

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

April 3, 2023

[REDACTED]  
PREMIER OAKWOOD TERRACE OPERATING LLC  
[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 11/03/2022 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]

cc: Pennsylvania Bureau of Human Service Licensing

**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**

**Staffing Hours**

Resident Support Staff: 26 Total Daily Staff: 97 Waking Staff: 73

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 11/03/2022

**Inspection Dates and Department Representative**

11/03/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 58 Residents Served: 45  
 Secured Dementia Care Unit  
 In Home: Yes Area: n/a Capacity: 13 Residents Served: 0  
 Hospice  
 Current Residents: 7  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 26 Have Physical Disability: 0

**Inspections / Reviews**

11/03/2022 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/02/2022

01/06/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/03/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2023

Inspections / Reviews *(continued)*

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/03/2023

04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 pushed Resident #2 on [redacted] the home did not notify the local area agency on aging until [redacted]

Resident #1 was aggressive to residents on [redacted] & [redacted] the home did not notify the local area agency on aging of the suspected abuse.

Plan of Correction

Accept (AG - 02/24/2023)

all staff will be in serviced by the Administrator or designee, regarding reporting and identifying potential abuse situations.

All department heads and shift leads will be in-service by the Administrator regarding the procedures in reporting requirements, so that delays in reporting does not occur. this will be completed by 1/17/23.

A policy and procedure will be revised to monitor compliance in reporting and be reviewed each week by the administrator,

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented (CB - 04/03/2023)

16c - Written Incident Report

2. 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 pushed Resident #2 on [redacted] the home did not submit an incident report to the Department until [redacted]

Resident #1 was aggressive to residents on [redacted] & [redacted], the home did not submit an incident report to the Department.

Plan of Correction

Accept (AG - 02/24/2023)

An updated RCG manual was received with the new regulations.

All department heads and shift lead will be in serviced on the new RCG manual updates, by the Administrator on 1/17/23.

The Administrator or designee will be responsible to ensure compliance is obtained.

A review to ensure updated RCG manuals are present and available will be done monthly by the Environmental Service Director.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented (CB - 04/03/2023)

42b - Abuse

3. 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 #1 pushed Resident #2 on [REDACTED]. Resident #2 fell to the floor and as a result broke the residents right humerus.

Plan of Correction

Accept (AG - 02/24/2023)

Resident identified has recovered completely.

RASP of the [REDACTED] resident has been updated by Wellness Director.

An in service will be conducted for all staff regarding abuse and reporting as well as understanding updated RASPs  
A review of all resident incidents will be reviewed by administrator or designee to ensure RASP has been updated to reflect any care changes done by 1/20/23. On a weekly basis the administrator or designee will review a list incident reports to ensure RASPs are updated when needed.

Licensee's Proposed Overall Completion Date: 01/20/2023

Implemented (CB - 04/03/2023)

227d - Support Plan Medical/Dental

4. 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

Resident #1 has a history of being physically aggressive to residents and staff. The resident is easily irritated and will often yell at others. Resident #1 also has a history of wandering in others rooms and taking their belongings. Resident #1's RASP dated [REDACTED] has not been updated regarding the residents current behaviors and how the home is going to manage them.

Plan of Correction

Accept (AG - 02/24/2023)

Resident identified will have RASP updated by Wellness Director by [REDACTED].

A new policy will be developed and implemented that RASPs changes must be done and implemented timely. A QA will be developed and implemented by our Admissions director LPN, to identify any need for RASPs to be updated and to ensure that it is done timely. The Necessary staff will be educated by the Administrator on this process.

Licensee's Proposed Overall Completion Date: 01/20/2023

Implemented (CB - 04/03/2023)