

Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

[REDACTED]
PREMIER OAKWOOD TERRACE OPERATING LLC
400 GLEASON DRIVE
MOOSIC, PA, 18507

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 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: *05/14/2022*
Address: *400 GLEASON DRIVE, MOOSIC, PA 18507*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *570-451-3171* Email: [REDACTED]

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*
Address: *400 GLEASON DRIVE, MOOSIC, PA, 18507*
Phone: *5704513171* Email: [REDACTED]

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: *60* Waking Staff: *45*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/10/2021*

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *40*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

08/10/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2021*

Inspections / Reviews *(continued)*

11/23/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/29/2021*

01/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s DME dated [redacted] was incomplete. The Physician’s signature and professional license number was not listed on the DME.

Plan of Correction

Accept

The resident identified, DME was reviewed and corrected. Wellness Director or designee has review all current resident’s DME’s to ensure compliance was met related to physicians’ signature and professional license number. Education will be provided to staff involved in admission process regarding compliance of completing DMEs. Case manager will review all new admission DMEs for compliance and correct if necessary and report at the Quality Assurance meeting

Update: 11/23/2021

Please send/Attach proof of staff training. 11-23-2021 MM

Document Submission

Implemented

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

Resident #2 was placed on hospice care on [redacted] but the home did not update resident #2’s RASP to reflect this change in their care.

Plan of Correction

Accept

The resident identified had a closed chart at the time of inspection. Wellness Director or Case Manager will review all current residents’ RASPs to ensure compliance is met to reflect any changes to care. Wellness Director & Case Manager will be educated by Administrator in regarding updating resident RASPs when changes occur in their care.

227d - Support Plan Medical/Dental (continued)

Wellness Director & Case Manage will review all residents RASPs & update if needed. Case Manager will report compliance during the Quality Assurance meeting.

Update: 11/23/2021

Please send/Attach proof of staff education. 110-23-2021 MM

Document Submission

Implemented

see attached