

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

October 11, 2023

[REDACTED]
ACTS RETIREMENT LIFE COMMUNITIES INC
[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 08/16/2023 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 SOUTHAMPTON ESTATES License #: 13887 License Expiration: 05/07/2024
Address: 238 STREET ROAD, SOUTHAMPTON, PA 18966
County: BUCKS 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-2 Date: 10/27/2009 Issued By: Southampton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 47 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/16/2023

Inspection Dates and Department Representative

08/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 57		Residents Served: 33	
Special Care Unit			
In Home: Yes	Area: OBTS	Capacity: 33	Residents Served: 14
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 33	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 14		Have Physical Disability: 0	

Inspections / Reviews

08/10/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/07/2023

09/08/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/08/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/08/2023

Inspections / Reviews (*continued*)

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25I Core package/supplemental

1. Requirements

2800.

25.I. The resident-residence contract shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services. Supplemental health care services shall be packaged, contracted and priced separately from the resident-residence contract. Services provided by or contracted for by the residence other than supplemental health care services must be priced separately from the service package in the resident-residence contract.

Description of Violation

Resident#1's residence contract dated [REDACTED]/23, shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services. The resident-residence contract did not identify the assisted living services included in the core package, and the total price for the core services.

Resident#2's residence contract dated [REDACTED]/23, shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services. The resident-residence contract did not identify the assisted living services included in the core package, and the total price for the core services.

Resident#3's residence contract dated [REDACTED]/23, shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services. The resident-residence contract did not identify the assisted living services included in the core package, and the total price for the core services.

Plan of Correction**Accept [REDACTED] - 09/08/2023)**

Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.

By 10/6/2023, all new resident admissions and current residents and/or resident representatives will receive and sign off on receipt of an addendum which lists the services in two sections titled independent core package and enhanced core package with rates for each. By 10/7/2023, a new admission contract will be used for all new admissions moving forward that is updated to reflect two sections titled independent core package and enhanced core package that separate the services provided under each. Director of Assisted Living or designee will audit new admissions for 3 months to ensure compliance and report to next quarter QAPI meeting.

Licensee's Proposed Overall Completion Date: 10/07/2023

Implemented ([REDACTED] - 10/11/2023)

132f Alternate exit routes

2. Requirements

2800.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home is not indicating the exit used as an exit route during the fire drills held from January 2023 to July 2023.

Plan of Correction**Accept [REDACTED] - 09/08/2023)**

On 8/16/23 it was identified that exit locations were not transcribed accurately onto the fire drill record. On 8/17/2023, Director of Assisted Living audited the scheduled fire drills for the remainder of 2023 to ensure alternate exit routes will be used based on location. Director of Assisted Living educated the security supervisor on fire drill

132f Alternate exit routes (continued)

regulations on 9/1/23 to ensure alternate exit routes are used and recorded correctly.

Audits of fire drills will be conducted monthly by the Director of Assisted Living or Nursing Home Administrator beginning on 9/1/23. Results from these audits will be reported during our monthly safety meeting until 12/31/23.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented (█) - 10/11/2023)

162c Menus - posted**3. Requirements**

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Weekly menus were not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept (█) - 09/08/2023)

On 8/16/23, immediately upon surveyor identification that the menu was removed from the board, the menu was replaced on the posting board. By 9/7/23, two copies of each menu will be provided, one will be posted in an enclosed bulletin board with locking mechanism and the other will be on the neighborhood for staff use. The Director of Culinary Services or designee will audit for presence of a two-week menu posted in bulletin weekly for 2 months and will report compliance at next two quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented (█) - 10/11/2023)

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 08/16/23, Ketorolac Tromethamine, prescribed for resident #2, was in the residence's medication cart; however, the medication was discontinued on 05/12/23.

Plan of Correction

Accept (█) - 09/08/2023)

On 8/16/23 following observation, all identified discontinued medications on the cart were disposed of per protocol. The nurse on duty was immediately educated and performed an additional medication cart audit on both carts to confirm compliance with this regulation on 8/16/23.

Starting 9/1/2023, the overnight nurse will run an "order summary report" weekly and will reference this information while performing weekly medication cart audits to ensure that discontinued medications have been removed from the medication cart. Education on this process was provided to nurses on 8/29/23. The Director of Assisted Living or designee will review audit forms monthly and report findings at our next two quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented (█) - 10/11/2023)

220c Core services packages

5. Requirements

2800.

220.c. Core service packages. The residence shall, at a minimum, provide the following core service packages:

1. Independent Core Package. This core package shall be provided to residents who do not require assistance with ADLs. The services must include the following:
 - i. 24-hour supervision, monitoring and emergency response.
 - ii. Nutritious meals and snacks in accordance with § § 2800.161 and 2800.162.
 - iii. Housekeeping services essential for the health, safety and comfort of the resident based upon the resident’s needs and preferences.
 - iv. Laundry services in accordance with § 2800.105.
 - v. Assistance with unanticipated ADLs for a defined recovery period.
 - vi. A daily program of social and recreational activities in accordance with § 2800.221.
 - vii. Basic cognitive support services as defined in § 2800.4.
2. Enhanced Core Package. This core package shall be available to residents who require assistance with ADLs. The services must include the following:
 - i. The services provided in the basic core package under paragraph (c)(1)(i)—(vii).
 - ii. Assistance with ADLs and unanticipated ADLs for an undefined period of time.
 - iii. Transportation in accordance with § 2800.171.
 - iv. Assistance with self-administration of medication or medication administration as indicated in the resident’s assessment and support plan in accordance with § § 2800.181 and 2800.182.

Description of Violation

The residence is not providing the following core service packages:

Independent Core Package. This core package shall be provided to residents who do not require assistance with ADLs.

Enhanced Core Package. This core package shall be available to residents who require assistance with ADLs.

Plan of Correction

Accept [redacted] - 09/08/2023)

By 10/6/2023, all new resident admissions and current residents and/or resident representatives will receive and sign off on receipt of an addendum which lists the services in two sections titled independent core package and enhanced core package with rates for each. By 10/7/2023, a new admission contract will be used for all new admissions moving forward that is updated to reflect two sections titled independent core package and enhanced core package that separate the services provided under each. Director of Assisted Living or designee will audit new admissions for 3 months to ensure compliance and report to next quarter QAPI meeting.

Licensee's Proposed Overall Completion Date: 10/07/2023

Implemented ([redacted] - 10/11/2023)

236a Staff training

6. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Staff person A, date of hire [redacted]/23, works in the special care unit, but only completed 4 hours of initial training related to dementia care within the first 30 days of the date of hire.

Staff person B, date of hire [redacted]/22, works in the special care unit, but only completed 4 hours of initial training

236a Staff training (continued)

related to dementia care within the first 30 days of the date of hire.

Staff person C, date of hire [REDACTED]/23, works in the special care unit, but only completed 4 hours of initial training related to dementia care within the first 30 days of the date of hire.

Plan of Correction

Accept [REDACTED] - 09/08/2023)

On 8/16/23, team members A, B & C identified by surveyor were confirmed to have completed 8 hours of dementia training by 8/16/2023. The audit was conducted by the Director of Assisted Living for all new assisted living employees hired within the last year and all had completed 8 hours of dementia training as of 8/16/2023. Director of Assisted Living or designee will complete dementia training audits on day 15 and 25 with each new hire to ensure timely completion for 2 months. The Director of Assisted Living will report audit results at the next two quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented ([REDACTED] - 10/11/2023)