



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to ACTS RETIREMENT-LIFE COMMUNITIES INC  
LEGAL ENTITY

To operate OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES  
NAME OF FACILITY OR AGENCY

Located at 1343 W. BALTIMORE PIKE MEDIA, PA 19063  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 11, 2017 until May 7, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138900**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 1 1 2017

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  
1343 West Baltimore Pike  
Media, Pennsylvania 19063  
License #: 138900

Dear Ms. Schade:

As a result of the Department of Human Services' licensing inspection on May 10, 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.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

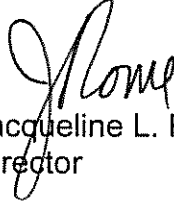
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

Ms. Holly Schade

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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". The signature is fluid and cursive, with the first letter of each name being significantly larger and more stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary

<b>ALR Name:</b> Oakbridge Terrace at Granite Farms Estates		<b>License Number:</b> 138900
<b>Address:</b> 1343 West Baltimore Pike Media, Pennsylvania 19063		<b>County:</b> Delaware
<b>Administrator:</b> Elmer Helland / Kathleen Brusco		
<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> C1 Department of Health 6/15/87		
<b>Type of Inspection:</b> Partial		
<b>Reason(s) for Inspection(s):</b> New Home		
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> May 10, 2017 Lissette Colon and Shawn Parker		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 44	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 35	<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> 35	
<b>Area:</b> N/A	<b>Have Mental Illness:</b> 0	
<b>Secured Unit Capacity, if Applicable</b>	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> N/A	<b>Have a Mobility Need:</b> 0	
<b>Number of Current Hospice Residents:</b> 1	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 2		

## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

**Regulation 2800.14(c)** - If a building is structurally renovated or altered after the initial fire safety approval is issued, the residence shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

**Violation**


The building was structurally altered after the initial safety approval was issued. The home did not submit a new fire safety approval from a fire safety authority.

**Plan of Correction**

A Certificate of Occupancy: CO-17-0576 (attached) was issued on 4/25/2017 by the township of Middletown Building Code Authority. During an inspection conducted on 4/7/2017 the building code official found the property to be in compliance with the requirements of the Uniform Construction Code and to be fully protected by an automatic sprinkler system. Based on conversations between [redacted] our fire safety consultant and DHS officials this document shows conformity with all elements and features required for fire safety approval. We will continue to monitor for any structural changes or modification that may require additional fire safety permits.

We believe this document shows that we are in compliance with 2800.14(c).

Responsible Party: Assisted Living Administrator  
Director of Plant Services

Printed Name and Title of Legal Entity Representative (Required on all pages) Elmer E. Helland	
Signature of Legal Entity Representative (Required on all pages) 	Date 5/25/2017
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6/2/17</u> (Date)	Plan of correction implementation status as of <u>6/2/17</u> (Date):
The above plan of correction was approved by <u>AB</u> (Initials)	<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

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

**Regulation 2800.96(a)** - The residence shall have a first aid kit in each building on the premises that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

**Violation:** The new home did not have a first aid kit, and an automatic external defibrillation device available.


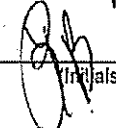
**Plan of Correction**

The building is currently unoccupied; however, it is our plan to transfer the existing first aid kit and automatic external defibrillation device to this building as part of our transition from the existing ALR to this new ALR.

The Assisted Living Administrator will coordinate the transition of residents and supplies including the first aid kit and automatic external defibrillation device on June 19, 2017. These items were found to be compliant during our April 6, 2017 on-site inspection by the department.

Because this is a one-time move to our new ALR we do not anticipate a repeat violation or the need for additional training at this time. We will continue to monitor these items to ensure compliance.

Responsible Party: Assisted Living Administrator  
 Support Plan Coordinator

Printed Name and Title of Legal Entity Representative (Required on all pages) Elmer E. Holland	
Signature of Legal Entity Representative (Required on all pages) 	Date 5/25/2017
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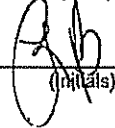
**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>Regulation</b> 2800.100(a) – The exterior of the building grounds or yard must be in good repair and free of hazards.
<b>Violation</b> During the new home physical site inspection, the center courtyard was an active construction site; large mechanical equipment's and construction materials were observed.
<b>Plan of Correction</b> The center courtyard construction will be completed prior to transition from the existing ALR to the new ALR.

The Assisted Living Administrator will inspect and approve this process as completed prior to our transition to the new ALR on June 19, 2017.

Because this is new construction and a one-time move to our new ALR we do not anticipate a repeat violation or the need for additional training at this time. We will continue to monitor to ensure all exterior grounds and yards are maintained in good repair and free of hazards.

Responsible Party: Assisted Living Administrator  
 Director of Plant Services

<b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> Elmer E. Heiland	
<b>Signature of Legal Entity Representative (Required on all pages)</b> 	<b>Date</b> 5/25/2017
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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>Regulation 2800.121(a)</b> - Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.
<b>Violation</b> The first floor center stair tower, had construction materials and five-gallon buckets of paint by the exit doors.
<b>Plan of Correction</b> All final construction project and punch lists will be completed prior to our June 19, 2017 transition from the existing ALR to the new ALR. This will include the removal of all post construction materials and paints from any stairways, hallways, doorways, passageways or egress routes.

The Assisted Living Administrator will review to ensure compliance prior to the June 19, 2017 move date. Any products used in future maintenance or repair of the community will be appropriately stored and keep free of passages and exit doors.

Because this is a one-time move to our new ALR we do not anticipate a repeat violation or the need for additional training at this time. We will monitor to ensure all passages and doors remain unobstructed and clear to access.

Responsible Party: Assisted Living Administrator  
 Director of Plant Services

<b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> Elmer E. Heiland	
<b>Signature of Legal Entity Representative (Required on all pages)</b> 	<b>Date</b> 5/25/2017
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The above plan of correction was approved by <u></u> (Initials)	<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

<b>Regulation</b> 2800.124 - The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.
<b>Violation</b> The home did not notify the local fire department of the address of the residences, and the new location of the living units and bedrooms.
<b>Plan of Correction</b>

A letter will be draft and sent to the local fire department and fire marshal by the Assisted Living Administrator prior to our June 19, 2017 occupancy of the new ALR. This letter will provide the address and residences in the new assisted living location. This will also include location of living units and bedrooms as well as assistance needed for emergency evacuation. A copy of this letter will be kept on file in the Administrators office.

Letter with required information was sent to the fire department 6/23/17.  
-SAP

Responsible Party: Assisted Living Administrator  
 Director of Plant Services

<b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> Elmer E. Heiland	
<b>Signature of Legal Entity Representative (Required on all pages)</b> 	<b>Date</b> 5/25/2017
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of  (Date)	Plan of correction implementation status as of  (Date): <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
The above plan of correction was approved by  (Initials)	

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

<b>Regulation</b> 2800.233(d) – Doors that open onto areas, such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.
<b>Violation</b> The small enclosed courtyard has a gate that leads to the parking lots. The gate requires an electronic or magnetic system for residents with wander guards.
<b>Plan of Correction</b> A card reader latch system will be installed by our professional contractor "I2 Solutions" on the courtyard gate leading to the parking lot prior to the June 19, 2017 occupancy of the ALR. This system will have an automatic release in the event of a fire alarm or similar need for emergency evacuation.

The Assisted Living Administrator will test this system prior to June 19, 2017 to ensure compliance. This system will be monitored monthly as part of our routine door and latch compliance for emergency systems.

*Keypad locking mechanism installed at gate leading to parking lot. 6/23/17*  
 Responsible Party: Assisted Living Administrator *SAP*  
 Director of Plant Services

Printed Name and Title of Legal Entity Representative (Required on all pages) Elmer E. Heiland	
Signature of Legal Entity Representative (Required on all pages) 	Date 5/25/2017
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u><i>5/21/17</i></u> <small>(Date)</small>	Plan of correction implementation status as of <u><i>6/21/17</i></u> <small>(Date)</small>
The above plan of correction was approved by <u><i>EB</i></u> <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