



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via [REDACTED]  
February 28, 2023

[REDACTED]  
[REDACTED]  
ACTS Retirement-Life Communities, Inc.  
[REDACTED]  
[REDACTED]

RE: Oakbridge Terrace at Granite Farms Estates  
1343 West Baltimore Pike  
Media, Pennsylvania 19063  
License #: 13890

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 3, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES License #: 13890 License Expiration: 05/07/2022  
Address: 1343 W BALTIMORE PIKE, MEDIA, PA 19063  
County: DELAWARE Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED] v

**Legal Entity**

Name: ACTS RETIREMENT-LIFE COMMUNITIES INC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 04/25/2017 Issued By: Township of Middletown

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 08/03/2021

**Inspection Dates and Department Representative**

08/03/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 44 Residents Served: 30

**Special Care Unit**

In Home: No	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 30
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

**Inspections / Reviews**

**08/03/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/17/2021

Inspections / Reviews *(continued)*

02/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/26/2021

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

## 51 Criminal background checks

### 1. Requirements

2800.

#### 51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

### Description of Violation

Staff person A's date of hire was [REDACTED]/21. A criminal background check has not been completed.

### Plan of Correction

**Accept**

Staff person A resigned post survey, on [REDACTED]/21.

Criminal background checks were reviewed and confirmed for all current ancillary staff members, on 08/06/21.

DAL provided education to business service specialist r/t regulation 51, criminal background check is to be completed prior to hire date on all new employees.

DAL or designee will conduct quarterly audits of ancillary staff members, ensuring a criminal background check has been completed and will report results in quarterly QA meetings x's 2

**Licensee's Plan Completion Date:** 09/14/2021

**Update:** 11/01/2021

Provide documentation of education

## 65e Rights/Abuse 40 Hours

### 2. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

### Description of Violation

Staff person A completed [REDACTED] 40 scheduled work hours in [REDACTED] 2021. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions, safe management techniques, core competency training that includes the following: person-centered care, communication, problem solving, and relationship skills.

### Plan of Correction

**Accept**

Staff person A assigned trainings on emergency medical plan, reporting of reportable incidents and conditions, safe management techniques, core competencies, on [REDACTED] 21 and staff member resigned on [REDACTED] 21

**65e Rights/Abuse 40 Hours (continued)**

Staff trainings to be reviewed and logged for all current ancillary staff members, additional trainings added as needed.

DAL or designee provided education department heads r/t regulation 65.e, on 09/14/21.

DAL or designee will conduct quarterly audits, reviewing training logs for ancillary staff members and will report at quarterly QA meeting x's 2 needed

**Licensee's Plan Completion Date:** 09/30/2021

**Update:** 11/01/2021

Provide documentation of education

**69 Dementia training****3. Requirements**

2800.

69. Additional Dementia-Specific Training - 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.

**Description of Violation**

Staff person A, date of hire [REDACTED]/21, received only 2 hours of dementia-specific training within 30 days of hire.

**Plan of Correction****Accept**

Staff person A scheduled 2 additional hours of dementia-specific training on [REDACTED]/21, staff resigned on [REDACTED]/21  
Dementia-specific trainings for current ancillary staff members will be reviewed, logged, with additional trainings added as needed.

DAL or designee provided education department heads r/t regulation 69

DAL or designee will conduct quarterly audits, reviewing training logs for ancillary staff members and will report at quarterly QA meeting x's 2.

**Licensee's Plan Completion Date:** 09/30/2021

**Update:** 11/01/2021

Provide documentation of education

**183d Current medications****4. 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**

On [REDACTED]/21, four boxes of [REDACTED] was in resident #1's medication cabinet; however, this medication is not a current prescription and is not listed on the resident's medication administration record.

**Plan of Correction****Accept**

Orders for resident #1 reviewed with Physician. Medication was not a current order and was destroyed, on 08/03/21.

House wide audit completed on 08/06/21, of resident orders vs medications on hand, to ensure accuracy.

**183d Current medications (continued)**

*DAL (Director of Assisted Living) will educate all professional nursing staff that all medications on hand/present in the home must have a current Physicians order. Regulation explanation reviewed with resident #1 DAL or designee to educate residents monthly during resident counsel, r/t regulation 183d. DAL or designee will conduct quarterly audits, reviewing Physician orders compared to medications on hand and report at quarterly QA meeting x's 2.*

**Licensee's Plan Completion Date:** 09/14/2021

**Update:** 11/01/2021

*Provide documentation of education*

**251b Record entries - legible****5. Requirements**

2800.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*Correction fluid was used on resident # 2's medical evaluation, dated [REDACTED] 21.*

**Plan of Correction****Accept**

*House wide audit completed, on 08/06/21, ensuring all medical evaluation entries were permanent, legible, dated and signed by the staff person making the entry.*

*DAL provided education to all professional staff members and Physicians, r/t regulation 251.b.*

*DAL or designee will conduct quarterly audit of medical evaluations, to ensure they are permanent, legible, dated, signed, and free from correction fluid, which will be reported at the quarterly QA meeting x's 2.*

**Licensee's Plan Completion Date:** 09/14/2021

**Update:** 11/01/2021

*Provide documentation of education*