



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ACTS RETIREMENT-LIFE COMMUNITIES INC**

LEGAL ENTITY

To operate **OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES**

NAME OF FACILITY OR AGENCY

Located at **1343 W. BALTIMORE PIKE MEDIA, PA 19063**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **61**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 17**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 11,** **2024** until **May 7,** **2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138900**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 11, 2024

[REDACTED]
[REDACTED]

Acts Retirement-Life Communities, Inc.
726 Loveville Road, Suite 3000
Hockessin, Delaware 19707

RE: Oakbridge Terrace at Granite Farms Estates
License #: 138900

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). The approved capacity revision request is for a new SDCU unit with 17 beds with an overall increase from 44 to 61. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

April 10, 2024

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

RE: OAKBRIDGE TERRACE AT GRANITE
FARMS ESTATES
1343 W. BALTIMORE PIKE
MEDIA, PA, 19063
LICENSE/COC#: 13890

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2023 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 GRANITE FARMS ESTATES License #: 13890 License Expiration: 05/07/2023
Address: 1343 W. BALTIMORE PIKE, MEDIA, PA 19063
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC
Address: [Redacted]
Phone: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 07/14/2022 Issued By: Township of Middletown
Type: I-1 Date: 09/09/2022 Issued By: Township of Middletown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

Inspection Information

Type: Full Notice: Announced BHA Docket #:
Reason: New Exit Conference Date: 10/03/2023

Inspection Dates and Department Representative

09/13/2023 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 44 Residents Served: 27
Special Care Unit
In Home: Yes Area: Magnolia Crossing Capacity: 17 Residents Served: 0
Hospice
Current Residents: 1
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/13/2023 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/15/2023

10/16/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/13/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2023

Inspections / Reviews (*continued*)

11/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2023

12/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2023

02/14/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2024

02/23/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/09/2024

04/10/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2024
Reviewer: [REDACTED] Follow-Up Type: Not Required

41c Rights poster

1. Requirements

2800.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the residence.

Description of Violation

The Department's poster of the resident's rights is not posted in a conspicuous and public place in the residence memory care unit.

Plan of Correction

Accept (█ - 11/17/2023)

The Department's poster of the list of resident's rights was immediately posted in a conspicuous and public place in the residence.

Director of Assisted Living reviewed and educated team members on regulation 41c, ensuring that residents have access to a list of resident rights for reference, and that residents are aware of who they may contact with a complaint. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will review resident's rights, along with location of posting upon admission and at monthly resident council upon opening of memory care neighborhood.

Director of Assisted Living or designee will audit the Department's poster of the list of resident's rights placement monthly x's 3 and will report findings Quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented (█ - 04/10/2024)

42s Privacy - self/possessions

2. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 9/13/2023, there were video cameras at the memory care unit entrance and exit. However, there were no postings stating that the facility has video recording at the entrance and exit.

Plan of Correction

Accept (█ - 11/17/2023)

Postings stating that the facility has video recordings at the entrance and exit, were immediately posted.

Director of Assisted Living reviewed and educated team members on regulation 42s, ensuring signs indicating that images are being recorded are posted in the areas that are being recorded. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will inform residents on admission and at monthly resident council that these areas are subject to video recording.

Director of Assisted Living or designee will conduct quarterly audits of postings for video recordings x's 2 and will report findings Quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented (█ - 04/10/2024)

90a Landline telephone

3. Requirements

2800.

90.a. The residence shall have a working, non coin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Description of Violation

The residence does not have a working landline telephone in the memory care unit.

Plan of Correction

Accept () - 11/17/2023)

IT Department contacted immediately, and work order submitted to install a landline telephone that is accessible in emergencies and accessible to individuals with disabilities. Work order fulfilled and landline is currently in place. Director of Assisted Living reviewed and educated team members on regulation 90a, ensuring residents have access to a landline telephone that is accessible in emergencies and accessible to individuals with disabilities. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will inform residents upon move-in and at routinely scheduled resident council, of the availability of a working landline telephone for their usage. Director of Assisted Living or designee will conduct quarterly audits x's 2 ensuring the presence of functioning landline and will report findings Quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented () - 04/10/2024)

91 Telephone Numbers

4. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department in the memory care unit.

Plan of Correction

Accept () - 11/17/2023)

Listings of telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline were posted on or by each telephone with an outside line, upon installation of landline.

Director of Assisted Living reviewed and educated team members on regulation 91 that an accessible telephone ensures that emergency services can be contacted quickly when needed. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will inform residents upon move-in and at routinely scheduled resident council, of access to working landline telephone and access to emergency services for their usage.

Director of Assisted Living or designee will conduct quarterly audits of landline telephones with emergency service contacts x's 2 and will report findings Quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented () - 04/10/2024)

96a First aid kit

5. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in the memory care unit does not include a thermometer.

Plan of Correction

Accept [redacted] - 11/17/2023)

First aid kit audit conducted immediately, and thermometer replaced. First aid kit sealed.

Director of Assisted Living reviewed and educated team members on regulation 96a, to ensure all first aid kits include all necessary items, including a thermometer. Education was initiated on 10/8/23 and was completed on 10/16/23.

11-7 Shift Licensed Nurse or designee will complete weekly check, of first aid kits to ensure seal has not been broken and report findings to Director of Assisted Living.

Director of Assisted Living or designee will conduct monthly audits x's 2 of weekly checks and report findings quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

101j1 Bed/Fire retardant mattress

6. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. An exception will be permitted for residents who wish to provide their own mattresses.

Description of Violation

On 9/13/2023, the bed frame in room [redacted] 4 did not have a mattress on it.

Plan of Correction

Accept [redacted] 11/17/2023)

Bed with a solid foundation and fire-retardant mattress that is in good repair, clean and supports resident, put in place immediately.

Director of Assisted Living reviewed and educated team members on regulation 101j1, ensuring each resident shall have the following in the living unit: a bed with a solid foundation and fire-retardant mattress that is in good repair, clean and supports resident. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident has the following in the living unit: a bed with a solid foundation and fire-retardant mattress that is in good repair, clean and supports resident.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying resident beds are clean, in good repair, and meets the residents needs to reduce injury and provide comfort. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

101j2 Chair

7. Requirements

2800.

- 101.j. Each resident shall have the following in the living unit:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

On 9/13/2023, room 2004 did not have a chair available.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

A chair was immediately put in place.

Director of Assisted Living reviewed and educated team members on regulation 101j2, ensuring each resident shall have a chair that meets the resident's needs.

Director of Assisted Living or designee will ensure upon move-in, that each resident shall have a chair that meets their individual needs, in their living area. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying a chair that meets the resident's needs is located in their living area. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [REDACTED] - 04/10/2024)

101j3 Bed linens/pillows/blankets

8. Requirements

2800.

- 101.j. Each resident shall have the following in the living unit:
 - 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 9/13/2023, rooms 2001 and 2004 did not have bed linens, pillows, or blankets on the bed.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

Bed linens, pillows and blankets were immediately placed on bed.

Director of Assisted Living reviewed and educated team members on regulation 101j3, ensuring that each resident shall have: Pillows, bed linens and blankets that are clean and in good repair. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that Pillows, bed linens and blankets that are clean and in good repair are located in the resident's living area.

Director of Assisted Living or designee will conduct quarterly audits x's 2, verifying Pillows, bed linens and blankets that are clean and in good repair are located in the resident's living area. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [REDACTED] - 04/10/2024)

101j4 Bedroom - storage area

9. Requirements

2800.

101j4 Bedroom - storage area (continued)

101.j. Each resident shall have the following in the living unit:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

On 9/13/2023, room [REDACTED] 04 did not have a storage area for clothing that included a chest of drawers.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

A chest of drawers was immediately placed in room.

Director of Assisted Living reviewed and educated team members on regulation 101j4, ensuring each resident shall have the following in the living unit: a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to resident. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident has a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with accessible clothing racks or shelves in their living area.

Director of Assisted Living or designee will conduct quarterly audits ensuring each resident shall have a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with accessible clothing racks or shelves in resident's living area. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [REDACTED] 04/10/2024)

101j5 Bedside table/shelf

10. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf in room 2004.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

Bedside table immediately put in place.

Director of Assisted Living reviewed and educated team members on regulation 101j, ensuring that each resident shall have a bedside table or a shelf in their living area. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident has a bedside table or a shelf
Bedside table immediately put in place.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of a bedside table or a shelf in the resident's living area. Findings will be reported quarterly to the QAPI Committee.

Proposed Overall Completion Date: 10/21/2023

101j5 Bedside table/shelf (continued)

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

101j7 Lighting/operable lamp

11. 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

On 9/13/2023, there was no access to a source of light that could be turned on or off at the bedside in room 2004.

Plan of Correction

Accept [redacted] - 11/17/2023)

An operable lamp was immediately put in place.

Director of Assisted Living reviewed and educated team members on regulation 101j7, ensuring each resident shall have an operable lamp or other source of lighting that can be turned on at bedside. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident shall have the following in the living unit: an operable lamp or other source of lighting that can be turned on at bedside in their living area.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of an operable lamp or other source of lighting that can be turned on at bedside. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

102f Towel/washcloth/soap

12. Requirements

2800.

102.f. An individual towel, washcloth and soap shall be provided for each resident unless the resident provides his own supplies of these items.

Description of Violation

On 9/13/2023, there were no individual towels, washcloths, or soaps provided for rooms 2001 and 2004.

Plan of Correction

Accept [redacted] - 11/17/2023)

Towels, washcloth, and soap were immediately put in place.

Director of Assisted Living reviewed and educated team members on regulation 102f, ensuring each resident has their own towel, washcloth, and soap, to prevent the spread of disease. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident has a towel, washcloth, and soap on hand in their living area.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of a towel,

102f Towel/washcloth/soap (continued)

washcloth, and soap on hand in the residents' living area. Findings will be reported quarterly to QAPI Committee

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

102h Toilet paper

13. Requirements

2800.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 9/13/2023, there was no toilet paper for the toilet in rooms 2001 and 2004.

Plan of Correction

Accept [redacted] - 11/17/2023)

Toilet paper immediately put in place.
Director of Assisted Living reviewed and educated team members on regulation 102h, ensuring toilet paper shall be provided for every toilet. Education was initiated on 10/8/23 and was completed on 10/16/23.
Director of Assisted Living or designee will ensure upon move-in, that each resident shall have the following: toilet paper for every toilet.
Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of toilet paper every toilet. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

102i Soap dispenser

14. Requirements

2800.
102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

There was no bar soap or a dispenser with soap within reach of the bathroom sink in rooms 2001 and 2004.

Plan of Correction

Accept [redacted] - 11/17/2023)

A soap dispenser with soap was immediately put in place.
Director of Assisted Living reviewed and educated team members on regulation 102i, ensuring a soap dispenser with soap shall be provided within reach of each bathroom sink. Education was initiated on 10/8/23 and was completed

102i Soap dispenser (continued)

on 10/16/23.

Director of Assisted Living or designee will ensure upon move-in, that each resident has a soap dispenser with soap shall be provided within reach of each bathroom sink.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of a soap dispenser with soap is within reach of each bathroom sink. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented (█) - 04/10/2024)

123b Emerg. procedures posted

15. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

The residence's emergency procedures are not posted in a conspicuous and public place in the residence memory care unit.

Plan of Correction

Accept (█) - 11/17/2023)

The residence's emergency procedures were immediately posted in a conspicuous and public place in the memory care unit.

Director of Assisted Living reviewed and educated team members on regulation 123b, ensuring copies of emergency procedures as specified in 2800.107 shall be posted in a conspicuous and public place in the residence and a copy shall be kept. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will verify that all team members are aware of and educated on the emergency procedures binder and a copy of the procedure is conspicuously located and easily available during an emergency.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying copies of the emergency procedures are posted in a conspicuous and public place. Finding will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented (█) - 04/10/2024)

123d Mobility need – FS area

16. Requirements

2800.

123.d. If the residence serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Description of Violation

The residence does not have a fire-safety area specified in writing within the past year by a fire safety expert.

Plan of Correction

Accept (█) - 11/17/2023)

Atlantic Code Consultants immediately contacted to confirm, specified in writing within the past year, that there shall be a fire-safe area on the same floor as each resident with mobility needs.

123d Mobility need – FS area (continued)

Letter obtained from Atlantic Code Consultants to confirm that there is a fire-safe area on the same floor as each resident with mobility needs.

Director of Assisted Living reviewed and educated team members on regulation 123d, if the residence serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living will ensure that annually there is a specified fire safe area reviewed within the past year by a fire safety expert, on the same floor as each resident with mobility needs and report completion as part of the QA performance improvement program each April.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

130g Procecds - inop. smoke det.

17. Requirements

2800.

130.g. The residence's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The residence's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction

Accept [redacted] - 11/17/2023)

Director of Assisted Living reviewed Policy and procedure r/t smoke detector or fire alarms that are inoperable, with team.

The emergency procedures immediately amended to indicate what the procedures to implement when a smoke detector or fire alarm is inoperable.

Director of Assisted Living reviewed and educated team members on regulation 130g, ensuring that the residence's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the inclusion of procedures for identification of inoperable smoke detectors or fire alarms are included in the emergency procedures. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

132b Safety inspection/fire drill

18. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The residence does not have documentation of a fire safety inspection conducted by a fire safety expert.

132b Safety inspection/fire drill (continued)

Plan of Correction

Accept [redacted] - 11/17/2023)

Atlantic Code Consultants immediately contacted to confirm documentation of a fire safety inspection, conducted by the fire safety expert.

Documentation of a fire safety inspection, conducted by the fire safety expert obtained from Atlantic Code Consultants obtained.

Director of Assisted Living reviewed and educated team members on regulation 132b that a fire safety inspection conducted by a fire safety expert shall be completed annually. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits ensuring that a fire safety inspection conducted by a fire safety expert was completed annually and reported on an annual basis. Findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

162c Menus - posted

19. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Weekly menus were not posted in a conspicuous and public place in the residence memory care unit.

Plan of Correction

Accept [redacted] - 11/17/2023)

Weekly menus were posted in a conspicuous and public place in the memory care unit immediately.

Director of Assisted Living reviewed and educated team members on regulation 162c, ensuring menus stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits x's 2, verifying that weekly menus are conspicuously posted 1 week in advance and area being followed. Findings will be reported quarterly to the QAPI committee.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] 04/10/2024)

171b5 Transportation-first aid kit

20. 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.

171b5 Transportation-first aid kit (continued)

Description of Violation

On 9/13/2023, there was no first aid kit in the Lincoln Town Car used to transport residents.

Plan of Correction

Accept [redacted] - 11/17/2023)

First aid kit immediately ordered for Lincoln Town Car used by transportation.

Current Community transportation vehicles were audited to ensure presence of first aid kit.

Director of Transportation reviewed and educated team members on regulation 171b5. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident: The vehicle must have a first aid kit with the contents as specified in 2800.96. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of an approved first aid kit located in the community transportation vehicles. Audit findings will be reported quarterly to QAPI.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

221c Post activity calendar

21. Requirements

2800.

221.c. The week's daily activity calendar shall be posted in advance in a conspicuous and public place in the residence. The residence shall provide verbal cueing and reminders of activities, their start times and locations within the residence.

Description of Violation

The residence does not have a current weekly activity calendar posted in a public and conspicuous place in the residence memory care unit.

Plan of Correction

Accept [redacted] - 11/17/2023)

A current weekly activity calendar was immediately posted in a public and conspicuous place in the residence memory care unit.

Director of Assisted Living reviewed and educated team members on regulation 221c ensuring the week's daily activity calendar shall be posted in advance in a conspicuous and public place in the residence. The residents shall provide verbal cueing and reminder of activities, their start times, and locations within the residences. Education was initiated on 10/8/23 and was completed on 10/16/23.

Licensee's Proposed Overall Completion Date: 10/21/2023

Implemented [redacted] - 04/10/2024)

232a Exercise – indoor/outdoor

22. Requirements

2800.

232.a. The residence shall provide exercise space, both indoor and outdoor.

232a Exercise – indoor/outdoor (continued)

Description of Violation

The facility's outside patio, which is reserved for residents of the dementia unit, has a black metal gate that is about 4 feet tall. Every other post of the fence features a spike or sharp point. This outdoor space is a hazard for residents with dementia.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

The raised gardening bed in the outdoor exercise area will be relocated by March 8, 2024.

The bench in the outdoor exercise area will be secured by March 8, 2024.

The four-foot section of fencing is scheduled with All Vinyl Fencing, to be replaced by March 8, 2024, with six-foot fencing, with mag-lock system.

The policy and procedure to address supervision of residents utilizing the outdoor exercise area was revised.

Director of Assisted living to educate all team members on the policy and procedures for utilizing the outdoor exercise area safely, to help residents to achieve better physical and cognitive health in a secure environment.

Director of Assisted Living or designee will conduct quarterly audits x's 4, to verify safe usage of the outdoor exercise area, to ensure resident safety and report findings at quarterly Quality Assurance Performance Improvement meeting.

Proposed Overall Completion Date: 03/08/2024

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 04/10/2024)

233c Key-locking devices

23. 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 entrance and exit doors in the special care unit.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

The directions for operating the residence's locking system were immediately posted in a conspicuous area, near the entrance and exits doors in the memory care neighborhood.

Director of Assisted Living reviewed and educated team members on regulation 233c, if key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, direction for their operation shall be conspicuously posted near the device. Education was initiated on 10/8/23 and was completed on 10/16/23.

Director of Assisted Living or designee will conduct quarterly audits x's 2 verifying the presence of the directions for operating the residence's locking system remain conspicuously posted in the memory care neighborhood. Audit findings will be reported quarterly to the QAPI Committee.

Licensee's Proposed Overall Completion Date: 10/21/2023