Team and Executive Chef re-educated culinary team members on the importance of making all food items are labeled and dated. Education took place from 1-30-2026 through 2-2-26, copies attached. Bacon was immediately discarded on 1/29/2026. Any item left undated or not labeled will be immediately discarded. 1/30/2026 and ongoing production team members and management team will perform rounds throughout the kitchen, in all walk ins making sure all food is labeled correctly. Any issues noted during time on monitoring will be discarded and addressed immediately. Culinary Director, Restaurant Manager and Assistant Restaurant Manager, Sous Chef and Chef will be responsible to make sure rounds are completed.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (████) - 03/02/2026

103g Storing food

2. Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 1/29/26 at 11:25am, there was an opened and unsealed container of mussels in the main kitchen walk in freezer.

Repeat Violation Date: 3/24/25

Plan of Correction

Accept (████) - 02/11/2026

Management Team and Executive Chef re-educated culinary team members on the importance of food being protected while being stored, transported and served. Education took place from 1-30-2026 through 2-2-26, copies attached. Mussels were immediately discarded on 1/29/2026. Any item left unprotected. Production team members and management team will perform rounds throughout the kitchen, in all walk ins making sure all food is protected. Any issues noted during time on monitoring will be discarded and addressed immediately. Culinary Director, Restaurant Manager and Assistant Restaurant Manager, Sous Chef and Chef will be responsible to make sure rounds are completed.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (████) - 03/02/2026

184b - Labeling OTC/CAM

3. 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 1/29/26, a bottle of Safe Tussin DM belonging to Resident #1 was in the residence's medication cart and was not

184b - Labeling OTC/CAM (continued)

labeled with the resident's name.

Plan of Correction

Accept (█) - 02/11/2026)

Assisted Living Director re-educated Assisted Living team members on the importance of labeling medications for each resident. Copy of the Assisted Living team member education on 184b on 2/6/2026 is attached. Cart checks were conducted immediately on 1/30/2026 through 2/6/2026; to ensure all OTC medications had resident's names on them; copy attached. Weekly medication cart audits will be completed by the Director of Assisted Living to make sure that all OTC medications are labeled with resident's names. Bottle of Tussin was immediately labeled with resident's name.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (█) - 03/02/2026)

225a2 Assessment – significant change

4. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On 1/29/26, a bedside mobility device was observed in Resident #2's room; however, the assessment for Resident #2, dated █ does not indicate that the resident has a need for a bedside mobility device. An additional written assessment was not completed.

Plan of Correction

Accept (█) - 02/11/2026)

Assisted Living Director re-educated Assisted Living team members on the importance of completing additional written assessments for each resident.

Copy of the Assisted Living team member re-education on 255.a.2 on 2/6/2026 is attached. ASP was updated as a Department Request immediately; copy attached. Audits of ASPs will be completed by the Director of Assisted Living on a monthly basis.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (█) - 03/02/2026)