

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

December 14, 2023

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

RE: OAKBRIDGE TERRACE ASSISTED
LIVINGAT BRITTANY POINTE
ESTATES
1001 VALLEY FORGE ROAD
LANDSDALE, PA, 19446
LICENSE/COC#: 13893

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/27/2023 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 ASSISTED LIVING AT BRITTANY POINTE ESTATES **License #:** 13893 **License Expiration:** 07/01/2024
Address: 1001 VALLEY FORGE ROAD, LANDSDALE, PA 19446
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: Other **Date:** 03/24/2000 **Issued By:** CWOPA L&I
Type: Other **Date:** 04/20/2000 **Issued By:** Upper Gwenedd township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/27/2023

Inspection Dates and Department Representative

11/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 41		Residents Served: 40	
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: 40	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews

11/27/2023 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/14/2023

Inspections / Reviews *(continued)*

12/14/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/14/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

131c Kitchen fire extinguisher

1. Requirements

2800.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The fire extinguisher in the 2nd floor country kitchen located outside the activities room was overcharged.

Plan of Correction

Accept (█ - 12/14/2023)

The fire extinguisher in the 2nd floor country kitchen was removed and replaced at time of survey. On 12/12/23 A letter was sent to Keystone Fire and Security notifying them of violation for an overcharged Fire Extinguisher and requesting a process to ensure that we do not receive any overcharged fire extinguishers. Attached is the response from Keystone Fire and Safety. Person responsible Director of Physical Plant Services or designee.

Maintenance and Security to receive an education on the process of inspecting all Fire Extinguishers including checking for overcharged Fire extinguishers to be completed by 12/29/23. Person responsible Director of Physical Plant Services and reviewed by Director of Assisted Living or designee.

All fire extinguishers audited Monthly by maintenance/security. Any under or over charged fire extinguisher to replaced immediately. Documentation to be reviewed by Director of Plant Services or designee and Director of Assisted Living or designee. All extinguishers were inspected 11/28, documentation attached.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented (█ - 12/14/2023)

132f Alternate exit routes

2. Requirements

2800.

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

Description of Violation

According to the fire safety inspection completed 3/9/23, the residence does not have a fire safe area. The residence uses the main entrance as an exit for all fire drills. The fire drill logs list which residents use each exit. Residents in rooms 108-118 use the main entrance at every fire drill.

Plan of Correction

Accept (█ - 12/14/2023)

Every resident will use alternate exits during drills. Residents were notified of need for every resident to utilize alternate exit routes at Resident Council meeting on 12/13/23 by Director of Assisted Living. On 11/29 a Fire Drill was conducted on the 2nd floor. The North Fire Door 2nd floor was blocked and not utilized as an exit. Residents from 201-219 evacuated to South Fire Door. Documentation of Fire Drill log attached. December drill will not utilize the main entrance as an exit and we will continue to alternate evacuation routes to remain in compliance.

To be completed by 12/31/23. Person Responsible Director of Assisted Living or designee.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 12/14/2023)

183e Storing Medications

3. Requirements

183e Storing Medications (*continued*)

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 [REDACTED] there were 3 loose pills on first floor med cart.

Plan of Correction

Accept [REDACTED] - 12/14/2023)

DAL reported to general manager at Omnicare of King of Prussia that some blister packs were coming apart allowing pills to fall out. After further investigation into the packaging and review of the pictures of blister packs that I provided it was found that the root cause is inconsistency in the strength of the adhesive on the backing of the card. Omnicare is actively working with their vendor partner to eliminate the failing adhesive stock. Memorandum from Omnicare attached.

Education for all nurses and med techs was provided by DAL which included: Storing Medications plan of correction. Education was completed on 12/12/23. Education and Staff sign in sheets attached.

- All staff to look out for loose pills and if any found report to nurse immediately. Nurse to report to DAL.
- All staff to look out for blister packs coming apart and report to nurse immediately. Nurse to take a picture and text to DAL or designee. DAL or designee will report to Omnicare Manager
- 11-7 nurse to do Monthly Med Cart audits and document. DAL or designee to review and address any issues.
- Review of Omnicare Audit Tool, named Drug Storage Guide Assisted Living Facilities Audit Tool.

Licensee's Proposed Overall Completion Date: 12/12/2023

Implemented [REDACTED] - 12/14/2023)

187a Medication record

4. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 1 is prescribe [REDACTED]

[REDACTED] However, the resident's November 2023 medication administration record does not include the number of units administered on [REDACTED] at [REDACTED] am. The residents blood glucose level was recorded as [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/14/2023)

Education was provided to all Nurses by Director of Assisted Living. Education completed on 12/12/23. Education included.

Every nurse is to document blood glucose and insulin at time of administration.

Every nurse must audit their Blood Glucose checks and insulin documentation at the end of every shift to ensure the Insulin Unit dose is on the MAR. Any discrepancies are to be reported to IT and to DAL/designee immediately

DAL or Designee to audit Insulin documentation on all sliding scale insulin orders weekly. Sliding Scale Insulin Audit form attached.

Licensee's Proposed Overall Completion Date: 12/12/2023

187a Medication record (*continued*)

Implemented ([REDACTED] - 12/14/2023)