Department of Human Services
Bureau of Human Service Licensing

June 16, 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 04/07/2022, 04/21/2022, 04/20/2022 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**: *PALI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *04/22/2022*

Inspection Dates and Department Representative

04/07/2022 - On-Site: [redacted]
04/21/2022 - On-Site: [redacted]
04/20/2022 - Off-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: *6*

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: *33* **Have Physical Disability**: *0*

Inspections / Reviews

04/07/2022 - Partial

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

05/08/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/13/2022*

06/16/2022 - 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

Resident 1 received their 8pm medications twice in error on 3/15/2022. This error was not reported to BHSL as required.

On 2/21/2022, emergency services were contacted to help return resident 1 back to the facility after they left the home's property and refused to return. The incident was not reported to BHSL until 4/12/2022.

Resident 2 eloped from the facility on 4/7/2022 and could not be redirected by staff. Emergency services were contacted to assist with the resident. Incident was not reported to BHSL until 4/12/2022.

Resident 3 eloped from the facility on 4/8/2022 and police were contacted to find and return them back to the facility. The incident report was not sent to BHSL until 4/11/2022.

Plan of Correction ***Accept***

Administrator as well as potential reporters of incidents reviewed/in serviced on the Tag 16 (c) regulations regarding incident reporting and time limits. A reportable log will be developed to ensure all incidents are reported correctly and timely. The Admission Director has been assigned to review all incidents regarding reporting elopements to ensure the reportable are done timely. The outcome of the reviews will be reported at facility QA meeting.
Completion Date: *05/13/2022*

Document Submission ***Implemented***

see attachment

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 3 had previous history of attempting to elope from the facility and specifically attempting to climb the fence in the outside patio area. On 3/21/2021, Resident 3 eloped from the facility by climbing the fence in the outdoor patio area. At the time of this elopement the home was monitoring Resident 3 with hourly checks. Resident 3 went missing unnoticed by the facility for over 3 hours. The facility only became aware of the elopement after the family of Resident 3 contacted the home to inform them that the resident was at a library in Dallas, PA.

Plan of Correction ***Accept***

Upon return resident was assessed for injuries, no injuries noted. Facility purchased 6 additional handheld communication devices and placed resident on Q15 line of vision checks, these checks were randomly reviewed throughout the day by administrator or designee. Designated charges were educated that it is their responsibility to ensure checks are being completed, during their shifts. Charge that particular day was disciplined for the lack of follow up. Residents assigned to frequently checks above normal checks will be reviewed at morning report and a

42b - Abuse (continued)

summary will be written in the resident's chart on any behaviors that caused the checks to begin with. In addition, a new policy is being developed regarding additional checks/responsibilities and time frames, this education will be done 5/10/22.

Completion Date: *05/13/2022*

Update: *05/08/2022*

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

Document Submission ***Implemented***

Please send proof of staff training and new policy. 5-8-2022 MM
see attachment

60a - Staff/Support Plan

1. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 4/8/2022, the facility was staffed with only 2 direct care staff from 9pm to 11pm and with only 3 DCS from 9pm to 7am on 4/9/2022, 4/10/2022 from 8pm to 7am, 4/11/2022 from 11pm to 7am, and 4/14/2022 from 9pm to 7am. The home has a census of 39 residents. 33 of the residents are designated with some type of mobility needs. Resident 4 and Resident 5 require a 2 staff person assist to get out of bed and transfer and Resident 3 requires 1 on 1 supervision. Furthermore, from 2/21/2022 to 4/8/2022, the police had to be contacted on 3 occasions due to the elopement of Resident 1, Resident 2, and Resident 3.

Plan of Correction ***Accept***

Resident #5 was re assessed and was downgraded to an assist of one, Resident # 3 was transferred out of Oakwood Terrace to a secured unit on [redacted] staffing was adjusted by creating 10 hr. shifts to maintain a consistent number of direct care staff. additional focused recruiting and hiring for shifts began. Additional staff was brought in to meet the needs of heighten times for resident #3 1/ 1 . a new section was added to 24 hr. report to identify staffing hours and mobility needs, this will be reviewed each morning at report. An in service will be done for DCS regarding staffing hours and provisions/ expectations to needed to meet the needs of the facility

Completion Date: *05/13/2022*

Update: *05/08/2022*

Please send copy of staff schedule (current, back 2 weeks) and include current number of immobile residents. 5-8-2022 MM

Document Submission ***Implemented***

Please send copy of staff schedule (current, back 2 weeks) and include current number of immobile residents. 5-8-2022 MM
see attachment
see attachment

187a - Medication Record

1. Requirements

2600.

187a - Medication Record *(continued)*

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 3/15/2022 at 8:00pm, Staff Member A did not initial the MAR at the time of administering medications to Resident 1.

Plan of Correction ***Accept***

staff identified will be in serviced on tag 187(a) by Wellness Director, in addition to being reviewed randomly by the state approve med trainer for properly doing a med pass for the next three months. each shift a designated person by the Wellness Director or designee will be instructed to randomly check med carts being locked. The results of this check will be reported to the QA meeting

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
please see attachment

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed 500mg of Depakote, 25mg of Seroquel, and 1mg of Melatonin to be taken daily at 8pm. On 3/15/2022, Resident 1 was given the medications at 7:15pm and a 2nd time in error by Staff Member A at 8:00pm.

Plan of Correction ***Accept***

Resident #1 had no ill effects, Physician was notified. Staff members identified we disciplined and educated on Tag 187(d) An in-service will be given by the Wellness Director or Designee on tag 187 (d) to all LPNs and Med Techs, random checks will be designated by Wellness Director or designee to ensure med carts are locked.

Completion Date: *05/13/2022*

Update: *05/08/2022*

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

Document Submission ***Implemented***

Please send proof of staff training for staff member A. 5-8-2022 MM
see attachment

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.

227d - Support Plan Medical/Dental *(continued)*

Description of Violation

Resident 1's RASP dated [redacted], was not updated to reflect hourly checks being completed by staff on the resident. The RASP dated [redacted] was not updated to show that Resident 3 is on 15-minute checks from 9pm to 9am.

Plan of Correction ***Accept***

Resident #1 and #2, RASPs were updated to reflect checks being done as part of their service plan.
in the future residents with increased checks being preformed will have RASPs audited by Administrator or designee to ensure RASPs are updated timely, results of the audit will be reported at QA meetings until substantial compliance is met.

Completion Date: *05/13/2022*

Document Submission ***Implemented***

see attached