

Department of Human Services  
Bureau of Human Service Licensing

January 15, 2021

WAYNE KAPLAN, MANAGING MEMBER  
PREMIER OAKWOOD TERRACE OPERATING LLC  
400 GLEASON DRIVE  
MOOSIC, PA 18507

RE: OAKWOOD TERRACE  
400 GLEASON DRIVE  
MOOSIC, PA, 18507  
LICENSE/COC#: 22661

Dear Mr. Kaplan,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *OAKWOOD TERRACE* License #: *22661* License Expiration Date: *08/03/2020*  
Address: *400 GLEASON DRIVE, MOOSIC, PA 18507*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

Name: *Michael Semian* Phone: *5704513171* Email:  
*msemian@pslgroupllc.com, [REDACTED]*

**Legal Entity**

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*  
Address: *400 GLEASON DRIVE, MOOSIC, PA, 18507*  
Phone: *5704513171* Email: *WKAPLAN@PSLGROUPLLC.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/03/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *07/09/2020*

**Inspection Dates and Department Representative**

*07/09/2020 - On-Site: Pamela Harris*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *58* Residents Served: *25*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *0* Capacity: *13* Residents Served: *5*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *0*

## Inspections / Reviews

## 07/09/2020 - Partial

Lead Inspector: *Pamela Harris*Follow-Up Type: *POC Submission*Follow-Up Date: *08/10/2020*

## 8/17/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *08/21/2020*

## 1/15/2021 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

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

*Between 6/1/20 and 6/10/20, Staff person B used Resident #2's credit card at Walmart and other establishments in and around Wilkes-Barre and Pittston, PA. Pittston Township police showed photographic evidence of Staff B using Resident 2 credit card and Management verified that the person in the photo was Staff B. Staff person B financially exploited Resident #2.*

Plan of Correction

Accept

*on 7/2/20 Pittston township Police Department came to the facility for identify a photo from Walmart security. Oakwood identified the AP as a current employee who is currently on LOA. All necessary agencies were contacted. The AP is suspended until Police case is closed and will be terminated. A facility wide in-service/education will be given by administrator regarding resident abuse on 8/19/20*

Completion Date: 08/20/2020

Document Submission

Implemented

*As of this date the Police have a warrant out for her arrest the identified employee she has eluded the police.*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

*On 6/26/20, Staff person A took a selfie picture with Resident #1 on his personal cell phone. The regulation states that staff may not photograph or video record residents with a private cell phone or other electronic devices.*

Plan of Correction

Accept

*The identified employee was disciplined and re-educated about company policy regarding cellphones. A new administrative directive was distributed and posted throughout the building. An in-service/education will be given by the administrator on 8/19/20 regarding the company cellphone policy and new administrative directives.*

Completion Date: 08/20/2020

Document Submission

Implemented

*staff member identified was re educated and entire facility was informed about personal cell phone use. the Photo/publicity list was updated as well*

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation did not indicate that Resident #1 needed secured dementia care.

**Plan of Correction**

**Accept**

Resident #1 medical evaluation was sent to resident physician to complete the area identified for approval for SDU. All current residents in SDU will have their cahrts reviewed by the Wellness Director/designee to ensure approval for SDU is present for SDU. The Admission Director will review prior to resident admission to SDU to ensure physician part is completed for SDU. An education will be given to all direct care staff to be able to identify and review completion on all paper work regarding admission to SDU.

Completion Date: 08/20/2020

**Document Submission**

**Implemented**

An updated medical evaluation has been complete 8/17/20

231c - Preadmission Screening

**1. Requirements**

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**

On 7/31/19, a Prescreen was completed for Resident #1. The prescreen did not indicate that Resident #1 required secured care due to Alzheimer's disease or other dementia diagnosis.

**Plan of Correction**

**Accept**

Resident #1 pre admission screening will be completed by the Wellness Director to ensure SDU placement is approved by physician. 8/15/20. All SDU residents pre admission screenings will be reviewed by the Wellness Director/designee to ensure ALZ or Dementia DX is present. Admissipon Director will ensure no resident is admitted to SDU unless pre admission screening is completed. An education to admission director and Wellness director will be given to educated about completion of pre admission screening.

Completion Date: 08/20/2020

**Document Submission**

**Implemented**

The screening was updated by the physician 8/17/20

234a - Admission Support Plan

**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was not dated with the date it was finalized. Therefore, it is unable to be determined if the support plan was completed within the required 72 hours of admission.

234a - Admission Support Plan (continued)

**Plan of Correction**

**Accept**

Wellness director will review with Resident #1 and RP the support plan developed and obtain signatures to the plan by 8/20/20. A review of all resident support plans will be done by the Wellness Director/designee between 8/10 thru 8/19/20 to ensure all support plans are signed. The administrator will monthly at random to review 10% of all current support plans to ensure signature are present.

Completion Date: 08/20/2020

**Document Submission**

**Implemented**

resident support plan dated 3/20 was reviewed by residents daughter and signed on 8/18/20

234e - Involvement/Participation

**1. Requirements**

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

**Description of Violation**

Resident #1's support plan was dated 3/10/20. Neither the resident nor the resident's designated person signed the form. Additionally, there is not an indication that Resident #1 was unable or decline to participate, refused to sign, or was unable to sign.

**Plan of Correction**

**Accept**

a new support plan for resident #1 will be completed by the Wellness Director and reviewed by resident and RP to sign. Wellness Director/designee will review all current support plans for resident signatures and document if refused. The administrator will randomly review 10% of all support plans each month to ensure documentation regarding signatures are present and correct any that are not in compliance.

Completion Date: 08/19/2020

**Document Submission**

**Implemented**

wellness Director developed a new support plan and reviewed it with resident's daughter and resident