



**Sent via e-mail hschade@actslife.org
Sent via e-mail kbrusco@actslife.org
December 19, 2019**

Ms. Holly Schade
Senior Vice President Health and Home Services
ACTS Retirement-Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Granite Farms Estates
1343 West Baltimore Pike
Media, Pennsylvania 19063
License #: 138900

Dear Ms. Schade:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 31, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES

License Number: 13890

Address: 1343 W. BALTIMORE PIKE, MEDIA, PA 19063

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: Kathleen Brusco

Phone: 6103584946

Email: Kbrusco@ACTSLIFE.ORG

Legal Entity

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC

Address: 375 MORRIS ROAD, WEST POINT, PA, 19486

Certificate(s) of Occupancy

Type: I-2

Date: 04/25/2017

Issued By: Township of Middletown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 32

Waking Staff: 24

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/31/2019 - On-Site: Michele Swisher, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44

Residents Served: 32

Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

26a Quality management plan

Requirements

2800.

26.a. The residence shall establish and implement a quality management plan.

Description of Violation

The residence has not established or implemented a quality management plan.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2800.26(a) reviewed. Quality management plan established and attached.

Staff will be educated on the Quality management plan.

The Director of Assisted living/designee will follow quality management plan, create a report and present all collected data, according to quality management plan, at monthly QA meeting.

Home has verified they established a quality management plan. Administrator or designee will ensure plan is implemented and made available for Department review at all times.

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAZ
Printed Name and Title

12/10/19
Date

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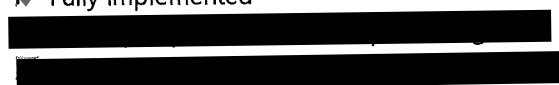
The above plan of correction is approved as of 12-18-19
(Date)

Plan of correction implementation status as of 12-18-19
(Date)

Fully Implemented

Not Implemented

The above plan of correction was approved by SP
(Initials)



85a Sanitary conditions

Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/31/19, at approximately 1:00 pm, the drip tray on the water dispenser/ice cube dispenser on the refrigerator door in the second floor kitchenette had a brown moldy substance accumulated in the collection area.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Drip tray immediately cleaned.

Item added to the culinary daily open and close checklist and the line item to monthly culinary sanitation self audit.

All staff educated on 2800.85(a), Sanitary conditions shall be maintained. In efforts to minimize the risk of resident illness, rodent and insect infestation and to provide a dignified living environment.

Random audits to be conducted by Culinary director/designee, to ensure compliance and will document and report results at quarterly QA meetings.

Staff education and audits of sanitation list will be maintained by home and made available for Department review.

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DM
Printed Name and Title

12/10/19
Date

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Fully Implemented

Not Implemented

85e Trash outside

Requirements

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/31/19, at approximately 4:00 pm, the lid was open on the dumpster located to the left of the front entrance. The dumpster was half full of garbage.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Dumpster lid closed immediately.

Item added to culinary daily checklist, to be completed four times daily.

All staff educated on 2800.85(e). trash outside hte home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Culinary Director/designee will coduct random audit, to ensure compliance. Results will be documented and reported, at the quaterly QA meeting.

Staff education and audits of culinary daily checklistlist will be maintained by home and made available for Department review. Admin or designee will ensure trash kept outside of home is covered at all times.

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAR 12/10/19
Printed Name and Title Date

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88a Floors, walls, ceilings, windows, doors

Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/31/19 at approximately 10:00 am there was an extension cord lying on the floor of the activities room. The cord was plugged into the wall and lay across the path to the door of the activities room creating a tripping hazard.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Extension cord was removed from activities room immediately, resolving the tripping hazard.

Life engagement Coordinator provided with immediate education, reviewing 2800.88(a).

House wide audit to be completed to examine all areas of the residence, to determine if surfaces are free of hazards.

Education will be provided to all staff, reviewing 2800.88(a), maintaining safe surfaces, to minimize the risk.

The Director of Assisted Living/designee will complete an audit, of OakBridge Terrace, to determine all surfaces are free of hazard and will be reported monthly by the DAL to the QAPI Committee for 12 months.

Administrator or designee will ensure floors, walls, ceilings, windows, surfaces, and doors are in good repair and free of hazards at all times. Staff education to take place within 15 days of accepted POC, and audits will be maintained by home and made available for Department review.

SP 12-18-19
Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAE
Printed Name and Title

12/10/19
Date

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91 Telephone Numbers

Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted on or near any phone located on the 1st or 2nd floor.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Emergency telephone numbers posted on all telephones located in OakBridge Terrace common areas immediately.

House Wide audit of all telephones in OakBridge Terrace to be completed, to ensure that emergency numbers are posted on or near all telephones with an outside line.

Director of Assisted Living will educate all OakBridge Terrace staff on PA 2800.91, Emergency telephone numbers for the nearest hospital, police department, fire deparment, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

The Director of Assisted Living/designee will complete an audit, of OakBridge Terrace, to deterimne all telephones with an outside line, have emergency numbers posted on or near near by them.

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco PAL 12/10/19
Printed Name and Title Date

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100a Exterior – free of hazards

Requirements

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 10/31/19 a wooden piece measuring approximately 12 inches long, had broken off and was laying on the ground in front of the garbage container to the left of the front entrance.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Wooden piece removed immediately. Trash can at front entrance replaced.

All wooden trash containers outside of OakBridge Terrace and were all found in good repair.

Education will provided to all staff on 2800.100(a), to minimise the risk of injury to resident when they are using outside areas for evacuation or recreation.

Maintenance to do weekly inspections of, the exterior of the building and the building grounds, to ensure all areas are in good repair and free of hazards. Head of Maintenance/designee, will document inspection results and report at the monthly QA meeting.

Administrator or designee will ensure the exterior of the building grounds are in good repair and free of hazards at all times. Staff education to take place within 15 days of accepted POC, and audits will be maintained by home and made available for Department review.

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAC 12/10/19
Printed Name and Title Date

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103c Food protected

Requirements

2800.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 10/31/19, at 1:00 pm, there was an uncovered tray of cookies on the counter in the kitchenette on the 2nd floor.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Cookies were removed from surface immediately and discarded.

Covers and serving containers were purchased to ensure all foods, will remain free from contamination.

Education to be provided to all staff, on 2800.103(c), Food shall be protected from contamination, while being stored, prepared, transported and served, to protect residents from food-borne illnesses.

Director of Culinary/designee to conduct monthly audit and will be part of quarterly corporate audit, to ensure compliance. Results will be documented and reported at monthly QA meeting.

Staff education and audits of sanitation list will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco
Printed Name and Title

DAZ *12/10/19*
Date

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103f Fridge/Freezer Temps

Requirements

2800.

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.

Description of Violation

There was no thermometer in the ice cream freezer in the main kitchen.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Thermometer was installed immediately.
All Freezers checked and were found with thermometer in place and functioning.

Education to be provided to all staff on, 2800.103(f), to ensure that foods are stored at safe temperatures.

Culinary Director/designee will conduct monthly audits of all refrigerator and freezers, to ensure compliance. Results will be documented and reported at monthly QA meeting.

Staff education and audits of refrigerators and freezers will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC. Admin or designated staff will ensure all refrigerators and freezers have thermometers.

SP 12-18-19

Legal Entity Representative

Kate Busco
Signature

Kate Busco
Printed Name and Title

DMZ 12/10/19
Date

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		<input type="checkbox"/> Not Implemented	

103g Storing food

Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

Type text here

Description of Violation

There was a box of powered mashed potatoes that was unsealed on the shelf in the main kitchen and a bag of lentils that was unsealed in the dry food storage area on 10/31/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Food items in opened/unsealed containers, were addressed immediately.

Main kitchen and dry storage checked and all other food items were in closed/sealed containers.

Stall education to be provided on, 2800.103(c), to ensure that food is stored safely and protected from spoilage or infestation by insects an rodents.

Culinary Director/designee to conduct random audits, of all storage areas, to ensure compliance. Results will be documented and reported, at quarterly monthly QA meeitng.

Staff education and audits of storage areas will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC. Admin or designated staff person will ensure all open food products are in closed or sealed containers.

SP 12-18-19

Legal Entity Representative

Kate Brusca
Signature

Kate Brusca DPAZ 12/10/19
Printed Name and Title Date

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(Initials)

Fully Implemented
 Not Implemented

105g Dryer lint removal

Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/31/19, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer on the 2nd floor. There were no clothes in the dryer at the time.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Lint removed from dryer immediately, followed by inspection of remaining 3 dryers in Oakbridge Terrace.

Resident education was provided and will continue to be provided at monthly Resident council meetings.

Education to be provided to all staff/residents, reviewing 2800.105(g). Staff to makes rounds throughout shift and sign off on the attached Lint Log, to ensure vents are cleaned and noting any occurrence of lint left in the lint trap, so that education and corrective actions may be provided.

Director of Assisted Living/desinee will conduct weekly audits, of all clothes dryers on OakBridge Terrace, to ensure compliance with 2800.105(g) and will document results and report at the monthly QA meeting.

Staff education and audits of Lint log will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC.

SP 12-18-19

Legal Entity Representative

Kate Busco
Signature

Kate Busco DAZ 12/10/19
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121a Unobstructed egress

Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

The gate located in the courtyard could not be opened by an electronic key card or code on the key pad. On 10/31/19 there was an emergency exit directional sign indicating that the courtyard is an emergency egress however, the gate located in the courtyard could not be opened by an electronic key card or code on the key pad, creating a blocked egress.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Courtyard gate locking mechanism released immediately. Keypad to be reprogrammed for safe function with the code posted by exit gate.

Education to all staff related to 2800.121(a), all stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Maintenance to complete weekly inspections of courtyard gate, keypad lock function and code posting, to ensure safe exit in a emergency situation. Head of Maintenance/designee will document and report results, at monthly QA meeting.

Staff education and weekly inspection document will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC.
SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAR 12/10/19
Printed Name and Title Date

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162c Menus - posted

Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Weekly menus were not posted in a conspicuous and public place in the residence.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Weekly menus posted, in both dining areas immediately.

Bulletin Boards purchased to display weekly menus, on 1st and 2nd floor dining areas.

Staff education to be provided, on 2800.162(c), so residents have access and can plan their meals in advance.

Culinary Director/designee to conduct random audits, of 1st and 2nd floor dining rooms, to ensure compliance. Results will be documented and reported at monthly QA meeting.

Staff education and audits will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC.

SP 12-18-19

Legal Entity Representative

Kate Brusco
Signature

Kate Brusco DAL 12/10/19
Printed Name and Title Date

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184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident # 1's Ondansetron 4mg reads- take one tablet every 8 hours as needed for nausea and vomiting, however the medication administration record and physicians orders read- take one tablet by mouth every 6 hours as needed for nausea and vomiting.

The pharmacy label for resident 1's Senna Plus 8.6mg reads- give one tablet by mouth in the morning. The resident's medication administration record and physician's orders reads- take one tablet by mouth as needed for constipation.

present all collected data, according to at the monmeeting.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Change of direction stickers applied immediately. Pharmacy contacted to ensure current order was accurate, for future re-orders.

House wide audit to be completed, of all physician orders, compared to the medications on hand, to ensure all medication labels match the orders, as written by physician.

Director of Assisted Living will educate all professional nursing and Med-tech staff, on 2800.184(a), to reduce the possibility that medication will be improperly administered.

Director of Assisted Living/designee, will conduct monthly audit to ensure the physician order, matches the label on medication on hand and will report at monthly QA meeting.

Legal Entity Representative

Staff education and audits will be maintained by home and made available for Department review. Education to take place within 15 days of accepted POC SP 12-18-19

Kate Brusco
Signature

Kate Brusco DAC 12/10/19
Printed Name and Title Date

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