

Department of Human Services  
Bureau of Human Service Licensing

March 21, 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 08/27/2021 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: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *08/27/2021*

**Inspection Dates and Department Representative**

*08/27/2021 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *13* Residents Served: *0*

**Hospice**

Current Residents: *9*

**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: *18* Have Physical Disability: *0*

**Inspections / Reviews**

**08/27/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2021*

Inspections / Reviews (*continued*)

01/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/25/2022*

03/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #1 suffered a period of weakness and non-responsiveness and was sent to the hospital. On [redacted] the home was informed of the resident’s death. The home did not send an incident report to the department’s regional office until 8/27/21.

Plan of Correction

Accept

Education was completed regarding tag 16.c regarding timely reporting of incidents with wellness director and designees. a review was done by the case manager on all incidents with in the last 30 days of this abbreviated survey to identify any non compliance in reporting. Any reports not meeting compliance were corrected and sent. executive Director will review all incident report daily to ensure and identify any reportable are completed.

Completion Date: 12/01/2021

Update: 01/21/2022

Please send/Attach proof of staff training. 1-21-2022 MM

Document Submission

Implemented

no incident report during this time period.

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 documentation of medical evaluation form dated [redacted] was missing the following information: height, weight, pulse, blood pressure, and temperature.

Plan of Correction

Accept

Resident identified had DME reviewed and corrected using the admission information. all resident admitted since July had their DME reviewed by Wellness Director or designee to ensure height, weight, blood pressure and temperature were present, any DMEs with out this had new ones corrected. Education by Executive Director was completed regarding tag 141.a for Wellness Director, Case Manage &

**141a 1-10 Medical Evaluation Information (continued)**

Admission director.

Audits will be completed until substantial compliance is met and reported a QA meetings.

Completion Date: 12/03/2021

Document Submission

**Implemented**

see attached

**224a - Preadmission Screen Form****1. Requirements**

2600.

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**

The preadmission screening form completed for resident #1 on [REDACTED] did not indicate if the home had determined that they can meet the needs of the resident.

Plan of Correction

**Directed**

The resident identified could not have a new PASSAR completed due to death.

The current PASSAR along with previous facility notes and personal evaluation narrative done by Wellness Director LPN were added to original PASSAR.

Education by Executive Director to Wellness Director, Case Manager and Admission Director will be done on tag # 224.a

**Immediately and Ongoing:**

**The home will ensure that all residents admitted have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.**

**The administrator or designee shall monitor weekly X's 3 months for ongoing compliance. 1-21-2022 MM**

Completion Date: 12/03/2021

Document Submission

**Implemented**

see attached in-service