

Department of Human Services
Bureau of Human Service Licensing

May 16, 2022

[REDACTED]
PREMIER OAKWOOD TERRACE OPERATING LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *08/03/2020*
Address: *400 GLEASON DRIVE, MOOSIC, PA 18507*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*
Address: *400 GLEASON DRIVE, MOOSIC, PA, 18507*
Phone: [REDACTED] Email: [REDACTED]

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: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/10/2020*

Inspection Dates and Department Representative

09/10/2020 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *26*

Secured Dementia Care Unit

In Home: *Yes* Area: *NA* Capacity: *13* Residents Served: *4*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

09/10/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2020*

Inspections / Reviews (*continued*)

10/22/2020 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/06/2020*

05/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed Lorazepam .05mg PRN. This medication was administered on [redacted]/20 at [redacted] am; however, the medication administration record was not documented if the medication was effective.

REPEATED VIOLATION: 9/17/19, 11/6/20, 12/23/19

Plan of Correction

Directed

Resident #1 had no ill effects from medication given. A review by the Wellness Director of all PRNs was completed to identify any resident without documentation regarding effectiveness of a PRNs given. Wellness Director will monitor MAR of PRNs on a weekly basis to ensure proper documentation is being complete on effectiveness once a medication is given. All medication a technicians will be in-serviced on 10/21/20 regarding documentation procedures.

Directed Plan of Correction:

10-22-2020

Following the completion of the training on 10-21-2020 the home will submit verification of training via the portal to the Regional Office.

Completion Date: 11/06/2020

Document Submission

Implemented

see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Amlodipine Besylate 5mg when systolic blood pressure is under 140 . On [redacted]/20 resident #1's blood pressure was not taken but received the medication.

On [redacted] 20 at [redacted] pm resident # 2 blood glucose level was 230 and received 18 units of insulin. Per the residents sliding scale, resident #2 should of received 0 units of insulin.

REPEATED VIOLATION: 9/17/19, 11/6/20,

Plan of Correction

Directed

Resident #1 had no ill effects. The E-MAR system was updated to not allow further medications to be administered/continue on residents with orders that require parameter monitors prior to administration. Of medication, without input of blood pressure. All medication technicians will be in-serviced on the new E-MAR requirement.

Resident #2 had no ill effects. The identified employee was given a coaching session regarding the accuracy needed when medication is administered. All Medication Technicians will be in-serviced by the Wellness Director regarding

187d - Follow Prescriber's Orders (continued)

the importance of accurately administration of medication. The Wellness Director will randomly on a weekly basis review 10% of residents' MARs to identify accuracy in administrating medication.

Directed Plan of Correction:

10-22-2020

The home will provide a screenshot of the new system that allows the change regarding blood pressure readings.

The home will submit the signature sheets for the training on insulin training and at least two (2) copies of completed weekly audit sheets, including findings and actions taken, if any.

AG, 10-22-2020

Completion Date: 11/06/2020

Document Submission

Implemented

see attached