

Department of Human Services  
Bureau of Human Service Licensing

June 1, 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 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

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: *79* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/08/2022*

**Inspection Dates and Department Representative**

*03/08/2022 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *58* Residents Served: *41*

**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: *40*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *38* Have Physical Disability: *0*

**Inspections / Reviews**

**03/08/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2022*

Inspections / Reviews (*continued*)

05/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/13/2022*

06/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

The home failed to complete resident #1's regularly scheduled CBC blood work order that was required to maintain Resident#1's Clonzapine medication refills. The medication has a prerequisite to have blood work reviewed prior to the physician and pharmacy filling the prescription as it has significant side effects with the blood.

Plan of Correction

Accept

once identified prior to survey, resident was ordered lab work stat. Physician was notified, and recommended a lower dose for 7 days and review to increase after that. A review was completed by Wellness Director to identify any other residents with lab orders needed prior to meds being ordered. A new medication not given reporting form was developed and implemented, LPNs and Med Techs will be in serviced on 5/10/22 The medication will be reviewed daily as part of the 24 hour report by Wellness Director or designee to follow up on meds not given and the reason why.

Completion Date: 05/13/2022

Update: 05/08/2022

Please send proof of staff training. 5-8-2022 MM

Document Submission

Implemented

Please send proof of staff training. 5-8-2022 MM  
see attached