

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

September 15, 2026

[REDACTED], ADMINISTRATOR OF HEALTH SERVICES
ACTS RETIREMENT-LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT
NORMANDY FARMS ESTATES
9000 TWIN SILO DRIVE
BLUE BELL, PA, 19422
LICENSE/COC#: 13898

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2026, 08/06/2026 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 NORMANDY FARMS ESTATES **License #:** 13898 **License Expiration:** 07/17/2027
Address: 9000 TWIN SILO DRIVE, BLUE BELL, PA 19422
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:** 02/15/2000 **Issued By:** COPA L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 67 **Waking Staff:** 50

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 08/06/2026

Inspection Dates and Department Representative

08/05/2026 - On-Site: [REDACTED]

08/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58 **Residents Served:** 55

Special Care Unit

In Residence: Yes **Area:** Cranberry **Capacity:** 12 **Residents Served:** 11

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 12 **Have Physical Disability:** 1

Inspections / Reviews

08/05/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/30/2026

09/04/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/14/2026

Inspections / Reviews (*continued*)

09/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

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 residence 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, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 5/31/26 Resident # 1 noticed jewelry missing from their living unit. This incident was reported to staff person A on 6/2/26, at 7:30 A.M. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept () - 09/04/2026

The DAL will review the residence's abuse reporting policy to clearly define immediate reporting expectations, required notifications, and documentation standards. OBT nursing staff will receive education/in-service on recognizing and immediately reporting suspected abuse, neglect, abandonment, or exploitation including financial exploitation. The Abuse Hotline number for reporting abuse will be clearly posted at all nurses' stations and nurses' offices for quick reference when any type of abuse is suspected.

The DAL or designee will review Grievances and Reportable Incidents involving suspected abuse for timely reporting, appropriate notification to the local Area on Aging, documentation, and implementation of staff restrictions when applicable. DAL or designee will complete audits of Grievances and Reportable Incident Reports weekly for four weeks, then monthly for two months. Results will be reviewed and reported to QAPI.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/15/2026

17 Record confidentiality

2. 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 8/5/26, at 10:05 A.M., two binders containing orders for lab work and care assignments completed for residents were unlocked, unattended, and accessible in the special care unit nursing station.

Plan of Correction

Accept () - 09/04/2026

DAL immediately removed lab book and staff communication book from the special care nurses' station and secured these books in the locked medication room on unit. DAL instructed OBT nursing staff to remove communication books from Huckleberry and Blueberry nurses' stations and secure any binders with resident information in the locked medication rooms on the units. DAL or designee will complete an education/in-service for OBT staff to review policy on Confidentiality of Resident Records. Signage regarding the importance of maintaining Confidentiality of Resident Records will be posted at all 3 nurses' stations as reminders for OBT staff. DAL or designee will audit the 3 OBT units weekly x 4 weeks, then monthly x 2 months to maintain compliance with securing the confidentiality of resident information at the open nurses' stations. DAL or designee will present audit findings to QAPI for review.

17 Record confidentiality (*continued*)

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/15/2026)

65i Training topics

3. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Description of Violation

Direct care staff person A did not receive training in assisted living service needs of the resident during the training year January 1, 2025 to December 31, 2025.

Plan of Correction

Accept () - 09/04/2026)

The DAL or designee will audit all current direct care staff training files to identify any additional staff who may be missing required annual training documentation. Any staff found to be out of compliance will be scheduled to complete the required training promptly and will not work in an unsupervised direct care capacity if training requirements necessary to perform those duties have not been met. DAL or designee will provide education/in-service on regulatory compliance for required annual training completion for direct care workers. DAL or designee will conduct monthly audits of direct care staff training records x 3 months, then quarterly thereafter, to verify continued compliance. Results of monthly audit will be reviewed and reported to QAPI.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/15/2026)

107d Procedure EMA submission

5. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence submitted their written emergency procedures to the local emergency management agency on 4/1/25. The residence reviewed and made changes to the written emergency procedures in March 2026; however, the updated plan was not submitted to the local emergency management agency until 6/10/26.

Plan of Correction

Accept () - 09/04/2026)

The DAL or designee will be responsible for reviewing, updating, submitting, and maintaining documentation of the annual emergency preparedness procedures annually as required by regulation. The DAL or designee will maintain an emergency preparedness compliance log to track the annual review date, submission date, and confirmation of

107d Procedure EMA submission (continued)

submission to the local emergency management agency. DAL or designee will set a calendar reminder 60 days prior to the due date as a reminder to send required Emergency Preparedness information to local township emergency management. DAL or designee will physically drop off to local township emergency department, email or send via postal mail with return receipt, 30 days prior to annual date as proof of submission within the required time frame. The compliance log and supporting documentation will be reviewed monthly x 3 months and then quarterly x 1 to maintain regulatory compliance. Results of audit will be presented to QAPI for review.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented ([REDACTED]) - 09/15/2026)

141a Medical evaluation**7. Requirements**

2800.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.
 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
 12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for Resident # 2, dated [REDACTED] does not include the physician's certification that Resident # 2's needs can be safely met at the Assisted Living Residence as required on the Departments updated ADME forms. This area of the form is blank.

Plan of Correction

Accept ([REDACTED]) - 09/04/2026)

Resident #2 medical evaluation record which was identified as deficient was reviewed immediately by Support Plan Coordinator to determine what required medical evaluation information was missing or incomplete. The Support Plan Coordinator/ LPN contacted the resident's physician to obtain permission to update and sign off on the missing information from the current admission DME. DAL reviewed resident #2 completed medical evaluation for accuracy and completeness and was placed in the residents PCC file.

An audit of the current resident's medical evaluations will be conducted weekly x 4 weeks and then quarterly x 2 months to ensure compliance that all current resident medical evaluations do not have any unchecked areas. DAL or designee will conduct audits of resident's medical evaluations within 14 days of admission. Dal or designee will report the audit findings to QAPI for review.

141a Medical evaluation (*continued*)

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/15/2026

225a2 Assessment – significant change

9. 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

Resident # 4's assessment listed their dietary need as no concentrated sweets. Resident #4's diet changed to regular on . The residence did not update this change on the resident's assessment until 8/6/26.

Plan of Correction

Accept () - 09/04/2026

Support Plan Coordinator immediately updated Resident #4's ASP so that the residents DME and ASP reflected the correct diet order noted on the 6/30/2026 DME. DAL or designee will audit current DME's and ASP's to ensure compliance with accurate and update information on both the DME and ASP. Audits of the ASP and DME will be conducted weekly x 4 weeks then quarterly with each ASP review during quarterly care conference.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/15/2026

227d Support plan – med/dental

10. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

The assessment for Resident # 5, dated indicates the resident has a need for a bedside mobility device for transferring. The resident's assessment and support plan, dated , indicates that the resident is using a Halo Device, but does not address:

1. The intended use and any risks associated with the device.
2. The resident's ability to safely use the device for it's purpose.
3. If the device requires a cover as indicated by the FDA guidelines.

Plan of Correction

Accept () - 09/04/2026

Support Plan Coordinator immediately updated Resident #5 ASP and added the require documentation for the HALO Bed Enabler on a newly created addendum for the ASP. Support Plan Coordinator created an addendum to the ASP for bed mobility with specific required verbiage noted in the Bureau of Human Services Licensing Use of Bedside Mobility Devices in Personal Care and Assisted Living Residences for the HALO Bed Enabler. Other residents identified in the unit using a HALO Bed Enabler will have their ASP's reviewed by DAL or designee and their ASP

227d Support plan – med/dental (continued)

will be updated to be in compliance with the correct documentation for the use of the HALO Bed Enabler.

DAL or Designee will audit the resident's charts that are currently using the HALO Bedside Mobility Device weekly x 4 weeks and then quarterly x 2 at the resident's quarterly care plan review. Results of the audit will be presented to QAPI for review.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented ([REDACTED] **- 09/15/2026)**