



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2019

Ms. Katle Kerrigan
Administrator
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. Kerrigan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 13, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

ALR Name: Oakbridge Terrace at Southampton Estates	License Number: 138870
Address: 238 Street Road, Southampton, PA 18966	County: Bucks
Administrator: Katie Kerrigan	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 11 2019 </div>
Legal Entity Name: Acts Retirement Life Communities Inc.	
Legal Entity Address: 375 Morris Road, West Point, PA 19486	
Certificate(s) of Occupancy: I-2 (Upper Southampton Township) 10/27/2009	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: December 13, 2018- Youn Hie Chung	
Off-Site Inspection Dates and Inspectors, If Applicable: N/A	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 38 Number of Residents Served: 30 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: 15 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 1

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

Regulation 2800.13(b) - The maximum capacity specified on the license may not be exceeded.

Violation: The home licensed Secured Dementia Care Unit capacity is 14. On 12-13-18 the home had 15 residents living in their SDCU.

Plan of Correction:

2800.13(b)

On 1/9/19, Director of Assisted Living spoke to Shawn Parker, Human Services Licensing Supervisor. Information provided and request to initiate increase in occupancy for SDCU has been initiated. Current census in SDCU is 14. The overall license supports increased occupancy.

Going Forward, the Administrator will notify the department prior to increasing the SDCU capacity for the home. The department will thus provide the Administrator with the requirements for increasing or decreasing SDCU capacity. 2/12/19

A.A.A

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

Natie Kernigan

Signature of Legal Entity Representative (Required on all pages)

Natie Kernigan

Date

1-11-19

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

The above plan of correction is approved as of 2/12/19
(Date)

Plan of correction implementation status as of 2/12/19
(Date)

The above plan of correction was approved by A.A.A
(Initials)

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

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

Regulation 2800.132(f) - Alternate exit routes shall be used during fire drills.
Violation: The home used the same fire exit routes (Service Hall / Garden) for 11 consecutive months from April 2017 till Feb 2018.
Plan of Correction: <div style="margin-left: 20px;">2800.132(f)</div> <div style="margin-left: 20px;">Staff has been re-educated on this requirement. The Director of Assisted living will schedule all fire drills for the calendar year and ensure that we are in full compliance with the requirements. The Director of Assisted Living or campus leadership designee, will monitor fire drills to ensure compliance. The Director of Assisted Living will report observation results to the QA Committee.</div> <div style="margin-left: 20px;">Completion Date: 1/ 4/2019</div> <div style="margin-left: 20px;">The Administrator or a designee will review all fire drills record monthly to ensure compliance with the referenced reg. 2/12/19.</div> <div style="margin-left: 40px; margin-top: 10px;">A-AA</div>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Miche Kerman</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Miche Kerman</i>	Date <i>1-11-19</i>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/12/19</u> (Date)	Plan of correction implementation status as of <u>2/12/19</u> : (Date)
The above plan of correction was approved by <u>A-AA</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

Regulation 2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

Violation: On 12/13/2018, Latanoprost Ophthalmic solution 0.005% with a discard date of 11/26/2018 was found on the medication cart for resident # 2.

Plan of Correction:

2800.183(f)

- Staff will be re-educated on this requirement. The Director of Assisted Living, or her designee, shall conduct medication cart inspections twice weekly for three months to ensure ongoing compliance with the requirements. Random audits shall be conducted following the three-month period. Results of the medication cart inspections shall be reported to the QA Committee.

Completion Date: 1/9/2019

Routine Audit of medication cart shall be documented. 2/12/19

A-A.A

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

Katie Kerrigan

Signature of Legal Entity Representative (Required on all pages)

Katie Kerrigan

Date

1-11-19

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

2800.225(a) - The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:
 (1) Annually.

Violation: Resident #1 had her annual ASP completed on 03/17/2017 by staff A, who is neither the administrator nor an RN/LPN.

Plan of Correction:

2800.225(a)

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.

The Director of Assisted Living Registered Nurse or designated RN, shall review support plans and sign off per regulatory requirements. Nursing staff shall be re-educated on this requirement. Quarterly random audits will be completed and reported to QA by Social Worker or designee until regular compliance is achieved.

Completion Date: 1/9/2019

Within 15 days of receiving this POC, the Administrator will review all residents annual assessments to ensure that the same have been completed or fully reviewed and signed by an RN as specified in the referenced reg. Going forward, the Administrator will ensure that only an LPN under the supervision of an RN or an RN actually completes the assessment as required by the regulation. 2/12/19

A-A-A

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Natalie Bergman	
Signature of Legal Entity Representative (Required on all pages)	Date
Katie Kerzner	1-11-19
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/12/19</u> (Date)	Plan of correction implementation status as of <u>2/12/19</u> (Date)
The above plan of correction was approved by <u>A-A-A</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