

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

August 1, 2023

[REDACTED], REGIONAL VICE PRESIDENT
ACTS RETIREMENT-LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT FORT
WASHINGTON ESTATES
735 SUSQUEHANNA ROAD
FORT WASHINGTON, PA, 19034
LICENSE/COC#: 13894

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2023, 06/27/2023 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 FORT WASHINGTON ESTATES **License #:** 13894 **License Expiration:** 05/24/2024
Address: 735 SUSQUEHANNA ROAD, FORT WASHINGTON, PA 19034
County: MONTGOMERY **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: C-2 LP **Date:** 09/17/1998 **Issued By:** Commonwealth of PA, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/27/2023

Inspection Dates and Department Representative

06/26/2023 - On-Site [REDACTED]
06/27/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|--|--------------|--|--------------------------|
| License Capacity: 18 | | Residents Served: 15 | |
| 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: 15 | |
| Diagnosed with Mental Illness: 0 | | Diagnosed with Intellectual Disability: 0 | |
| Have Mobility Need: 0 | | Have Physical Disability: 0 | |

Inspections / Reviews

| 06/26/2023 Full | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| Lead Inspector: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 07/29/2023 |
| 07/28/2023 - POC Submission | | |
| Submitted By: [REDACTED] | Date Submitted: 07/31/2023 | |
| Reviewer: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 08/02/2023 |

Inspections / Reviews *(continued)*

07/31/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/31/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 08/03/2023

08/01/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/31/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

- 17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 06/26/23, at approximately 1:17 PM, eleven binders containing resident medical records and personal information were unlocked, unattended, and accessible in the nurse's station on the first floor.

Plan of Correction

Accept ([REDACTED] - 07/28/2023)

17 Record Confidentiality
2800 17.

On 6/26/23 the chart rack was immediately locked when Assisted Living Administrator was made aware by the surveyor.

Current staff have been educated on ____7/1/2023____ regarding regulation 2800. 17 keeping medical records secured.

An audit was conducted on __6/29/2023 through 7/12/2023__ to ensure chart rack was locked when unattended. (attached audit)

The Assisted Living Administrator and/or designee will audit the chart rack weekly for 3 weeks and results will be reported to QAPI.

Overall Completion Date:____7/12/2023_____

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented ([REDACTED] 08/01/2023)

65a Fire Safety-1st day

2. Requirements

2800.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 - 1. Evacuation procedures.
 - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - 5. The location and use of fire extinguishers.
 - 6. Smoke detectors and fire alarms.
 - 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe

65a Fire Safety 1st day (continued)

area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services until 10/28/22.

Staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services until 08/28/22.

Plan of Correction

Accept [REDACTED] - 07/28/2023

65a Fire Safety 1st day

2800. 65.1.

Staff person A completed the orientation in general fire safety and emergency preparedness on [REDACTED]

Staff person B completed the orientation in general fire safety and emergency preparedness on 3/31/2023

An audit was conducted of all current staff to ensure the orientation in general fire safety and emergency preparedness was completed on the first day of work (attached audit)

The Administrator of Health Services educated the assisted Living Administrator that orientation must be completed on the first day of work.

The Assisted Living Administrator and/or designee will audit all employees to ensure the orientation in general fire safety and emergency preparedness is completed on their first day of hire and results will be reported to QAPI.

Overall Completion Date: 7/21/2023

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [REDACTED] - 08/01/2023

65e Rights/Abuse 40 Hours**3. 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 his/her 40th scheduled work hour prior to the end of [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan, core competency training that includes the

65e Rights/Abuse 40 Hours (continued)

following: person-centered care, communication, problem solving and relationship skills, nutritional support according to resident preference.

Plan of Correction

Accept [redacted] - 07/28/2023)

65e Rights/Abuse 40 hours

2800. 65.e

Staff person A completed the training in emergency medical plan, core competency training that includes Person-centered care, communication, problem solving and relationship skills, nutritional support according to resident preference on [redacted] attached training record for topics

The Administrator of Health Services educated the assisted Living Administrator of ensuring the required training of regulation 2800. 65.e be completed before his/her 40th scheduled work hour.

An audit was conducted on __7/24/2023__ of all current staff to ensure the training required within 40 hours has been completed. (see attached audit)

The Assisted Living Administrator and/or designee will conduct an on-going audit of employee records ensure the training is provided within 40 scheduled working hours and results will be reported to QAPI.

Overall Completion Date: __7/24/2023__

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 08/01/2023)

65h 16 hrs annual training

4. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Direct care staff person C received 0 hours of annual training relating to their job duties during training year 2022.

Plan of Correction

Accept [redacted] - 07/28/2023)

4. Requirements

2800. 65.h

Staff person C has completed the required 16 hour training (65.h) and completed the additional dementia-specific training (2800.69) on __6/28/2023, 6/29/2023__

An audit was conducted on __7/20/2023__ of all current staff to ensure the training required has been completed (see attached audit)

The Administrator of Health Services has educated the Assisted Living Administrator ensuring the required training of regulation 2800.65.h and 2800.69

The Assisted Living Administrator and/or designee will conduct an on-going audit of employee records and results will be reported to QAPI.

Overall Completion Date: __7/20/2023__

Licensee's Proposed Overall Completion Date: 07/26/2023

65h 16 hrs annual training (continued)

Implemented () - 08/01/2023)

65i Training topics

5. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Description of Violation

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia, cognitive and neurological impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, assisted living service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence during the training year 2022.

Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and safe management techniques during the training year 2022.

Plan of Correction

Accept () - 07/28/2023)

5. Requirements

2800. 65.i.

Direct care staff person C completed all the training pursuant to Regulation 2800. 65.i. for the year 2023 to date on 5/8/2023, 6/28/2023 see attached training record)

Direct care staff person D completed all the training pursuant to Regulation 2800. 65.i. for the year 2023 to date on 5/8/2023, 6/8/2023 (see attached training record)

An audit was conducted on 7/24/2023 of all current staff to ensure the training required has been completed (see attached audit)

The Administrator of Health Services has educated the Assisted Living Administrator ensuring the required training of regulation 2800.65.h and 2800.69

The Assisted Living Administrator and/or designee will conduct an on-going audit of employee records and results will be reported to QAPI.

Overall Completion Date: 7/24/2023

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented () - 08/01/2023)

65i Training topics (continued)

65j Annual training content

6. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert., emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), Falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2022.

Plan of Correction

Accept [redacted] - 07/28/2023)

65j Annual Training content

6. Requirements

2800. 65.j.

Staff person C received fire safety training completed by a fire safety expert on 3/23/2023 (see attached training record) for the year 2023

An audit was conducted on 3/23/2023 of all current staff to ensure the training required has been completed by a fire safety expert (see attached audit)

The Administrator of Health Services has educated the Assisted Living Administrator ensuring the required training of regulation 2800. 65j.

The Assisted Living Administrator and/or designee will conduct an audit of all staff records monthly x 3, then randomly and results reported to QAPI.

Overall Completion Date: 3/23/2023

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 08/01/2023)

69 Dementia training

7. 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.

69 Dementia training (continued)

Description of Violation

Staff person A, hired [redacted], received dementia-specific training within 30 days of hire; however, the home does not track the duration of the training. Measurement of this specific training requirement cannot be met.

Plan of Correction

Accept [redacted] 07/28/2023)

69 Dementia Training
2800.

Additional Dementia-Specific Training

Staff person A received dementia training of 4 hours of duration on ___3/31/2023, 4/1/2023,4/9/2023, 4/15/2023, 4/20/2023,6/23/2023, 7/2/2023_____.

An audit was conducted on ___7/21/2023_____of all current staff to ensure the training requirement of 4 hours within 30 days is met; and 2 hours annually have been completed. (see attached audit).

The Administrator of Health Services has educated the Assisted Living Administrator to track training hours (see attached training)

The Assisted Living Administrator and/or designee will audit records monthly x 3, then randomly and report to QAPI.

Overall Completion Date:___7/21/2023_____

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 08/01/2023)

8. 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 C, hired [redacted], received zero hours of dementia-specific training during the 2022 training year.

Plan of Correction

Accept [redacted] - 07/28/2023)

69 Dementia Training
2800.

Dementia-Specific Training

Staff person C received dementia training of 4 hours of duration on 6/28/2023, 6/29/2023

An audit was conducted on ___7/21/2023_____of all current staff to ensure the training requirement of 4 hours within 30 days is met; and 2 hours annually have been completed (see attached audit)

The Administrator of Health Services has trained the Assisted Living Administrator to track the training hours (see attached training)

The Assisted Living Administrator and /or designee will audit records monthly x 3, then randomly and report to QAPI

Overall Completion date:___7/21/2023_____

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 08/01/2023)

95 Furniture & Equipment

9. Requirements

2800.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #1 has a handrail attached to the end of the bed. The handrail has a large opening that is not covered and presents a hazard to the resident of getting a limb or other body part caught inside the opening.

Plan of Correction

Accept ([redacted] - 07/31/2023)

95 Furniture & Equipment

9. Requirements

2800. 95.

The handrail was immediately removed from Resident # 1's bed when notified by the surveyor.

The Assisted Living Administrator has audited current resident rooms for potential handrails (see attached audit)

The current staff have been educated to check rooms for potential use of handrails.

The Assisted Living Administrator will randomly check rooms weekly x 1 month and then randomly and report to QAPI.

Resident assessed and handrail is not indicated. Resident was in agreement with removal.

Overall Completion Date: 7/23/2023

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented ([redacted] - 08/01/2023)

132c Fire drill records

10. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted in the home between 05/19/22 and 05/18/23 do not include the amount of time it took to evacuate or the exit routes used during the evacuations.

Plan of Correction

Accept ([redacted] - 07/31/2023)

132c Fire drill records

2800.

132.c

On 6/27/23 the Fire drill records from 5/19/22 until present have been updated to include the amount of time it took to evacuate including the exit routes used.

Audits post fire drill will be completed and reported to QAPI.

Administrator of Health Services re-educated Assisted Living Administrator on fire drill requirements.

/ Overall Completion Date: 6/27/2023

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented ([redacted] - 08/01/2023)

183e Storing Medications

11. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], at approximately [redacted], a small, round, unidentified orange/yellow pill was found loose in the home's medication cart.

Plan of Correction

Accept ([redacted] - 07/28/2023)

183e Storing Medications

2800. 183.e

On 6/28/23, The medication cart was checked for any loose pills

Current staff have been educated to check the cart for loose pills during medication administration.

The Assisted Living Administrator and/or designee will check the medication cart weekly x 4, then randomly and report findings to QAPI.

Overall Completion Date: 7/20/23

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented ([redacted] - 08/01/2023)

185a Storage procedures

12. 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 #2 is prescribed [redacted] - give 2 tablets by mouth as needed. On [redacted], this medication was not available in the residence.

Resident #3 is prescribed [redacted] - take 2 tablets by mouth every 6 hours as needed for pain and fever greater than 100. On 06/27/23, this medication was not available in the residence.

Plan of Correction

Accept ([redacted] - 07/28/2023)

185a Storage Procedures

2800. 185.a

On [redacted] The residence obtained prescribed medication for Resident #2

On [redacted] The residence obtained prescribed medication for Resident #3

The current staff were educated on the procedures for obtaining medications ordered for residents as per policy and procedure.

An audit was completed on 6/27/2023, 6/30/2023, 7/5/2023, 7/7/2023, 7/9/2023, 7/11/2023, 7/12/2023, 7/15/2023, 7/18/2023, 7/20/2023 to ensure all prescribed medications are available in the residence.

The Assisted Living Administrator and/or designee will audit resident prescribed medication orders monthly for 3 months, then randomly to ensure medications are in residence and report to QAPI.

Overall Completion date: 7/20/2023

185a Storage procedures (continued)

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented () - 08/01/2023)

187d Follow prescriber's orders

13. Requirements

2800. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], at [redacted] hours, the following services/medications were not provided to Resident #3 as prescribed:

- [redacted]
- [redacted]
- [redacted]

The home did not have any record stating these medications/treatments were refused.

Plan of Correction

Accept () - 07/28/2023)

187d Follow prescribers orders

2800. 187.d.

An audit was conducted on ___7/6/2023___ to ensure medications/services are provided as prescribed.

On ___7/20/2023___ Staff member responsible for following procedures for Resident # 3 on 6.16.23 was educated on the importance of ensuring directions of the prescriber are followed.

Current staff have been educated on ___7/20/2023___

The Assisted Living Administrator and or designee will conduct weekly audits x 4, then randomly and report to QAPI

Date of Completion: ___7/21/2023___

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented () - 08/01/2023)

227c Final support plan - revision

14. Requirements

2800. 227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #2's support plan has not been reviewed on a quarterly basis. The most recent review was completed on [redacted]. The previous review was completed as part of Resident #2's Initial (Preliminary and Final) support plan dated [redacted].

Plan of Correction

Accept () - 07/28/2023)

227c Final Support plan revision

14. Requirements

227c Final support plan - revision (continued)

2800 227.c

Resident #2's support plan has been reviewed and completed on _____

Audits have been conducted on all resident records for quarterly review of support plan (see attached audit).

The Assisted Living Administrator will audit resident records monthly x 4, then randomly for support plan pursuant to the regulation 2800. 227.c and report to QAPI.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented _____ - 08/01/2023)