

Department of Human Services
Bureau of Human Service Licensing

November 3, 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 08/23/2022, 08/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: OAKWOOD TERRACE License #: 22661 License Expiration: 05/14/2023
Address: 400 GLEASON DRIVE, MOOSIC, PA 18507
County: LACKAWANNA Region: NORTHEAST

Administrator

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

Legal Entity

Name: PREMIER OAKWOOD TERRACE OPERATING LLC
Address: 400 GLEASON DRIVE, MOOSIC, PA, 18507
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 08/23/2022 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 08/24/2022

Inspection Dates and Department Representative

08/23/2022 On Site [REDACTED]
08/24/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58 Residents Served: 42

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33 Have Physical Disability: 0

Inspections / Reviews

08/23/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *09/18/2022*

11/03/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/19/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *10/04/2022*

11/03/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

An unlabeled bar of soap was found in the shared shower room located on the pine house area of the facility.

POC Submission

Accept (██████) 09/29/2022)

The soap identified was immediately removed. A complete inspection of the other spa rooms was completed to identify any other non compliance with regards to the soaps. It was identified that the soap was left by Hospice services. All resident service vendors will be educated on the tag 102 i by wellness director or designee. in addition shower sheet will be updated to reflect personal belongings gather. An in-service will be done on tag 102 i by Wellness Director or designee. Random shower room checks will be done by a designee on all shifts to ensure substantial compliance is met.

Licensee's Plan Completion Date: 11/01/2022

Implemented (██████) - 11/03/2022)

121b - Locking Device Approval

2. Requirements

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

The home had a pad lock that was used to lock the exterior patio exit gate near the Pine house patio. This exit route was locked and needed a key to open the lock in order to exit in the event of an emergency.

POC Submission

Accept (██████) - 09/29/2022)

The lock identified was immediately remove and discarded. The director of building operations reviewed the parameter of the grounds to identify any other potential non compliance, none were found. As part of our monthly QA locks on gates will be added to the outdoor compliance rounds.

Licensee's Plan Completion Date: 11/01/2022

Implemented (██████) - 11/03/2022)

132g - Fire Drills Days/Times

3. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home had a pattern of conducting their fire drills during the last week of each month. 1/27/22; 2/23/22; 3/30/22; 4/25/22; 4/28/22; 5/26/22 and 6/24/22.

132g - Fire Drills Days/Times (continued)

POC Submission

Accept (MM 09/29/2022)

The times and dates have been changed for the remaining of the 2022 year, a new fire drill log was completed for the 2023-2024 year and reviewed by the administrator, to ensure compliance was met with different times /dates. the log will be submitted for record in the QA minutes binder.

Licensee's Plan Completion Date: 11/01/2022

Implemented (11/03/2022)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's [redacted] was not dated when opened.

POC Submission

Accept (09/29/2022)

Upon identifying the med it was destroyed in front of surveyor. A reorder was completed that day and received. An audit of any OTC meds was completed by Wellness Director/designee. Pharmacy provider was contacted to request labels be sent for staff to use stating "Open date". A new policy will be develop and implement/ in-service on utilizing the open date stickers. random check will be done by Wellness Director /designee to ensure compliance is met and discuss the results at QA meetings.

Licensee's Plan Completion Date: 11/01/2022

Implemented (- 11/03/2022)

185a - Implement Storage Procedures

5. 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's blood glucose record indicated that Resident #1 had a blood glucose reading on [redacted] /22 at [redacted] AM of [redacted] The resident's glucometer had no reading for this date and time.

Resident #1's [redacted] was not available at the home in the event of an emergency.

POC Submission

Accept (- 09/29/2022)

No negative results identified. [redacted] was immediately ordered form the pharmacy and was received that day. Staff will be in-service on reordering of meds and, third shift will be designated to audit weekly for meds availability. results of the audit will be reported to QA committee.

Licensee's Plan Completion Date: 11/01/2022

Implemented (- 11/03/2022)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident #1's [REDACTED] was not dated when opened.

POC Submission

Accept ([REDACTED] - 09/29/2022)

identified med was discarded, new medication was reordered and received that day. a new policy and procedure along with an in-service will be conducted by the Wellness Director regarding using "open date" stickers. Random audit will be conducted by wellness /designee to ensure compliance with opening meds is being done.

Licensee's Plan Completion Date: 10/01/2022

Implemented ([REDACTED] - 11/03/2022)

252 - Record Content

7. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The records of Residents #2 DOA [REDACTED]/19 and Resident #3 DOA [REDACTED]/22 did not indicate any identifiable marks - if any.

POC Submission

Accept (MM - 09/29/2022)

All new admission assessments, have been updated to reflect a choice of no marks available., all direct care staff will be in-service by the Wellness Director /designee on the updated form.
The Admission Director will review all new admissions with 24 hours to ensure this particular part of information has been completed. Results of these audit will be discussed at the QA meetings.

Licensee's Plan Completion Date: 11/01/2022

Implemented ([REDACTED] - 11/03/2022)