



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 22, 2022

[REDACTED]
Executive Director
Premier Oakwood Terrace Operating LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 10, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: OAKWOOD TERRACE

License Number: 22667

Address: 400 GLEASON DRIVE,, MOOSIC, PA 18507

County: LACKAWANNA

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: 5704513171

Email: [REDACTED]

Legal Entity

Name: PREMIER OAKWOOD TERRACE OPERATING LLC

Address: 245 PARK AVENUE, 39TH FLOOR, NEW YORK, NY, 10167

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 39

Waking Staff: 29

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint,Incident,Fine

Inspection Dates and Department Representative

02/10/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58

Residents Served: 33

Secured Dementia Care Unit

In Home: Yes

Area: Pine

Capacity: 13

Residents Served: 6

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 33

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

OAKWOOD TERRACE

22661

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 reported that resident #2 pushed him/her from his/her bed during the night of 01/10/20. Resident #1 was found on the floor on the side of resident #1's bed with a swollen ankle calling for help and resident #2 was lying in resident #1's bed.

Repeat Violation: 9/17/19

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.)

Residents were separated and assessed for any injuries. MD notified, Family notified. Resident #2 place on 72 hr 1/2 checks. Either resident could not recall incident when interviewed.

Both residents no longer reside at facility since 3/2020

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

[Redacted] 3/18/22
Date

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The above plan of correction is approved as of 3-22-22
(Date)

Plan of correction implementation status as of 3-22-22
(Date)

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

- Implemented
- Not Implemented

OAKWOOD TERRACE

22661

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed in room #4 in oakhouse had a grab assist bar attached. The grab assist bar was not covered, posing a possible limb entrapment.

Repeat Violation: 9/17/19

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.)

The grab bar identified was removed.
PT/OT evaluate for need of grab bar was done.
Director of Housekeeping did facility wide check to identify any other grab bars.
Staff were educated about the non use of grab bars.
Monthly compliance checks done by Director of Housekeeping has added grab bar identification.

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

[Redacted Title]

3/18/22

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OAKWOOD TERRACE

22661

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

2 large boxes of used sharps containers was located in the shed of the home. The sharps containers should have been disposed of properly.

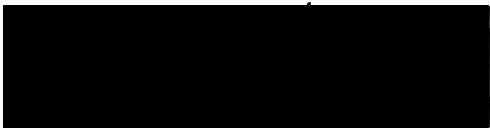
Plan of Correction (POC)

(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.)

Sharps container was disposed of properly after being identified.,

A regular scheduled for pick up and disposal of sharps with an approved company, was scheduled by Director of Plant Operations

Legal Entity Representative



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22661

89a - Water Pressure

Regulations

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

The birch unit's hot water heater has been broken since approximately 12/20/19. The residents living on this unit have no hot water for showers or to wash their hands.

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.)

The hot water heater identified was repaired/replaced in March of 2020.

[Redacted Signature]

[Redacted Signature]

[Redacted Name and Title]

Adm

3/18/22

Signature

Printed Name and Title

Date

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OAKWOOD TERRACE

22661

102c - Tub/Shower - 10 users

Regulations

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

Description of Violation

Since the hot water heater has not been fixed since approximately 12/20/19 - the home currently has 3 working showers with hot water to 33 residents residing in the home.

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.)

The facility at the time of inspection had 3 walk in showers and 3 walk in jet tubs. The willow spa room identified at the time of inspection was disabled due to the broken water heater, but no residents at the time of survey were living on that wing. It had been repaired/replace March 2020

[Redacted Signature]

[Redacted Signature]

[Redacted Name and Title]

3-18-22
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Signature

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

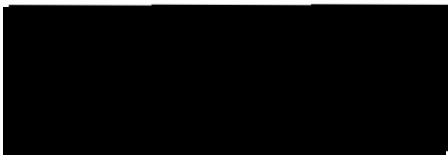
2 unlabeled bars of soap was located in the "spa" room of birch.

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.)

The bars of soap identified were disposed.
Staff were educated regarding the use of individual soaps.
Soap dispensers were installed in each spa room for use, as well as individual personal belonging units to keep resident grooming products separated.

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102j - Towels/Wash Cloths Access

Regulations

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

The home does not have a supply of wash clothes for resident use.

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.)

A total facility review on linen inventory was done by Director of Housekeeping. additional wash cloths were purchased asap. Education on proper amount of linen inventory for the Director of Housekeeping was done. A proper storage of linen room was created to hold all facility linen, and to make it easier to identify inventory. Linen orders are now done on a quarterly basis.

[Redacted Signature]

[Redacted Signature]

[Redacted Name and Title]

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127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

A bionare portable space heater was located in the administrative assistants office.

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.)

The identified space heater was disposed.
The Director of Housekeeping toured the building to possibly identify any other space heaters in use.
Education was conducted regarding the use of space heaters.
As part of the monthly QA for compliance, space heaters were added to the check list.

[Redacted]

[Redacted Signature]

Signature

[Redacted Name and Title]

Printed Name and Title

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4's PRN Balmex was not available at the time of the inspection.

Repeat Violation: 9/17/19, 11/6/19 & 12/23/19

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.)

Resident #4 had no ill effects from the PRN not available.
A cart audit was conducted to identify any other PRNs not available and was corrected.
staff were educated regarding the importance of reordering on time.

Legal Entity Representative

[Redacted Signature]

[Redacted Printed Name and Title]

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's RASP most recent date was [redacted] as an annual date on the resident's current RASP. The assessor signed and dated the RASP on [redacted] and reported the date was in error however the annual date would have been by [redacted] and was over 30 days for an annual review.

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.)

Resident #2 was (corrected) *EDUCATED. ag*

WD resigned before education could be done.

All current RASPs at the time were reviewed by designated staff. /Intrium Wellness Director to ensure timely compliance was done.

A review will be done two weeks after admissions by admission director/ executive director or designee until compliance is met.

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[Redacted Signature]

[Redacted Printed Name and Title]

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22661

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's progress notes reflect that the resident had begun to have increased wandering, pacing and anxiousness but the RASP was not updated to reflect the residents mood change and the facility's interventions that were noted in progress notes 1-14-20, 1-20-20 and 1-30-20.

Resident #2 began to have issues with swallowing [redacted] were the resident aspirated. The resident began to have speech therapy for swallowing, the diet was changed to soft mechanical diet and one to one supervision and no update was made to Resident #2's RASP.

Repeat Violation: 9/17/19

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.)

Resident RASP was reviewed and notation was corrected to identify residents ability to participate. A review was done by staff designee to ensure RASP compliance was met regarding residents ability to participate.

Resident # 2 no longer resided at facility since 3/20

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

[Redacted]

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OAKWOOD TERRACE

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227f - Resident Participation

Regulations

2600.

227.f. A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

Description of Violation

Resident #2's RASP dated [redacted] was signed by the assessor but no notation was made about resident #2's ability to participate in the development of their RASP.

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.)

Resident # 2 RASP was updated after survey.
Staff educated by administration/ designee on documentation regarding change of conditions.
Resident no longer resides at facility since 3/20

Legal Entity Representative

[Redacted Signature]

Signature

[Redacted Date]

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