



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: September 10, 2021

[REDACTED]  
Executive Director  
Premier Oakwood Terrace Operating LLC  
245 Park Avenue, 39<sup>th</sup> Floor  
New York, New York 10167

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 March 24, 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: 400 GLEASON DRIVE, MOOSIC, PA, 18507

### Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 43

Waking Staff: 32

### Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint/Incident

### Inspection Dates and Department Representative

03/24/2020 - Off-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: 2

#### 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: 10

Have Physical Disability: 0

224a - Preadmission Screen Form

Regulations

2500.  
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home's SDCU on [REDACTED]. The home did not complete a pre-admission screening.

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 #1 after being identified, had a pre-admission screening completed by Wellness Director.  
Wellness Director and staff were instructed about the regulation regarding pre admission paperwork.  
A review of all current residents charts will be done to ensure compliance is met with this regulation.  
A new Admission check list was developed to ensure necessary compliance is met.

Legal Entity Representative

[REDACTED Signature]

[REDACTED Printed Name and Title]

Administrative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of

9-3-21  
(Date)

Plan of correction implementation status as of

9-3-21  
(Date)

- Implemented
 Not Implemented

The above plan of correction was approved by

ag  
(Initials)

227h - Support Plan Refuse Sign

Regulations

2600.  
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1's RASP dated [redacted] does not indicate if the resident participated in the development of the support plan or the residents inability to participate or refusal to sign the form.

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 #1 RASP was corrected to reflect that she was not able to sign.  
Resident's [redacted] (POA) was able to sign RASP.  
Wellness Director will be educated on regulation regarding RASP  
Administrator or Staff will sample logs each month to ensure RASP are signed or have correct documentation where needed

Legal Entity Representative

[redacted signature]

[redacted name]

Administrator

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of

9-3-21  
(Date)

Plan of correction implementation status as of

9-3-21  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

ag  
(Initials)

231c - Preadmission Screening

Regulations

2600. 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the homes SDCU on [redacted]. The home did not complete a cognitive pre-admission screening within 72 hours of admission.

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 #1 Physician was contacted and updated cognitive screening was completed. Wellness Director and Admission Director will be educated on the regulation regarding Pre Admission Screening to A SDCU. All current residents of the SDCU had their pre admission screening reviewed to ensure compliance and documentation was done within the correct time.

Legal Entity Representative

[Redacted Signature]

Signature

[Redacted Name]

Printed Name and Title

Administrative

Date

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

The above plan of correction is approved as of

9-3-21 (Date)

Plan of correction implementation status as of

9-3-21 (Date)

- Not Implemented

The above plan of correction was approved by

ag (Initials)