



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 26 2016

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

RE: Oakbridge Terrace at Southampton Estates
238 Street Road
Southampton, Pennsylvania 18966
License #: 138870

Dear Ms. Schade:

As a result of the Department of Human Services' annual licensing inspections on March 23, 2016 and March 24, 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 Southampton Estates		License Number: 138870
Address: 238 Street Road Southampton, Pennsylvania 18966		County: Bucks
Administrator: Sis Wichterman		
Legal Entity Name: ACTS Retirement Life Communities, Inc		
Legal Entity Address: 375 Morris Road West Point, Pennsylvania 19486		
Certificate(s) of Occupancy: I-2 (Upper Southampton Twp.) 10/27/09		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: March 23-24, 2016 Doug Hoover		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 33 Secured Dementia Care Unit in Home: Yes Area: Oakbridge Terrace South Secured Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 1	<i>Rec'd 4-20-16</i>

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

Regulation

132i - A fire alarm or smoke detector shall be set off during each fire drill.

Violation

The residence's fire drill record for 6/8/15 at 2:30 am documents a "silent alarm." Staff member A confirmed that there was no audible alarm and the fire alarm was not activated during the fire drill.

Plan of Correction

132i – A fire alarm or smoke detector shall be set off during each fire drill --

Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of State Law. The plan of correction represents the facility's credible allegation of compliance

OakBridge Terrace at Southampton Estates consists of 2 separate areas. The areas are separated by our 120 bed skilled nursing center. We are required (130c) to have a fire alarm system that is interconnected and audible throughout the residence. . To do this we have to include the 120 bed Skilled Nursing Center. The regulations for Department of Health allow for silent drills on the overnight shift. The Department of Human Services regulations do not, and in fact state the alarms must be "set off during each drill". We will no longer schedule "silent" drills. The fire drill schedule has been changed to reflect the need to sound the alarm, therefore eliminating silent drills. (copy attached) The Director of Security who is responsible for conducting the drills has been made aware of the change. This will be overseen by the Assisted Living Administrator to assure compliance.

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

Sis Wichterman

Signature of Legal Entity Representative (Required on all pages)

Sis Wichterman

Date

04-20-16

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

The above plan of correction is approved as of 5-17-16
(Date)

Plan of correction implementation status as of 5-17-16
(Date)

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

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

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

Regulation

183d - Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.

Violation

On 3/24/16, the medication cart in "Oakbridge Terrace North" had a vial of *Lantus, 1000/ML* Insulin that belonged to Resident #1. The insulin had been opened on 2/20/16 and expired on 3/20/16.

Plan of Correction

183d – Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence

Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of State Law. The plan of correction represents the facility's credible allegation of compliance

Lantus Insulin bottle dated when opened 2/20/16, expired on 3/20/2016 was removed immediately from the medication cart. The following system is now in place – when the professional nurse opens a new bottle of insulin, it will be dated when opened and initialed. Additionally, the professional nurse will then note on the desk calendar in the Wellness office, 25 days for the night nurse to re-order the insulin and discard the expired bottle when the new bottle arrives. Staff made aware of this system via a memo that is housed in the medication administration record for all insulin dependent residents, as well as in the Wellness office (copy attached). This will be overseen by the Assisted Living Administrator to assure compliance.

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

Sis Wichterman

Signature of Legal Entity Representative (Required on all pages)

S. Wichterman

Date

04-20-16

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

The above plan of correction is approved as of 5-17-16
(Date)

Plan of correction implementation status as of 5-17-16
(Date)

The above plan of correction was approved by *SW*
(Initials)

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