



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PREMIER OAKWOOD TERRACE OPERATING LLC**
LEGAL ENTITY

To operate **OAKWOOD TERRACE**
NAME OF FACILITY OR AGENCY

Located at **400 GLEASON DRIVE, MOOSIC, PA 18507**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **58**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 13**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 14, 2021** until **May 14, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226610**

Jennifer Biderup
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing Date: May 14, 2021

Mr. Michael Semian
Executive Director
Premier Oakwood Terrace Operating LLC
400 Gleason Drive
Moosic, Pennsylvania 18507

RE: Oakwood Terrace
License #: 226610

Dear Semian:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on October 6, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

**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:
mseman@pslgroupllc.com, lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*
 Address: *400 GLEASON DRIVE, MOOSIC, PA, 18507*
 Phone: *5704513171* Email: *mseman@pslgroupllc.com*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional* Exit Conference Date: *10/06/2020*

Inspection Dates and Department Representative

10/06/2020 - On-Site: Ann O'Haire, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *27*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Pines* Capacity: *10* Residents Served: *4*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

10/06/2020 - Full

Lead Inspector: *Ann O'Haire*Follow-Up Type: *POC Submission*Follow-Up Date: *11/26/2020*

2/17/2021 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *02/19/2021*

3/5/2021 - Document Submission

Lead Reviewer: *Michele Moskalczyk*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

The home did not have listed on the residents' 1MAR's a diagnosis or purpose listed with many of their residents' medications. The following is a sample of this medication documentation error.

Resident #1's MAR for October 2020 did not have a diagnosis or purpose for their Magnesium 0.123 mg tab. to be taken by mouth q 4 hours as needed. Take 1 10 mg tab 1 tab by mouth every six hours as needed

Resident #2 did not have a diagnosis or purpose listed with their Donepezil HCL 5 mg tab take daily. Risperidone 2 mg tab. take 1-tab at bedtime. Lorazepam 0.5 mg take 1 tab. orally 2 times a day.

Docusate Sodium soft gel take 1 tab 2 times a day. Memantine HCL 5mg tab. 2 times a day. Acetaminophen 325 mg. take 2 tabs daily.

Resident #3 Ocean Nasal Spray 65% 2 sprays 4 times a day. Escitalopram 10mg tab. take 1 tab daily. Risperidone 0.5 mg take 1 tab 2 times a day. Lasix 40 mg. tab 1 tab by mouth 2 times a day. Tylenol 2 tabs Q 6 hours PRN. Poly Glyceryl MiraLAX 1 scoop in juice or water daily as needed. Antacid tabs as needed.

Plan of Correction

Accept

Residents #1,2,&3 identified had their MARs updated to include diagnosis/purpose. Wellness Director contacted each resident identified to clarify orders. Wellness Director/designee reviewed all residents MARs to identify any other missing that information and corrected it. Wellness Director/designee will randomly audit 20% of MARs each month to ensure MARs has diagnosis/purpose. Med techs and licensed staff educated by Wellness Director regarding looking for diagnosis/purpose before giving medications.

Completion Date: 11/02/2020

Update - 02/17/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Resident # 1 medication was D/C after survey see attached

227d - Support Plan Medical/Dental

1. Requirements

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

The resident assessment and support plan (R.A.S.P.) for resident # 4 dated 6/8/20, was not updated to reflect resident # 4's health decline beginning 9/25/20- changes include: needing a 2 person assist to transfer , incontinent of bladder and bowel, needing to be fed in addition to having 3 recent falls (without injuries). Resident # 4 will be assessed for Skilled Nursing Home services.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept

Resident #4 RASP was reviewed and updated by Wellness Director to include identified declines in resident condition. Resident was assessed by local skilled nursing facility and was shortly discharged to a local skilled nursing home. Wellness Director was educated to update any declines in the RASP as well as educating staff identify and communicating any declines and report it to Wellness Director.

Completion Date: 11/02/2020

Update - 02/17/2021

Please send/Attach proof of staff training as indicated in POC.

Document Submission

Implemented

see attached

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 #5 was admitted to the Secured Dementia Unit on [REDACTED] Resident #5 did not have a completed assessment within 72 hours of admission to the unit. The resident's support plan was completed on 7/10/20.

Plan of Correction

Accept

Resident #5 assesment was reviewed and updated where needed and support plan was reviewed and updated as needed by Wellness Director. Wellness Director was educated on regulations regarding timeliness . The Admission Director will now audit all new residents 48 hours after admission to ensure assessment is completed, any that are not Wellness Director will be notified.

Completion Date: 11/02/2020

Update - 02/17/2021

Please send/Attach proof of staff training as identified in this POC.

Document Submission

Implemented

see attached