

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

September 9, 2025

[REDACTED] ADMINISTRATOR OF HEALTH SERVICES
ACTS RETIREMENT-LIFE COMMUNITIES INC
[REDACTED]

RE: OAKBRIDGE TERRACE AT
NORMANDY FARMS ESTATES
9000 TWIN SILO DRIVE
BLUE BELL, PA, 19422
LICENSE/COC#: 13898

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2025, 07/17/2025 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 NORMANDY FARMS ESTATES License #: 13898 License Expiration: 07/17/2026
Address: 9000 TWIN SILO DRIVE, BLUE BELL, PA 19422
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: 12/15/2000 Issued By: CWOPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/17/2025

Inspection Dates and Department Representative

07/16/2025 - On-Site: [REDACTED]
07/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 58		Residents Served: 46	
Special Care Unit			
In Home: Yes	Area: Cranberry	Capacity: 12	Residents Served: 11
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 46	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 12		Have Physical Disability: 1	

Inspections / Reviews

07/16/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2025

08/26/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 09/05/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/05/2025

Inspections / Reviews (*continued*)

09/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103f Fridge/Freezer Temps

1. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator in the Cranberry Wing kitchenette.

Plan of Correction

Accept (████) - 08/26/2025

The culinary manager was informed of missing thermometer in the Cranberry refrigerator and thermometer was replaced immediately on 7/16/2025. The culinary manager provided an in-service on 8/5/2025 to the dietary staff on "Thermometer Usage/Refrigerator and Freezer Temps Monitoring Policy-Country Kitchens (OBT and WBC)." Culinary staff to sign out refrigerator and freezer temps 2 x's a day and record. Culinary Manager or Designee will track completion of temps 2 x daily x 3 months and report findings to QAPI.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (████) - 09/09/2025

125b Combustible res. access

2. Requirements

2800.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 07/16/25, at 9:45am, an 18-ounce aerosol can of Monogram Stainless Steel Cleaner labeled flammable material and a 17-ounce container of Ecolab Stainless Steel Cleaner labeled flammable aerosol were found unlocked, unattended, and accessible to residents in the memory care unit, who are unable to safely handle poisonous material.

Plan of Correction

Accept (████) - 08/26/2025

The culinary manger removed the Monogram Stainless Steel Cleaner and the Ecolab Stainless Steel Cleaner immediately on 7/16/2025. Culinary Manager provided an in-service on "Operational Standards Chemical Storage" to dietary staff on 8/5/2025. A sign "Prohibiting Combustible Materials" was placed on lower kitchen cabinets in both Cranberry and Blueberry kitchens. Culinary manager or designee will review culinary log sheets checking for combustible materials 2 x daily for 3 months and report findings to QAPI.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (████) - 09/09/2025

181f Self-administer Record of medication

3. Requirements

2800.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #1 self-administers █████ medication. On 07/17/25, resident #1's record did not include a current list of medications. There was a 100-tablet bottle of Acetaminophen 500 mg, a bottle of Metoprolol Succ ER 100 mg, and a

181f Self-administer Record of medication (continued)

bottle of ofloxacin 0.3% that was not included in the current list of medications.

Plan of Correction

Accept (█ - 08/26/2025)

Nursing staff removed Metoprolol, Tylenol and Ofloxacin from residents room on July 17th 2025. Received new order from resident #1 PCP for Metoprolol, and Tylenol. Ofloxacin was expired and destroyed since there was no active eye infection being treated.

Slums performed on resident and █ scored █ Discussed with resident #1, POA and PCP that medications should be administered by nursing staff to ensure resident safety and all agreed to no longer have resident self administer █ medications. DAL or designee to check the rooms of those that self administer medications weekly x 4 weeks and then monthly x 2 months to ensure compliance with medication self administration policy.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/09/2025)

183b Medications and syringes locked**4. Requirements**

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 07/16/25, at 9:45am, resident #2's OTC medications, to include two x 50 mcg bottles of fluticasone nasal spray, a bottle of Visine eye drops, and a bottle of Kirkland Allergy nasal spray, were unlocked, unattended, and accessible in room █ Resident #2 shares a room with resident █

Plan of Correction

Accept (█ - 08/26/2025)

Nursing staff removed medications from resident #2 room and disposed of the expired medications. Resident stated █ did not want to use the Flonase nasal spray prn and nursing obtained an order to discontinue the medication.

The policy for self administration of medications was reviewed with resident #2 by DAL on 8/22/2025.

DAL checked resident #2 room to ensure all PRN medications that █ self administers are properly locked for safety. DAL or designee to perform room checks weekly to ensure all self administered medications are securely locked in med box weekly x 4 then monthly x 2 and findings reported to QAPI.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/09/2025)

183d Current medications**5. 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 07/17/25, Metoprolol succ ER 100 mg—take one tablet by mouth daily for 14 days—prescribed for resident #1, was in the residence's room; however, the medication was discontinued on 04/25/25.

183d Current medications (continued)

Plan of Correction

Accept (█) - 08/26/2025)

Nursing staff removed Metoprolol from residents room on July 17th 2025. Received new order from resident #1 PCP for Metoprolol 100mg give 1 tablet PO daily. Slums performed on resident and █ scored █ Discussed with resident #1, POA and PCP that medications should be administered by nursing staff to ensure safety and all agreed that resident should no longer self administer █ medications. DAL or designee to check the medications and rooms of those that self administer weekly x 4 weeks then monthly x 2 months to ensure compliance with medication self administration policy.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█) - 09/09/2025)

183f Discontinued medications

6. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

Resident # 2 is prescribed Fluticasone Propionate Nasal, 2 sprays in each nostril every 12 hours as needed. Resident #2's Fluticasone Propionate Nasal expired on 09/24, and another bottle has an expiration date of 11/24.

Plan of Correction

Accept (█) - 08/26/2025)

Nursing staff removed the Fluticasone Propionate Nasal Spray from resident #2 room and disposed of the expired medications. Resident stated █ no longer uses the Fluticasone Propionate Nasal Spray and obtained order to discontinue the medication. The policy for self administration of medications was reviewed with resident #2 by DAL on 8/22/2025. DAL or designee checked room to ensure all PRN medications that he self administers are not expired and properly locked for safety. DAL or designee to perform room checks of self administered meds weekly x 4 then monthly x 2 and findings reported to QAPI.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█) - 09/09/2025)

187d Follow prescriber's orders

7. Requirements

2800.

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

Description of Violation

Resident # #3 is prescribed Lisinopril oral tablet 30mg, give one tablet by mouth in the morning. However, resident # 3 was administered Lisinopril 20mg Tab-Solco on 07/16/25 and 07/17/25 in the morning.

187d Follow prescriber's orders (continued)

Resident #4 is prescribed Admelog Solostar 100/ml units (inject 5 units subcutaneously before meals; do not give insulin for blood glucose less than 150 or if the patient doesn't eat). However, resident #4 was administered Admelog Solostar 100/ml, 5 units on 07/15/25, at 7:30am and 11:30am when the residents blood sugar was 97 at 7:30am and at 11:30am the blood sugar was 94.

Plan of Correction**Accept ([REDACTED] - 08/26/2025)**

Dal notified the PCP of resident #3's medication error on 7/17/25. DAL gave Med Tech, that made the medication error, a first level progressive counseling for the medication error. DAL performed a medication observation with med tech.

DAL provided in-service to the nursing staff on the "5 Rights of Medication Administration."

DAL was not informed at the time of the DHS Survey exit that there was a medication error for resident #4. DAL will give a progressive counseling on the week of 8/25/25 to the LPN who performed the medication error for resident #4 and review the 5 rights of medication administration with this LPN.

Licensee's Proposed Overall Completion Date: 08/29/2025**Implemented ([REDACTED] - 09/09/2025)**