

Department of Human Services  
Bureau of Human Service Licensing

June 14, 2022

[REDACTED]  
ACTS RETIREMENT LIFE COMMUNITIES INC  
[REDACTED]  
[REDACTED]

RE: OAKBRIDGE TERRACE AT  
SOUTHAMPTON ESTATES  
238 STREET ROAD  
SOUTHAMPTON, PA, 18966  
LICENSE/COC#: 13887

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *OAKBRIDGE TERRACE AT SOUTHAMPTON ESTATES* License #: *13887* License Expiration: *05/07/2023*  
Address: *238 STREET ROAD, SOUTHAMPTON, PA 18966*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *215-364-0500* Email: [REDACTED]

**Legal Entity**

Name: *ACTS RETIREMENT LIFE COMMUNITIES INC*  
Address: [REDACTED]  
Phone: *2153640500* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/27/2009* Issued By: *Southampton Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/18/2022*

**Inspection Dates and Department Representative**

*05/18/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *38* Residents Served: *23*

**Special Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *14* Residents Served: *8*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**05/18/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2022*

**06/03/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

06/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85d Trash cans – kitchen/bath

## 1. Requirements

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*On 5/19/22, at 2:00 pm, there were 5 uncovered trash cans in the kitchen.*

## Plan of Correction

**Accept**

*On 5/18/22 trash cans were all covered with lids.*

*Education provided to staff 5/23-5/24 on trash cans remaining covered when unused in the kitchen.*

*Director of Culinary or designee to complete weekly audit for 2 months of proper trash can covering protocol. Results of audit to be reported to quarterly Quality Assurance committee.*

**Completion Date:** 05/25/2022

## Document Submission

**Implemented**

*On 5/18/22 trash cans were all covered with lids.*

*Education provided to staff 5/23-5/24 on trash cans remaining covered when unused in the kitchen.*

*Director of Culinary or designee to complete weekly audit for 2 months of proper trash can covering protocol. Results of audit to be reported to quarterly Quality Assurance committee.*

## 103g Storing food

## 1. Requirements

2800.

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

## Description of Violation

*In the dry storage area there was a bag of long grain rice opened and unsealed.*

## Plan of Correction

**Accept**

*On 5/18 following identification the bag of rice was disposed of.*

*Education provided to kitchen staff on proper storage of dry goods 5/23 - 5/25.*

*Director of Culinary or designee to complete weekly audit for 3 months of dry storage for unsealed and unlabeled items. Results of audit to be reported to quarterly Quality Assurance committee.*

**Completion Date:** 05/25/2022

## Document Submission

**Implemented**

*On 5/18 following identification the bag of rice was disposed of.*

*Education provided to kitchen staff on proper storage of dry goods 5/23 - 5/25.*

*Director of Culinary or designee to complete weekly audit for 3 months of dry storage for unsealed and unlabeled items. Results of audit to be reported to quarterly Quality Assurance committee.*

## 103i Outdated food

## 1. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*In the dry storage area, there was a bag of whole grain egg noodles, a pack of flour tortillas, a bag of long grain rice, and a bag of marshmallows all unlabeled and undated.*

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

*On 5/18 following identification of the unlabeled items they were disposed of.*

*Education provided to kitchen staff on proper storage of dry goods 5/23 - 5/25.*

*Director of Culinary or designee to complete weekly audit for 3 months of dry storage for unsealed and unlabeled items. Results of audit to be reported to quarterly Quality Assurance committee.*

**Completion Date:** 05/25/2022

**Document Submission****Implemented**

*On 5/18 following identification of the unlabeled items they were disposed of.*

*Education provided to kitchen staff on proper storage of dry goods 5/23 - 5/25.*

*Director of Culinary or designee to complete weekly audit for 3 months of dry storage for unsealed and unlabeled items. Results of audit to be reported to quarterly Quality Assurance committee.*

## 107d Procedure EMA submission

## 1. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The residence's written emergency procedures were submitted 3/7/22. The home's previous submission was 2/9/21.*

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

*Emergency Plan sent 3/7/22 to EMA for review.*

*Emergency Plan will be sent to county prior to 3/7/23. Submission will be reviewed annually at QA committee to ensure compliance.*

**Completion Date:** 05/19/2022

**Document Submission****Implemented**

*Emergency Plan sent 3/7/22 to EMA for review.*

*Emergency Plan will be sent to county prior to 3/7/23. Submission will be reviewed annually at QA committee to ensure compliance.*

233c Key-locking devices

1. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

*The directions for operating the residence's locking mechanism are not conspicuously posted near the garden exit in the special care unit.*

Plan of Correction

**Accept**

*Door code signage posted by courtyard door on 5/19/22.*

*Administrator or designee to audit monthly for three months presence of signage at all egress doors in SCU. Results will be reported to QA committee.*

**Completion Date:** 05/19/2022

Document Submission

**Implemented**

*Door code signage posted by courtyard door on 5/19/22.*

*Administrator or designee to audit monthly for three months presence of signage at all egress doors in SCU. Results will be reported to QA committee.*