



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Ms. Holly Schade, VP Home & Health Services
ACTS Retirement – Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Granite Farms Estates
1343 West Baltimore Pike
Media, Pennsylvania 19063
License #: 138900

Dear Ms. Schade:

As a result of the Department of Human Services' annual licensing inspections on March 7, 2016 and March 8, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
Licensing Inspection Summary

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

PCH Name: Oakbridge Terrace at Granite Farms Estates		License Number: 138900
Address: 1343 West Baltimore Pike Media, Pennsylvania 19063		County: Delaware
Administrator: Elmer Heiland		
Legal Entity Name: ACTS Retirement Life Communities, Inc		
Legal Entity Address: 375 Morris Road West Point, Pennsylvania 19486		
Certificate(s) of Occupancy: C1 (Department of Health) 6/15/87		
Type of Inspection: Full		
Reason(s) for inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: March 7-8, 2016 Doug Hoover		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44	Number of Residents who:	
Number of Residents Served: 37	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 37	
Area: NA	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable: NA	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: NA	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

*Rec'd
4-15-16
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

187d - The residence shall follow the directions of the prescriber.

Violation

Resident #1 was prescribed *Warfarin, 3.5 mg.* to be given once daily. The physician order required one Warfarin 3 mg. tab to be given along with a half tab of Warfarin 1 mg. On 2/13/16 and 2/17/16, only the 3 mg dose of *Warfarin* was given to Resident #1.

Plan of Correction

- Medication given as ordered. - No adverse reactions noted - MD notified - employee counseled and no longer employed by facility. - 3/7/2016
- all residents receiving Coumadin have had charts/records audited to ensure proper administration as prescribed by MD. - 4/30/2016
- DRN will conduct an educational session on the importance of following P+P re: medication administration for all professional nursing staff. - 4/30/2016
- DRN will conduct quarterly medication form audits to ensure compliance with the policy & procedure & report results at quarterly QA meeting x 2.

Responsible: Director Resident Nursing

Printed Name and Title of Legal Entity Representative (Required on all pages) Director of Administration
 Signature of Legal Entity Representative (Required on all pages) [Signature] Date 4-18-16
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The above plan of correction is approved as of 5-26-16 (Date)
 The above plan of correction was approved by BC (Initials)
 Plan of correction implementation status as of 5-26-16 (Date)
 Fully Implemented
 Partially Implemented – Adequate Progress
 Partially Implemented – Inadequate Progress
 Not Implemented

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

Regulation

224a2 - An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission.

Violation

The initial assessment for Resident #2, admitted on [redacted] 15, was dated 5/13/15.

Plan of Correction

- Initial assessment was completed on 5/13/15 with the intention that the resident was moving the week of [redacted] 2015. - 3/7/2016.
- all residents admitted within the last quarter have had charts/records audited to ensure compliance with assessment dates. - 4/30/16.
- Regulation review/education by AL Administrator will be held. - 4/30/16.
- all admissions will be reviewed quarterly by Support Plan Co. to ensure compliance with the regulation & results reported to quarterly Q.A. meeting x 2.

*Responsibility: Assisted Living Administrator,
 Support Plan Coordinator*

Printed Name and Title of Legal Entity Representative (Reprinted on 2-4 pages)	
<i>FRANK J. HEILBROD, Administrator</i>	
Signature of Legal Entity Representative (Reprinted on 2-4 pages)	
<i>[Signature]</i>	
Date: <i>4-18-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5-26-16</i> (Date)	Plan No. <i>5-26-16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Signature)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented