



**Sent via e-mail cgestetner@concordrehab.com**  
**Sent via e-mail nfeder@oakwoodhc.com**  
**February 13, 2020**

Mr. Coler J. Gestetner  
Managing Member  
Oakwood Residence, LLC  
2109 Red Lion Road  
Philadelphia, Pennsylvania 19115

RE: Oakwood Residence  
License #: 132560

Dear Mr. Gestetner:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 23, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: OAKWOOD RESIDENCE

License Number: 13256

Address: 2109 RED LION ROAD,, PHILADELPHIA, PA 19115

County: PHILADELPHIA

Region: SOUTHEAST

### Administrator

Name: Nochum Feder

Phone: 2156737000

Email: CGESTETNER@CONCORDREHAB.COM

### Legal Entity

Name: OAKWOOD RESIDENCE LLC

Address: 2109 RED LION ROAD, PHILADELPHIA, PA, 19115

### Certificate(s) of Occupancy

Type: Other

Date: 03/25/2008

Issued By: Phila L&I

### Staffing Hours

Resident Support Staff: 52

Total Daily Staff: 106

Waking Staff: 80

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

### Inspection Dates and Department Representative

12/23/2019 - On-Site: Sabrina Freeman, David Carrion

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 89

Residents Served: 52

#### Secured Dementia 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: 52

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.)

Influenza poster was immediately posted in a public area.

Administrator will check weekly that the influenza poster is posted in a public place to ensure compliance

Completion date 12/23/19

Legal Entity Representative

*Nachum Feder*  
Signature

Nachum Feder Administrator 1/8/20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 01-23-2020  
(Date)

Plan of correction implementation status as of 01-23-2020  
(Date)

- Implemented
- Not Implemented

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

162c - Menus Posted

Regulations

2600.

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

The home's weekly menu for the week of December 23, 2019 was not posted.

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.)

Menu for current week of 12/23/19 was immediately posted.

Director of Food Services or designee will post current and the following weeks' menu every Sunday morning.

Director of Food Services will use a weekly log to ensure compliance.

Administrator will review logs monthly and check posted menus during weekly rounds.

Completion date 12/23/19

Legal Entity Representative

*AM Feder*

Signature

Nochum Feder Administrator

Printed Name and Title

1/8/20

Date

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The above plan of correction is approved as of 01-23-2020  
(Date)

Plan of correction implementation status as of 01-23-2020  
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by SP  
(Initials)

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, completed the annual Department-approved medications administration course 12/3/18. Staff person A's, 2019 Department-approved medications administration course training was not complete as the Med-Tech trainers certificate was expired.

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.)

Staff Person A will be retrained as a Medication Aide by a Trainer with a current trainer's certificate.

Director of Nursing will review all Medication Training to ensure that Med Techs are trained by a Trainer who holds a current Trainer's certificate and report monthly to Administrator.

Completion date 1/31/20

Staff person A, or any other staff members, will not administer meds until they complete the Department approved medication administration course. Home will maintain certificates for Department review. SP 01-23-2020

Legal Entity Representative

*Not Feder*

Signature

Nochum Feder, Administrator 1/8/20

Printed Name and Title

Date

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The above plan of correction is approved as of 01-23-2020 (Date)

Plan of correction implementation status as of 01-23-2020 (Date)

Implemented  
 Not Implemented

The above plan of correction was approved by SP (Initials)