

Department of Human Services  
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]

OAKWOOD RESIDENCE LLC  
2109 RED LION ROAD  
PHILADELPHIA, PA, 19115

RE: OAKWOOD RESIDENCE  
2109 RED LION ROAD  
PHILADELPHIA, PA, 19115  
LICENSE/COC#: 13256

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2022 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 RESIDENCE* License #: *13256* License Expiration: *06/10/2023*  
Address: *2109 RED LION ROAD, PHILADELPHIA, PA 19115*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *OAKWOOD RESIDENCE LLC*  
Address: *2109 RED LION ROAD, PHILADELPHIA, PA, 19115*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/25/2008* Issued By: *City of Philadelphia L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/27/2022*

**Inspection Dates and Department Representative**

07/27/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *89* Residents Served: *35*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**07/27/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2022*

**08/18/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2022*

09/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/27/22 at 1:45 pm, the bathroom located in [REDACTED] had a strong urine smell and the floor was sticky.

Plan of Correction

Accept

The bathroom was immediately cleaned by housekeeping staff.  
Housekeeping will check and clean resident bathrooms daily.  
The Housekeeping Director will do daily rounds and check resident rooms to ensure compliance.  
The Housekeeping Director will report weekly to the Administrator.

Completion Date: 08/31/2022

Document Submission

Implemented

The bathroom was immediately cleaned by housekeeping staff.  
Housekeeping will check and clean resident bathrooms daily.  
The Housekeeping Director will do daily rounds and check resident rooms to ensure compliance.  
The Housekeeping Director will report weekly to the Administrator.

96a - First Aid Kit

1. Requirements

2600.  
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nursing office does not include scissors.

Plan of Correction

Accept

Scissors were immediately placed in the first aid kit.  
There is a check list on the first aid kit for all the items to be included.  
The DON will inspect the first aid kit monthly to ensure compliance.

Completion Date: 08/31/2022

Document Submission

Implemented

Scissors were immediately placed in the first aid kit.  
There is a check list on the first aid kit for all the items to be included.  
The DON will inspect the first aid kit monthly to ensure compliance.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/27/22 at 9:57 am the temperature in the kitchenette refrigerator was 41 degrees Fahrenheit.

On 7/27/22 at 9:57 am the temperature in the kitchenette ice cream freezer was 5 degrees Fahrenheit.

Plan of Correction

Accept

Both thermometers were immediately replaced with new thermometers showing actual readings. A log for checking temperatures for both the refrigerator and freezer is in place. Staff will be in-serviced on maintaining and checking the correct temperatures. The Food Service Director will check the logs weekly and report to the Administrator monthly.

Completion Date: 08/31/2022

Document Submission

Implemented

Both thermometers were immediately replaced with new thermometers showing actual readings. A log for checking temperatures for both the refrigerator and freezer is in place. Staff will be in-serviced on maintaining and checking the correct temperatures. The Food Service Director will check the logs weekly and report to the Administrator monthly.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/27/22, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer to the left in the third floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept

The excess lint was immediately removed. All nursing staff are to be in serviced on removing lint after each load Signs on removing lint after each load are posted at each dryer. The Administrator will check lint screens during weekly rounds

Completion Date: 08/31/2022

Document Submission

Implemented

The excess lint was immediately removed. All nursing staff are to be in serviced on removing lint after each load Signs on removing lint after each load are posted at each dryer. The Administrator will check lint screens during weekly rounds

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept

Activity calendars were posted immediately on the dining room door.

The Activity Director was in-serviced on posting activity calendars in conspicuous and public places

Activity Calendars are posted in various public and conspicuous areas throughout the building.

The Activity Director or designee will ensure the activity calendar is posted in a public and conspicuous area by checking weekly and reporting to the administrator monthly.

Completion Date: 08/31/2022

Document Submission

Implemented

Activity calendars were posted immediately on the dining room door.

The Activity Director was in-serviced on posting activity calendars in conspicuous and public places

Activity Calendars are posted in various public and conspicuous areas throughout the building.

The Activity Director or designee will ensure the activity calendar is posted in a public and conspicuous area by checking weekly and reporting to the administrator monthly.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, [REDACTED] does not include an assessment for personal hygiene.

Plan of Correction

Accept

Resident # 1's assessment [REDACTED] was updated to include an assessment for personal hygiene.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing an initial assessment.

The DON will review all RASPs to ensure the initial assessments were completed correctly.

The DON will review all initial assessments of new residents to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of initial assessments.

Completion Date: 08/31/2022

Document Submission

Implemented

Resident # 1's assessment dated [REDACTED] updated to include an assessment for personal hygiene.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing an initial assessment.

The DON will review all RASPs to ensure the initial assessments were completed correctly.

The DON will review all initial assessments of new residents to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of initial assessments.

## 225a - Assessment 15 Days (continued)

## 225c - Additional Assessment

## 1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

## Description of Violation

Resident #2's assessment, dated [REDACTED], does not include assessments for managing finances, making and keeping appointments, and long term memory.

## Plan of Correction

Accept

Resident # 2's additional assessment dated [REDACTED] was updated to include an assessment for managing finances, making and keeping appointments, and long-term memory.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing an additional assessment

The DON will review all RASPs to ensure the additional assessments were completed correctly.

The DON will review all new additional assessments to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of additional assessments.

Completion Date: 08/31/2022

## Document Submission

Implemented

Resident # 2's additional assessment dated [REDACTED] was updated to include an assessment for managing finances, making and keeping appointments, and long-term memory.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing an additional assessment

The DON will review all RASPs to ensure the additional assessments were completed correctly.

The DON will review all new additional assessments to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of additional assessments.

## 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

The assessment for Resident #3, [REDACTED], indicates the resident has needs for managing health care, securing health care, doing laundry, shopping, securing and using transportation, managing finances, and making and keeping appointments. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

227d - Support Plan Medical/Dental (continued)

**Plan of Correction**

**Accept**

Resident # 3's Support plan assessment dated [REDACTED] was updated to document how the needs for managing healthcare, securing healthcare, doing laundry, shopping, securing and using transportation, managing finances and making or keeping appointments will be met.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing a support plan.

The DON will review all RASPs to ensure the support plans were completed correctly.

The DON will review all new support residents to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of support plans.

**Completion Date:** 08/31/2022

**Document Submission**

**Implemented**

Resident # 3's Support plan assessment dated [REDACTED] was updated to document how the needs for managing healthcare, securing healthcare, doing laundry, shopping, securing and using transportation, managing finances and making or keeping appointments will be met.

The DON will in service staff assisting with RASPs on properly completing all information needed for completing a support plan.

The DON will review all RASPs to ensure the support plans were completed correctly.

The DON will review all new support residents to ensure they are completed correctly

The DON will report monthly to the Administrator on the review of support plans.