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

June 8, 2026

[redacted]
ACTS RETIREMENT-LIFE COMMUNITIES INC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2026 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**: *05/07/2026*

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**: *04/25/0207* **Issued By**: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *59* **Waking Staff**: *44*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *04/16/2026*

Inspection Dates and Department Representative

04/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* **Residents Served**: *43*

Special Care Unit

In Residence: *Yes* **Area**: *Magnolia Crossing* **Capacity**: *16* **Residents Served**: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *43*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

04/16/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/16/2026*

05/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/22/2026*

Inspections / Reviews *(continued)*

05/27/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/05/2026*

06/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65l Record of training

1. Requirements

2800.
65.l. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The residence's record of direct care staff training for Medication administration to cart audits does not include the content of the training.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

Medication Cart Audit Procedure attached to record of direct care staff training for Medication administration to cart audit. On 4/24/26, Administrator of Health Services inserviced Assisted Living Administrator regarding record of training requirements. Beginning 4/30/26, Assisted Living Administrator to review records of training weekly x 5 to ensure they include the staff person trained, date, source, content, length of each course and copies of any certificates received. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: *06/05/2026*

Implemented [redacted] - 06/08/2026)

82c Locked poisons

2. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

Clorox Scentiva Disinfecting Mist, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to residents in room 2013. Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Hand Sanitizer, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to residents in room [redacted] Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Crest toothpaste, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to residents in room [redacted] Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Secret Deodorant, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to residents in room [redacted]. Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Mint Fresh Mouthwash, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to residents in room [redacted] Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Listerine cool mint mouthwash, with a manufacture's label indicating "contact poison control", was unlocked,

82c Locked poisons (continued)

unattended, and accessible to residents in room [redacted]. Not all the residents of the residence, including residents in memory care residents, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

Poisonous materials returned to bathroom cabinets and secured. Assisted Living Administrator inserviced direct care staff on 5/8/26 regarding keeping poisons locked away in the special/memory care unit. On 5/6/26, Assisted Living Administrator sent communication to memory care resident families regarding keeping poisonous materials locked. Director of Property Management ordered more durable locks for special care unit bathroom cabinets. By 5/31/26, maintenance staff to replace bathroom cabinet locks with new ones. Beginning 4/27/26, Assisted Living Administrator, or designee to conduct random environmental rounds twice a week x 8 to ensure poisonous materials are locked in bathroom cabinets and inaccessible to residents in the memory care unit. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented ([redacted] - 06/08/2026)

141a Medical evaluation

3. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident [redacted] dated [redacted] does not include information on if the assisted living facility can meet the needs of the resident. This area of the form is blank.

The medical evaluation for resident [redacted] dated [redacted], does not include information on if the assisted living facility can meet the needs of the resident. This area of the form is blank.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

AL Administrator inserviced Support Plan Coordinator on 4/24/26 regarding medical evaluation requirements. Resident [redacted] and Resident [redacted]s medical evaluations were updated to include information on whether the assisted

141a Medical evaluation (continued)

living facility can meet the needs of the resident. Beginning 4/30/26, AL Administrator or designee to perform weekly review x 5 of medical evaluations completed to verify they are completed in its entirety. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/05/2026*

Implemented ([redacted] - 06/08/2026)

183e Storing Medications

4. 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], [redacted] belonging to resident [redacted], was punctured in spots #13, #14, #15, and #6.

On [redacted], [redacted] capsule belonging to resident [redacted] was punctured in spot [redacted]

On [redacted], [redacted] belonging to resident #[redacted] was punctured in spot #6.

On [redacted], [redacted] as needed medication belonging to resident [redacted], was punctured in spot #5.

Plan of Correction ***Accept ([redacted] 05/20/2026)***

The medications in the punctured spots for Resident [redacted] and Resident [redacted] were discarded per the residence policy. Assisted Living Administrator educated direct care staff on 5/8/26 regarding proper storage of medications, including disposal of medications in punctured packaging. Beginning 4/27/26, Administrator or designee to perform random audits of the medication cart twice a week x 8 to ensure medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented ([redacted] - 06/08/2026)

187d Follow prescriber's orders

5. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] injections once a week on Sundays at 6:00 am. However, resident [redacted] was administered [redacted] injection on [redacted], at 7:17 am.

Resident [redacted] is prescribed [redacted] injections once a week on Sundays at 6:00 am. However, resident [redacted] was

187d Follow prescriber's orders (continued)

administered [redacted] injection on [redacted], at 7:07 am.

Plan of Correction ***Accept[redacted] - 05/20/2026)***

Resident [redacted] was assessed and noted to have no adverse effects related to the prescribed [redacted] injection once-a-week on Sundays at 6:00am being administered at 7:17am on 4/5/26 and 7:07am on 4/12/26. Assisted Living Administrator educated direct care staff on 5/8/26 regarding following prescriber's orders. Beginning 4/27/26, Administrator or designee to perform random audits of the medication administration record twice a week x 8 to ensure medications are being administered as prescribed. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented [redacted] - 06/08/2026)

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

Direct care staff person A, date of hire [redacted], works in the special care unit, but only completed 5.5 hours of initial training related to dementia care within the first 30 days of the date of hire.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

On 4/24/26, Administrator of Health Services inserviced Assisted Living Administrator regarding staff training requirements as it relates to dementia training for staff persons working in a special care unit. Assisted Living Administrator or designee to ensure 8 hours of initial training are completed within the first 30 days of the date of hire for direct care staff working in the special care unit. Beginning 4/30/26, Assisted Living Administrator or designee to perform weekly audits of special care unit direct care staff personnel files x 5 to ensure dementia training requirements are met. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: *06/05/2026*

Implemented [redacted] 06/08/2026)