

Department of Human Services
Bureau of Human Service Licensing

March 25, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[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 12/01/2021, 12/02/2021 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: *05/14/2022*
Address: *400 GLEASON DRIVE, MOOSIC, PA 18507*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

[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: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/02/2021*

Inspection Dates and Department Representative

12/01/2021 - On-Site: [REDACTED]
12/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

12/01/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/08/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/17/2022*

03/10/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/17/2022*

03/25/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident #1 was not signed by the resident.

The resident-home contract, dated [redacted], for resident #2 was not signed by the resident.

Plan of Correction

Accept

The residents identified contract's were corrected and residents able to sign it.

A review by Business Office Manager, of all new admission contracts, since last survey will be done to ensure correctly signed by residents. Marketing Director will be educated on tag 25b by Executive Director. Case manager or designee will review all new contracts to ensure compliance is met and report at quarterly QA meeting.

Completion Date: 01/24/2022

Document Submission

Implemented

see attached

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Located in the home's walk in freezer was opened and unsealed bag of Sysco green peas and one busted bag of green peas.

Plan of Correction

Accept

The bag identified was disposed immediately. A review further of the freezer was done by the dining Director was completed. Education to all kitchen staff will be done by Executive Director on tag 103.g Audits will be conducted weekly by Dining Director or designee and correct any non-compliance issues and will be reported at quartile QA meeting.

Completion Date: 01/24/2022

Document Submission

Implemented

see attached

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 12/1/2021 at 9:50am, the rear exit door located in the Pines unit contained a maglock preventing egress from the unit.

121a - Unobstructed Egress (continued)

Plan of Correction

Accept

Door identified was immediately disarmed.
staff education to be done by Executive Director or designee regarding tag 121.a
No other doors identified in the entire building have the code door opening equipment.
Director of Plant Operations will randomly audit door to ensure door does not get armed .

Completion Date: 01/24/2022

Document Submission

Not Implemented

see attached

Update: 03/10/2022

Audits that have been completed since the renewal inspection must be submitted to ensure verification.
AG, 3-10-22

Document Submission

Implemented

see attached

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 #3's medical evaluation dated [REDACTED] did not include blood pressure or temperature.

Plan of Correction

Accept

Resident identified had a new DME completed with the correct information that was missing. Case Manager or designee will review all DMEs form last survey to identify any missing information and correct immediately.
Marketing, Wellness Director and Case Manager will be educated on tag 141.a by Executive Director. Case Manager will conduct random audits on all new residents and as needed DMEs and report at quartile QA meeting.

Completion Date: 01/28/2022

Document Submission

Not Implemented

see attached

Update: 03/10/2022

the DME for Resident # 3 was not included in submitted documents to verify compliance.
The review of the DME's completed since the renewal inspection has not been submitted with the verification documents. The review document needs to show the findings and any actions taken if warranted.

141a 1-10 Medical Evaluation Information (continued)

At least 1 random audit that has been completed, including the findings and actions taken since the Renewal Inspection must be submitted to verify compliance.

AG, 3-10-22

Document Submission**Implemented**

resident # 3 most recent DME

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 11/28/2021 was posted. However the following weeks menu was not posted.

Plan of Correction**Accept**

menu identified missing was immediately corrected.

Education on tag 162.c will be done by the Executive Director to the dining and food service staff. particular assignments will be given to staff to ensure menus are posted for compliance. During weekly MOD rounds menus postings will be reviewed.

Completion Date: 01/21/2022

Document Submission**Implemented**

see attached

182b - Prescription Medication**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person A completed their initial medication training with a passing grade of 92%, but the home's medication trainer completed the initial medication training on the annual practicum form instead of the initial medication training form.

Staff person B completed their initial medication training on 1/17/2020 but did not complete their annual practicum until 3/2021 more then 1 year from the initial medication training.

Staff person C's initial medication training was completed on 6/19/2017. The annual practicum was completed on 11/4/2020. The home did not following the annual completion date of 6/19/2020.

Plan of Correction**Accept**

Staff A identified paperwork was corrected immeadeatly.

Staff B reviewed aand corrected errorr.

Trainer will review all Med Tech paperwork to identify any more non compliance. The Wellness Director or designee will review all new Med Tech paperwork for completion regarding Tag 182.b

Staff C identified has been enrolled in updating and retaking state approved Med Tech training.

Completion Date: 02/01/2022

182b - Prescription Medication (continued)

Document Submission **Not Implemented**

see attached

Update: 03/10/2022

None of the med techs that had their paperwork corrected were submitted. No date has been provided to when Staff Person C will complete the Med Tech Course.

There is no step(s) indicated to ensure compliance going forward for existing med techs.

AG, 3-10-22

Document Submission **Implemented**

see attached

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/1/2021, a loose medication of hydrochlorothiazide 12.5mg belonging to resident #4 was found in the bottom of the third drawer of the medication cart.

Plan of Correction **Accept**

Medication identified for resident pharmacy was contacted and a new dose was replaced.

Medication Cart review will be completed each week by case manager or designee to ensure no medication get lose form its packaging. any loose medication will be identified and reported to Pharmacy to replace.

Completion Date: 02/01/2022

Document Submission **Not Implemented**

see attached

Update: 03/10/2022

No Cart Audits have been submitted for review, including the findings and action(s) taken if warranted.

AG, 3-10-22

Document Submission **Implemented**

see attached

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [redacted], [redacted] and [redacted] as needed. On 12/1/2021 these medications were not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Resident physician was contacted regarding the delay in medication administration, there were no ill effects from this.

A meeting between pharmacy and charges/med techs regarding ordering and delivering will be scheduled.

Completion Date: 02/04/2022

Update: 02/07/2022

Upon completion of the training the Adm will submit an outline of the training or a copy of the training materials and a copy of the staff sign in sheet(s).

AG, 2-7-22

Document Submission

Not Implemented

see attached

Update: 03/10/2022

There is no date indicated for the meeting with the Pharmacy, or any indication of the desired outcome.

AG, 3-10-22

Document Submission

Implemented

[redacted] sent information regarding ordering.

attached is the information they sent to Oakwood, and it is posted in two locations in the medication room.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was used on resident' #2's contract dated [redacted]

Plan of Correction

Accept

Resident #2 was given a new contract to sign.

All new admissions form last survey will be reviewed by Business Office Manager to ensure compliance for tag 251.b is met.

Marketing Director will be educated by Executive Director regarding tag 251.b

Completion Date: 02/01/2022

Document Submission

Not Implemented

see attached

Update: 03/10/2022

The attachment submitted did not address the violation.

A copy from the State Insurance Commission permitting life care contracts must be in place with the Home. The Certificate of Insurance must be on file to sign life care contracts. If the home does not have a certificate of insurance, no life care contracts may be executed.

Please submit a copy of the Certificate of Insurance.

There was no review from the renewal inspection to the current date that the contracts have ALL been reviewed.

AG, 3-10-22

251b - Record Entries Legible (continued)

Document Submission

Implemented

attached audit and tag inservice

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 properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #1- On 11/21/2021 at 8am the reading was [redacted] but was incorrectly transcribed as [redacted]

REPEATED VIOLATION 10/6/2020

On 11/21/2021 at 5pm the reading was [redacted] but was incorrectly transcribed as [redacted]

Plan of Correction

Accept

Resident #1 had no ill effects from the transcribe error.

staff will be educated by the Wellness Director or designee regarding the accuracy of documentation.

Random audit will be conducted until substantial compliance is met regarding transcription.

Completion Date: *02/01/2022*

Document Submission

Not Implemented

see attached

Update: *03/10/2022*

No random audits have been included with the verifications.

AG, 3-10-22

Document Submission

Implemented

Our insurance Attorney conducted a power point in-service.

attached is the attendance.

substantial compliance was met after survey.