



MAY 16 2014

Ms. Holly Schade, RN, Vice President
ACTS Retirement Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Fort Washington Estates
735 Susquehanna Road
Fort Washington, Pennsylvania 19034
License #: 138940

Dear Ms. Schade:

As a result of the Department of Public Welfare's licensing inspection on April 11, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your regular license for the period May 24, 2014 to May 24, 2015 was issued on March 14, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code §2800

Name of Community Home:

Oakbridge Terrace at Ft. Washington Estates

Address:

1049 Susquehanna Rd.
Fort Washington, Pennsylvania 19034

License or MPI Number: 138940

Type of Inspection: Full

Reason(s) for Inspection: Annual

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

4/11/14 - Israel Springs

Off-Site Inspection Dates and Inspectors, if Applicable:

LIS - [Oakbridge Terrace at Ft. Washington Estates] - [4/11/14] - [Israel Springs]

Regulation § 2800.25 (a) Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Violation: Resident #1 was admitted to the home on 2/25/14 and did not sign the contract until 3/1/14.

Plan of Correction

- 1.) We are unable to retroactively correct the time of contract being signed.
- 2.) All new admissions to Assisted Living, Oakbridge Terrace have had their contracts signed within 24 hours.
- 3.) Administrator of OAT, Assisted Living will be responsible for ensuring contract is signed within 24 hours.
- 4.) All responsible staff will be in-service on 2800.25(a)
- 5.) Administrator of Health Services will audit any newly signed contracts for the next 3 months and report findings to the Quality Assurance Committee.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Diana Spore Administrator of Health Services

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date

5/1/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/6/14
(Date)

Plan of correction implementation status as of 5/6/14
(Date)

The above plan of correction was approved by NSC
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

LIS - [Oakbridge Terrace at Ft. Washington Estates] - [4/1/14] - [Israel Springs]

Regulation
 § 2800.65(b) - Direct care staff persons shall complete an initial orientation approved by the Department before providing direct care to residents.

Violation:
 Staff Person A was hired on 2/24/14 and did not receive an initial orientation.

Plan of Correction

Staff person A was employed for 27 years with ACTS Retirement Communities in the Residential Office, however she retired for 2 years and returned to help Department temporarily.

- 1.) Orientation was not complete as per 2800.65(b). All new hires will have initial orientation required by the Department
- 2.) Administrator of Health Services completed orientation training for Staff Person A on 4/14/14.
- 3.) Administrator of Oakbridge Terrace, Assisted Living or designee will be responsible for completing initial orientation for all new employees prior to working with residents.
- 4.) Administrator of Health Services will audit new hires for training for 3 months and report results to the Quality Assurance Meeting

Printed Name and Title of Legal Entity Representative (Required on all pages)
 Nathan Spore, Administrator of Health Services

Signature of Legal Entity Representative (Required on all pages) Date 5/1/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/6/14</u> (Date)	Plan of correction implementation status as of <u>5/6/14</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

LIS - [Oakbridge Terrace at Ft. Washington Estates] - [4/11/14] - [Israel Springs]

Regulation

§ 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, subject to the provisions of § 2800.22 (relating to application and admission). The evaluation must include the following:

(b) Allergies

(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.

Violation:

The medical evaluation for Resident #1 was incomplete. The form did not include the date of the exam, allergies or completion of a tuberculin skin test.

Plan of Correction

- 1.) Resident #1 had her evaluation completed on 4/14/2014 by Mary Marshall
- 2.) All evaluations will be completed with required pertinent information.
- 3.) The Administrator of OBT, AL, will be responsible for completion of evaluations.
- 4.) In-Service was held on 4/14/14 to renew Medical Evaluation requirements
- 5.) Administrator of Health Services will complete monthly audit for 3 months to ensure Medical Evaluations are complete. Results will be reported to QA.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date 5/1/2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/6/14
(Date)

Plan of correction implementation status as of 5/6/14
(Date)

The above plan of correction was approved by NSC
(Initials)

- Fully Implemented
- Partially Implemented -- Adequate Progress
- Partially Implemented -- Inadequate Progress
- Not Implemented