



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Janine Kubasko-Starinsky  
Executive Director  
Premier Oakwood Terrace Operating, LLC  
299 Park Avenue, 6<sup>th</sup> Floor  
New York, New York 10171

RE: Oakwood Terrace  
400 Gleason Drive  
Moosic, Pennsylvania 18507  
License #: 226610

Dear Mr. Kaplan:

As a result of the Department of Human Services' (Department) annual licensing inspection on November 15, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22661 - 11/15/2017 - Deluca, Amy  
 PCH Name: OAKWOOD TERRACE

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
 The contracts in the records of residents #1, #2, #3, #4, and #5 did not contain a fee schedule for services provided for transportation, long distance phone calls, toothbrushes, combs, walker skis and dry cleaning. All services are listed as "per billing".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

CONTRACTS WERE UPDATED TO INCLUDE FEES FOR SERVICES THAT OAKWOOD TERRACE PROVIDES. SINCE OAKWOOD TERRACE DOES NOT PROVIDE TRANSPORTATION AND DOES NOT CHARGE FOR LONG DISTANCE CALLS IT WAS REMOVED FROM THE CONTRACT. ALL CURRENT RESIDENT WILL RECEIVE AN ADDENDUM TO AN EXISTING CONTRACT WITH THE CHANGES AND NEW ADMISSIONS WILL RECEIVE THE CONTRACT THAT REFLECTS THESE CHANGES. SEE ATTACHED ADDENDUM TO AN EXISITNG CONTRACT.

The administrator shall monitor and be responsible for ongoing compliance -

*M*  
 12/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Janine Kubasko-Starinsky</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JANINE KUBASKO-STARINSKY	12-07-17

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/18/17  
 (Date)

The above plan of correction was approved by *M*  
 (Initials)

Plan of correction implementation status as of 12/18/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22661 - 11/15/2017 - Deluca, Amy  
 PCH Name: OAKWOOD TERRACE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - 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 and cognitive 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) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**Za. DESCRIPTION OF VIOLATION**

Staff person A did not have training in the following required annual topic for 2016:  
 Medication Self Administration

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

ALL DIRECT CARE WORKERS WILL BE TRAINED ANNUALLY REGARDING MEDICATION SELF-ADMINISTRATION. THE TRAINING WAS INITIATED ON DECEMBER 7, 2017. THE HEALTH AND WELLNESS DIRECTOR WILL ENSURE THAT THIS TOPIC IS COMPLETED ANNUALLY. (SEE ATTACHED TRAINING LOG FOR MEDICATION SELF-ADMINISTRATION)

*The administrator shall monitor and be responsible for ongoing compliance.*

*[Signature]*  
 12/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) JANINE KUBASKO-STARINSKY Date 12-7-17

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The above plan of correction is approved as of 12/18/17  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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Violation Report: 22661 - 11/15/2017 - Deluca, Amy  
 PCH Name: OAKWOOD TERRACE

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the pines, oak, willow and birch exits during monthly fire drills on the following dates: 9/26/17, 10/19/17, and 10/17/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

OAKWOOD TERRACE ADMINISTRATOR OR DESIGNEE HAS ALWAYS ROTATED THE LOCATION OF FIRE DRILLS EVERY MONTH, HOWEVER WAS DOCUMENTING INCORRECTLY THE EXIT ROUTES. THE ADMINISTRATOR WILL ENSURE THAT EXIT ROUTE(S) IS FROM THE LOCATION OF THE "FIRE" TO ENSURE THAT STAFF AND RESIDENTS ARE PREPARED TO RESPOND TO DIFFERENT FIRE SCENARIOS. (PLEASE SEE ATTACHED FIRE DRILL RECORD DATED 11/16/2017, WHICH CORRECTLY INDICATES THE EXIT USED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) JANINE KUBASKO-STARINSKI Date 12-07-17

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