



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 14, 2022

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

RE: Oakbridge Terrace at Fort Washington Estates
735 Susquehanna Road
Fort Washington, Pennsylvania 19034
License #: 13894

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 27, 2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *OAKBRIDGE TERRACE AT FORT WASHINGTON ESTATES* License #: *13894* License Expiration: *05/24/2023*
Address: *735 SUSQUEHANNA ROAD, FORT WASHINGTON, PA 19034*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2155428787* Email: [REDACTED]

Legal Entity

Name: *ACTS RETIREMENT-LIFE COMMUNITIES INC*
Address: [REDACTED]
Phone: *2155428787* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/27/2022*

Inspection Dates and Department Representative

04/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

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: *12*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

04/27/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

05/20/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/25/2022*

41e Signed statement

1. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

2800 41.e.

Resident #1 has signed the statement acknowledging receipt of receiving a copy of the information specified in subsection -d-. Copy attached and copy placed in Resident #1’s chart. (Attachment 41.3 # 1)

All residents Charts were reviewed for signed statements acknowledging receipt of the information. (Attachment 41.3, # 2)

All residents’ contracts will be audited by the Director of Assisted Living or designee to ensure the resident has signed the statement acknowledging receipt of a copy of the resident rights and complaint procedures. Results will be reviewed at the QAPI meeting for 6 months.

Completion Date: 05/13/2022

Licensee’s Proposed Date of POC Implementation

Implemented 9/14/22 CM

132h Designated meeting place

1. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 04/20/2022, at 1:30 pm, resident #2 did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept

2800 132.h

A care conference was held with residents’ family [redacted] 2022. Resident # 2 was [redacted] Resident has since been transferred to [redacted] (Attachment 132.h # 3).

If a resident refuses to evacuate during a fire drill, the resident will be immediately educated, and another fire drill will be conducted with that month. Results of fire drills will be reviewed at the QAPI meeting for 6 months.

Completion Date: 05/10/2022 Licensee’s Proposed Date of POC Implementation

Implemented 9/14/22 CM

224a1 Initial assessment - RN

1. Requirements

2800.

224.a.1. The administrator, administrator designee, or LPN, under the supervision of an RN, or an RN shall complete the initial assessment.

Description of Violation

The resident # 1’s initial assessment, dated [redacted]/22, was completed by staff person A. Staff person A

224a1 Initial assessment - RN (continued)

is not qualified to complete the assessment. Staff person A is [REDACTED].

The resident # 3's initial assessment, dated [REDACTED]/21, was completed by staff person A. Staff person A is not qualified to complete the assessment. Staff person A is [REDACTED].

Plan of Correction

Accept

2800 224.a.1

The [REDACTED] has been trained on Regulation 2800.224, preliminary support plan and policy and procedure on Assessment Support Plans PA. (Attachment # 224.a.1 # 4)

All initial assessments will be completed by the Director of Assisted Living or designee under the supervision of a RN. Review of each initial assessment will be completed by DAL or designee and reviewed at QAPI for 6 months.

Completion Date: 05/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

224a2 30 days prior to admission

1. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident # 1 was admitted on [REDACTED]/2022. The resident's initial assessment was not completed until [REDACTED]/2022.

Resident # 3 was admitted on [REDACTED] 2021. The resident's initial assessment was not completed until [REDACTED]/21.

Plan of Correction

Accept

2800 224.a.2

The [REDACTED] has been trained on Regulation 2800.,224 preliminary support plan policy and procedure on assessment support plan PA. (Attachment # 224.a.2 # 5)

each initial assessment will be audited by DAL or designee for timeliness of the assessment. Results will be reviewed at QAPI for 6 months.

Completion Date: 05/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

224c5 Preliminary support plan - completion

1. Requirements

2800.

224.c.5. A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, or an RN shall review and approve the preliminary support plan.

Description of Violation

Resident # 1 preliminary support plan, dated [REDACTED]/22, was completed by staff person A. Staff person A is not qualified to complete the preliminary support plan form. Staff person A is [REDACTED]. An RN did not review and approve resident # 1's preliminary support plan.

Resident # 3 preliminary support plan, dated [REDACTED]/21, was completed by staff person A. Staff person A is not qualified to complete the preliminary support plan form. Staff person A is [REDACTED]. An RN did not review and approve resident #

224c5 Preliminary support plan - completion (continued)

3's preliminary support plan.

Plan of Correction**Accept**

2800 224.c.5

The [REDACTED] has been trained on Regulation 2800.224 Preliminary Support plan and policy and procedure on assessment support plan. (Attachment # 224.c.5 # 6)
all preliminary support plans will be completed by the DAL or designee under the supervision of a RN. Preliminary support plans will be audited to ensure a RN has reviewed and approved each plan. Results will be reviewed at QAPI for 6 months.

Completion Date: 05/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM