



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 12 2017

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 inspection on March 30, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

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 Witcherman		
Legal Entity Name: ACTS Retirement Life Communities, Inc.		
Legal Entity Address: 375 Morris Road West Point, Pennsylvania 19486		
Certificate(s) of Occupancy: 1-2 (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 30, 2017 Denise Gillespie and Lisette Colon		
Off-Site Inspection Dates and Inspectors, If Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 34 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: 14 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: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1	

RECEIVED

MAY 26 2017

CENTRAL REGION FIELD OFFICE
 Human Resources Licensing

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

Regulation

§ 2800.141. Resident medical evaluation and health care.

(b) A resident shall have a medical evaluation:

(1) At least annually.

Violation

Resident #1, admitted on [REDACTED] 16, had an initial medical evaluation completed on [REDACTED] 16. The last medical evaluation was completed on 2/28/17.

Plan of Correction

ALTHOUGH WE WERE UNABLE TO CORRECT THE DEFICIENCY WITH RESIDENT #1 OUR PROCESS HAS BEEN REVIEWED AND UPDATED.

Social Service AND/OR designee will review evaluations due at the end of the prior month. Information to be completed will be faxed to the resident's physician AND will also include a reminder of the annual evaluation due date. A follow up call to assure receipt of the fax is also completed. Social Service AND/OR designee will monitor completion of the resident's medical evaluation. If the medical evaluation is not complete AND there could be a possibility of non-compliance Social Service AND/OR designee will contact Southampton's in house nurse practitioner who, with the resident's approval, will complete the medical evaluation. This process is currently in place AND will be monitored by the nurse supervisor and/or Director of Assisted living. Random audits will be completed for 6 months by the Director of Assisted living AND/OR designee to ensure compliance. Results will be reviewed at quarterly QAP meetings.

"Preparation AND/OR execution of this plan of correction does not constitute admission OR agreement by the providers of the truth of the facts alleged OR conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal AND state law"

Printed Name and Title of Legal Entity Representative (Required on all pages) SPANAP OSKI, R.N., MHA, Interim Director	
Signature of Legal Entity Representative (Required on all pages) [Signature]	Date
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-6-17</u> (Date)	Plan of correction implementation status as of <u>6-6-17</u> : (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented – Adequate Progress <input type="radio"/> Partially Implemented – Inadequate Progress <input type="radio"/> Not Implemented