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

March 21, 2023

PREMIER OAKWOOD TERRACE OPERATING LLC
400 GLEASON DRIVE
MOOSIC, PA, 18507

RE: OAKWOOD TERRACE
400 GLEASON DRIVE
MOOSIC, PA, 18507
LICENSE/COC#: 22661

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2023, 01/20/2023 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,

Human Services Licensing Supervisor

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: **Phone**: **Email**:

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*

Address: *400 GLEASON DRIVE, MOOSIC, PA, 18507*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/02/1998* **Issued By**: *PA LI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *76* **Waking Staff**: *57*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *01/25/2023*

Inspection Dates and Department Representative

01/18/2023 - On-Site:

01/20/2023 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *38*

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: *38*

Diagnosed with Mental Illness: *38*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *38*

Have Physical Disability: *0*

Inspections / Reviews

01/18/2023 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/17/2023*

02/21/2023 - POC Submission

Submitted By: **Date Submitted**: *03/20/2023*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/24/2023*

Inspections / Reviews *(continued)*

02/27/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/20/2023*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date**: *03/17/2023*

03/21/2023 - Document Submission

Submitted By: [redacted]
Date Submitted: *03/20/2023*
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

Staff member A witnessed abuse of a resident by another staff member but failed to report the incident for over 2 weeks.

Repeat Violation - 4/7/2022.

Plan of Correction ***Accept (- 02/27/2023)***

The resident identified had no reciliation of the event. Staff member A was coached, given copy of reporting process by the Wellness Director, & HR Director, on abuse reporting.
A facility wide in-service will be conducted by the Administrator regarding Tag 16c. abuse reporting and timeliness3/17/2023
A QA will be developed by having department heads, once reeducated to randomly approach staff and ask questions about abuse and reporting. The information gathered will be used and reviewed by the administrator, or QA RN to identify more training if needed.

Licensee's Proposed Overall Completion Date: *03/17/2023*

Implemented - 03/21/2023)

42b - Abuse

2. 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

Staff Member A states that Resident 1 broke the bracelet of Staff Member B while they were performing care on the resident. Staff Member A then witnessed Staff Member B hit Resident 1 with their fist 5-6 times on their back shoulder while yelling at the resident for breaking their bracelet. Staff Member B then told the resident that they hope they die from their dementia and exited the room.

Repeat Violation - 4/7/2023.

Plan of Correction ***Accept - 02/27/2023)***

after staff member A informed administration about the actions of staff member B, that staff member was immediately put on suspension pending further investigation. Staff member B was then officially terminated /2023after gathering the witness statements regarding the incident. The Administrator, coached and reeducated staff member A by giving a copy of the abuse training information 3/17/23. Randomly designated department heads will begin on 3/1/23 ask staff members abuse different aspects of abuse reporting. and re-educated if needed. the results will be reviewed at each QA meeting by the Administrator, or the QA RN. .

42b - Abuse *(continued)*

Licensee's Proposed Overall Completion Date: *03/17/2023*

Implemented ([redacted] - 03/21/2023)