



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

Ms. Holly Schade
Senior VP Home & Health Services
ACTS Retirement – Life Communities, Inc.
375 Morris Road
West Point, Pennsylvania 19486

RE: Oakbridge Terrace at Fort Washington Estates
735 Susquehanna Road
Fort Washington, Pennsylvania 19034
License #: 138940

Dear Ms. Schade:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13, 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 FORT WASHINGTON ESTATES **License Number:** 13894
Address: 735 SUSQUEHANNA ROAD, FORT WASHINGTON, PA 19034
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: Karen Hinton **Phone:** 2155428787 **Email:** HSCHADE@ACTSLIFE.ORG

Legal Entity

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC
Address: 375 MORRIS ROAD, WEST POINT, PA, 19486

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/17/1998 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 12 **Waking Staff:** 9

Inspection

Type: Full **BHA Docket #:** **Notice:** Unannounced
Reason: Renewal

Inspection Dates and Department Representative

11/13/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 12

Special Care Unit

In Home:	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

183d Current medications

Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

Resident #1's, Amoxicillin 500mg was discontinued on 9/11/19. On 11/13/19, the discontinued Amoxicillin was observed on the med-cart.

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.)

The Amoxicillin was immediately removed from the medication cart and destroyed per policy. Going forward, the staff member responsible for discontinuing a medication order will be responsible for removing and properly wasting the discontinued medication. The Medication cart will be audited on the 11-7 shift with two staff members on a 2x/week basis with sign off documentation. Inservice done with all Licensed staff and Medication technicians. Sign off documentation will be done to monitor the successful implementation of the plan of correction.

Inservice and audits to be made available for Department review upon request. Inital audit to be completed within 10 days receipt of accepted POC.

SP 12-18-19

Legal Entity Representative

Karen Hinton DAL

Signature

Karen Hinton, Assisted Living Administrator 12/5/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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

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

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

Fully Implemented

Not Implemented

185a Storage procedures

Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed 500mg Tylenol every 6 hours as needed for pain. On 11/13/19, the Tylenol was not in resident #1 med-bin or available in the home.

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.)

The medication (Tylenol 500mg) was on order from the pharmacy, but had not been received at the time of the survey. The medication was received and available to dispense at 3pm on December 4, 2019. Beginning immediately, the medication cart will be audited on a 2x/week basis by two staff members and documented. The receipts for orders sent to the pharmacies will be checked every night by 11-7 shift nurse to ensure medications that have not yet arrived are followed up on with the pharmacy in a timely basis. This will avoid not having the currently ordered medications available at all times per regulation. Inservice done with all licensed nursing staff and Medication Technicians.

Staff in-service to take place within 10 days receipt of accepted POC. Documentation of in-service and audits to be made available for Department review upon request. Administrator will ensure procedures are implemented to ensure all resident medications are received and in-house in a timely manner.

SP 12-18-19

Legal Entity Representative

Karen Hinton DAL

Signature

Karen Hinton, Assisted Living Administrator

Printed Name and Title

Date

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