



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 27 2017

Mr. Jeremy Neely,
Vice President, Northeast Region
ACTS Retirement – Life Communities, Inc.
1001 Valley Forge Road
Lansdale, Pennsylvania 19446

RE: Oakbridge Terrace at Brittany Pointe Estates
License #: 138930

Dear Mr. Neely:

As a result of the Department of Human Services' annual licensing inspection on June 12, 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

ALR Name: Oakbridge Terrace at Brittany Pointe Estates		License Number: 138930
Address: 1001 S. Valley Forge Road Lansdale, Pennsylvania 19446		County: Montgomery
Administrator: Jackie Barger		
Legal Entity Name: ACTS Retirement-Life Communities, Inc.		
Legal Entity Address: 375 Morris Road West Point, Pennsylvania 19486		
Certificate(s) of Occupancy: A2 Department of Labor and Industry 03/24/2000		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: June 12, 2017 Lauren Kazimer, Dean Gray		
Off-Site Inspection Dates and Inspectors, if Applicable: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 41	Number of Residents who:	
Number of Residents Served: 38	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 38	
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		

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

<p>Regulation 69 – Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.</p>
<p>Violation Ancillary staff person A did not receive two hours of annual dementia-specific training in training year 2016.</p>
<p>Plan of Correction Ancillary staff person A – completed required two hour dementia annual training on 6/27/17. (See attached A-1)</p> <p>The DAL created an annual training plan for all ancillary staff (See attached A-2) for each calendar year. All trainings will be completed by ancillary staff during the calendar year and verified by department managers. DAL and ancillary staff managers will coordinate to ensure all required trainings are completed timely and as required.</p> <p>Annual training plans and training materials will be distributed to department managers at the beginning of the calendar year. DAL will receive all completed training plans from department managers by the end of the calendar year and those records will be maintained in the DAL office.</p> <p>The DAL or designee will audit the training records annually to ensure compliance with ancillary staff receiving all required training per policy/regulation</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Eric Tatlonghari, Executive Director	
Signature of Legal Entity Representative (Required on all pages) 	Date 6-30-17

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

The above plan of correction is approved as of <u>7/3/17</u> <small>(Date)</small>	Plan of correction implementation status as of <u>7/3/17</u> <small>(Date)</small>
The above plan of correction was approved by <small>(Initials)</small>	<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

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

<p>Regulation. 103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.</p>
<p>Violation There was no thermometer located in the main kitchen ice cream freezer.</p>
<p>Plan of Correction - A thermometer was immediately placed in the main kitchen ice cream freezer on 6/12/17; - The Culinary Director has reviewed and revised the refrigerator/freezer policy/practice regarding temperature/thermometer checks. The refrigerator/freezer temperature log forms were revised to reflect a recording for the presence of the thermometer as well as the temperature reading. The log form also now includes a column labeled corrective action so that the culinary supervisors can monitor and correct any issues with the twice a day reading. Logs to begin 7/1/17. (See attached Form 103A) The culinary Director/designee have educated the culinary staff on both the revised log form and practice to maintain ongoing compliance with thermometer presence. (See attached Form 103B) The Culinary Director or designee will perform monthly audits to ensure continued compliance with the presence of thermometers in the freezer</p>

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

<p>Regulation 181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept in a safe and secure location to protect against contamination, spillage and theft.</p>
<p>Violation Resident #1 self-administers their medications. On 6/12/17, the resident's medications were being stored in an unlocked cabinet and drawer in the resident's bathroom.</p>
<p>Plan of Correction Resident #1 - Resident was immediately re-educated on 6/12/17 regarding the regulation/policy for storing medications in a safe, secure location for continued self-administration of medications (See attached form 1A) Medications were immediately secured in lock box on 6/12/17 per policy/regulation.</p> <ul style="list-style-type: none"> - The DAL or designee will re-educate all self-medicating residents on the lockbox requirements and expectations via a copy of the policy and written information (See attached 1B) The lockbox policy will also be reviewed at July Resident Council meeting. Education will be completed by 7/15/17. - Staff will be re-instructed on reporting and/or ensuring residents are storing medications safely in the lockbox and following the policy, (See attached 1C) - Quarterly self-medicator assessments are completed on each resident who is self-medicating. Lock box usage requirements will be reviewed during these assessments. Residents who do not meet the criteria for self-medicating will be ineligible for a lockbox or self-medicating and nursing staff will administer medications for those residents. - The DAL or designee will complete a quarterly audit to ensure continued compliance with self-medicating residents storing medications in a safe, secure location per the policy/regulation.

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Regulation 183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.
Violation Resident #2's Humalog U-100 Kwikpen had been used and not dated. According to the manufacturer's instructions, "prefilled pens and cartridges should be thrown away 28 days after the first use even if there is insulin remaining."
Plan of Correction Resident #2 - The undated Humalog insulin pen was immediately discarded on 6/12/17. The pharmacy was contacted and a replacement insulin pen was delivered and dated properly on 6/12/17. - The DAL reviewed the current process for labeling insulin pens which is to use a pharmacy sticker that had peeled off and resulted in the violation. The process will be revised to include dating the actual pen to avoid using stickers (with a permanent marker). The process will also include documenting the date opened and to be discarded on the medication administration record. - The nursing staff will be educated on the changes/additions to the insulin dating policy/procedure. (See attached 2A) Education will be completed by 7-15-17. - The DAL or designee will perform monthly medication cart/room audits and medication administration record reviews monthly to ensure continued compliance in this area. The audits will be maintained in the DAL's office.

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Regulation 107(d) - The residence shall follow the directions of the prescriber.
Violation Resident #3 has an order for Calcium 800mg. The resident had been receiving Calcium 800mg with Vitamin D3 800units tablets. The resident has a separate physician's order for Vitamin D3 1,000units.
Plan of Correction - Resident #3 - The incorrect medication was immediately destroyed on 6/12/17. The correct medication was obtained and placed in the medication cart on 6/12/17. The attending physician was notified of the medication error and a Vitamin D level was ordered. The Vitamin D level results received on 6/16/17 were within normal limits. (See attached 3A) - An OTC medication was brought to the ALR from independent living and accepted by the ALR nursing staff during admission. The DAL reviewed the admission process and implemented changing the process to ensuring all medications received during admission will be checked against signed physician orders by admitting nurse and DAL or Support Plan Coordinator. Medications not matching physician orders will be destroyed and the correct medications will be ordered and obtained from the pharmacy. Nursing staff will be educated by 7-15-17. (See attached 3B) - DAL or Support Plan Coordinator will review medications on the day of admission with the admitting nurse. - DAL or designee will perform monthly medication cart audits to ensure compliance with medications and physician orders.

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