



**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 Fort Washington Estates  
735 Susquehanna Road  
Fort Washington, Pennsylvania 19034  
License #: 138940

Dear Ms. Schade:

As a result of the Department of Human Services' annual licensing inspection on March 29, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences).

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**

<b>PCH Name:</b> Oakbridge Terrace at Fort Washington Estates		<b>License Number:</b> 138940
<b>Address:</b> 735 Susquehanna Road Fort Washington, Pennsylvania 19034		<b>County:</b> Montgomery
<b>Administrator:</b> Karen Hinton		
<b>Legal Entity Name:</b> ACTS Retirement Life Communities, Inc		
<b>Legal Entity Address:</b> 375 Morris Road West Point, Pennsylvania 19486		
<b>Certificate(s) of Occupancy:</b> C2, LP (L&I) 9/17/98		
<b>Type of Inspection:</b> Full		
<b>Reason(s) for inspection(s):</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> March 29, 2016 Doug Hoover		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b> NA		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 18	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 14	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> No	<b>Are 60 Years of Age or Older:</b> 14	
<b>Area:</b> NA	<b>Have Mental Illness:</b> 0	
<b>Secured Unit Capacity, if Applicable:</b> NA	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> NA	<b>Have a Mobility Need:</b> 0	
<b>Number of Current Hospice Residents:</b> 0	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 0		

*Rec'd  
4-15-16  
BE*

*Karen Hinton AL Administrator*  
4/15/16 Page 1 of 2

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

<b>Regulation</b> 133a2 - Access to exits shall be marked with readily visible signs indicating the direction to travel.
<b>Violation</b> The long hallway on the first floor of the residence has one exit at midpoint which leads to the lobby and outside. The exit is not visible from either end of the hallway and there is no directional exit sign.
<b>Plan of Correction</b>

Area of Improvement	Plan of Correction	Responsible Party	Target Date for Completion
33a2. Access to exits shall be marked with readily visible signs indicating the direction to travel.			
<ul style="list-style-type: none"> <li>- The long hallway on the first floor of the residence has one exit at midpoint which leads to the lobby and outside. The exit is not visible from either end of the hallway and there is no directional exit sign.</li> </ul>	<ul style="list-style-type: none"> <li>- The identified exit sign was adjusted so that the directional sign is visible from either end of the hallway.</li> <li>- Exit signs will be reviewed monthly using the monthly exit sign inspection form.</li> </ul>	Director of Physical Plant Services	Completed 3/29/16

<small>Printed Name and Title of Legal Entity Representative (Required on all pages)</small> Karen Hinton, D.E.N., A.L. Administrator	
<small>Signature of Legal Entity Representative (Required on all pages)</small> <i>Karen Hinton, D.E.N., A.L. Administrator</i>	<small>Date</small> 4/14/16
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5-27-16</u> <small>(Date)</small>	Plan of correction implementation status as of <u>5-27-16</u> <small>(Date)</small>
The above plan of correction was approved by <u>BE</u> <small>(Initials)</small>	<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