

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

January 31, 2023

[REDACTED], ADMINISTRATOR
ACTS RETIREMENT-LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT GRANITE
FARMS ESTATES
1343 W. BALTIMORE PIKE
MEDIA, PA, 19063
LICENSE/COC#: 13890

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2022, 11/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OAKBRIDGE TERRACE AT GRANITE FARMS ESTATES **License #:** 13890 **License Expiration:** 05/07/2023
Address: 1343 W. BALTIMORE PIKE, MEDIA, PA 19063
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

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:** Middleton Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Waking Staff:** 21

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/15/2022

Inspection Dates and Department Representative

11/14/2022 - On-Site: [REDACTED]
11/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 44		Residents Served: 28	
Special Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 28	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews

11/14/2022 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/11/2022

12/14/2022 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 01/26/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/19/2022

Inspections / Reviews *(continued)*

12/28/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/26/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/01/2023

01/31/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/26/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

96a First aid kit

4. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in the nursing station located on the 2nd floor did not include eye coverings in the first aid kit.

Plan of Correction

Accept () - 12/28/2022)

First aid kit audit completed by DAL, eye coverings replaced. First aid kits sealed.

First aid kit on first floor audited by DAL, to ensure all necessary items were on hand.

DAL to provide education, starting on 12/14/22 on regulation 96a, to all Nursing staff, to ensure all first aid kit includes all necessary items, including eye coverings and will continue to ensure all nursing staff are aware.

11-7 Nursing staff to complete weekly check, of First aid kits, to ensure seal has not been broken and report finding to DAL.

Director of Assisted Living or designee, to conduct random audits starting on 12/15/22 and will report findings at quarterly at QA meeting x's 2.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented () - 01/31/2023)

101j7 Lighting/operable lamp

5. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 12/28/2022)

Lamp put in place, on bedside table immediately.

House wide audit of all resident rooms conducted by () to ensure each resident, has access to a beside light source.

Resident education provided by (), 11/15/22 to resident r/t regulation 101j7 and will reviewed at resident council quarterly, by ()/designee. Regulation 101j7 will continue to be reviewed upon admission and quarterly at resident council.

Director of Assisted Living to provide education to residents, on 101j7, to ensure that all residents have an operable lamp/light source, that can be turned on at bedside.

Director of Assisted Living/designee to conduct room audits starting 12/15/22, monthly and upon admission, of all resident rooms, to ensure a light source is in place, that can be reached bedside, and report at quarterly QA x's 2.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented () - 01/31/2023)

103g Storing food

6. Requirements

2800.

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

Description of Violation*The 3 gallon ice cream containers in the freezer were opened and unsealed.***Plan of Correction**

Accept (█ - 12/28/2022)

*Food items in unsealed containers, were sealed immediately, by Director of Assisted Living.**Kitchen audit completed by Director of Assisted Living to ensure all food items were in sealed containers.**Staff education to be provided by DAL on 12/15/22, on regulation 103g, to ensure that all food shall be stored safely in sealed containers and protected from spoilage or infestation by insects and rodents and will be ongoing, to ensure all staff are aware.**Culinary Director/designee to conduct random audits, beginning 12/15/22, of all food stored, to ensure compliance and results will be reported at quarterly QA x's 2.*

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented (█ - 01/31/2023)

124 Notice to fire department

7. Requirements

2800.

124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation*The residence does not have documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.***Plan of Correction**

Accept (█ - 12/28/2022)

*Notification to █ run fire department reviewed, by DAL and Nursing Home Administrator on 11/18/22.**Notice to fire department sent via certified mail to Rocky Run Fire Company.**Director of Assisted Living educated r/t regulation 124, by Nursing Home Administrator.**As part of the Quality Assurance Performance Improvement Program, each March the Director of Assisted Living, will review, update and submit the Notice to the Fire Department, to the local Fire Department, with documented evidence of compliance submitted to the QAPI Committee.*

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented (█ - 01/31/2023)

183d Current medications

8. Requirements

2800.

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

183d Current medications (continued)

Description of Violation

On [REDACTED], [REDACTED] prescribed for resident #3, was in the residence's secured cabinet; however, the medication was discontinued last month.

Plan of Correction

Accept ([REDACTED] - 12/28/2022)

DAL reviewed orders with Physician and Resident. Medication was not a current order and was destroyed.

House wide audit completed by DAL, of resident orders vs medications on hand, to ensure accuracy.

DAL to provide education to all nursing staff, beginning on 12/15/22 and on the ongoing basis, to ensure that all medications on present in the home, have current Physicians orders.

Education r/t regulation 183.d, will be reviewed with residents, by DAL/designee monthly during Resident council, r/t regulation 183d.

Director of Assisted Living/designee will conduct quarterly audits 1/16/23, reviewing physician orders compared to medications on hand and report quarterly at QA. x's 2

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented ([REDACTED] - 01/31/2023)

184a Resident meds labeled

9. 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 #3's [REDACTED] states give 1 packet by mouth twice daily in glass of water; however the residents medication review report states give 1 packet by mouth one time a day in a glass of water.

Plan of Correction

Accept ([REDACTED] - 12/28/2022)

Orders reviewed by DAL and compared with medication on hand, orders clarified with physician and pharmacy.

House wide audit of Physician's orders vs labeled medication on hand, completed by DAL to ensure uniformity.

Director of Assisted Living will educate Nursing staff, starting on 12/15/22 and on the ongoing basis, r/t regulation 184a, to ensure all medication on hand must be labeled to match Physicians order.

Regulation 184a explained by DAL during resident council and will be reviewed upon admission and monthly at resident council by DAL/designee.

Director of Assisted Living/designee will conduct audits, starting on 1/16/23 reviewing Physician orders vs Labeled medication on hand and report at quarterly QA x's 2.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented ([REDACTED] - 01/31/2023)