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

June 20, 2023

[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 03/30/2023 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,
[redacted]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *OAKWOOD TERRACE* **Licen e #**: *22661* **Licen e 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**: *07/02/1998* **I ued By**: *PA LI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *82* **Waking Staff**: *62*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *03/30/2023*

Inspection Dates and Department Representative

03/30/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *41*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *o* **Are 60 Years of Age or Older**: *39*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *41* **Have Physical Disability**: *0*

Inspections / Reviews

03/30/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/28/2023*

05/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/19/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/15/2023*

Inspections / Reviews *(continued)*

05/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/19/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/09/2023*

06/20/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/19/2023*

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

Reportable incident occurred at [redacted] pm on [redacted]/2023 when Staff member A restrained Resident 1 but the incident report was not sent to BHSL until [redacted] am on [redacted]/2023.

Repeat Violation 1/18/2023.

Plan of Correction ***Accept ([redacted] - 05/19/2023)***

All staff will be in serviced by the administrator regarding timeliness of reporting.
there will be now designated staff, department directors & manager on Duty for weekends, who in the absence of the administrator will be trained to innate the reportable incidents until the administrator or designee can be present. a QA will be Developed by the administrator or designee to randomly identify staff understanding of reporting incidents. the results will be reported by the administrator during the QA meeting and reviewed by the QA corporate nurse.

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident 2 [redacted] threatening [redacted] resident 3. Staff attempted to redirect the resident, but the behaviors continued and resulted in hospitalization.

Plan of Correction ***Accept ([redacted] - 05/19/2023)***

Resident #2 has been discharged that day from the facility by the resident's physician since that incident.
All staff along with residents that can attend, will be educated regarding resident rights. As part of an ongoing process the activity director will review a set of resident rights at monthly programs to cover them all during the year. QA will be developed by the administrator or designee in which department heads will be in serviced on resident rights and randomly asked staff and resident to name a resident right. results will be reviewed at the QA meeting and reviewed by corporate QA RN

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation *(continued)*

Description of Violation

The most current DME for Resident 2 was dated [redacted]/2022. They were discharged from the facility [redacted]/2023.

Plan of Correction ***Accept ([redacted] - 05/19/2023)***

A review of all DMEs will be done by Wellness Director or designee to review all current resident DMEs by 6/9/23 to dentify any non compliant DMEs and correct them. A new process will be developed/ implemented and inserviced by the Administrator or designee, in which one month prior to resident's anniversary of admission DMEs will be completed, by Wellness Director or designee. Admission Director will be responsible to alert wellness department on upcoming DMEs During QA meetings the list of residents will be reviewed by the admission director and to ensure compliance is being met.

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)

202 Prohibitions

4. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

Resident 1 was restrained by staff member A by wrapping their hood around their wheelchair handle.

Plan of Correction ***Accept ([redacted] - 05/19/2023)***

Staff member was immediately terminated after the reporting of the incident. all family and agencies were notified of the incident. An in-service will be conducted by the Administrator or designee to all staff about the non-use of restraints. QA will be developed/implemented by Administrator will assign department heads, who will randomly weekly basis check and interview staff on identifying restraints and their knowledge. the designated department head will present the results QA meetings, results of meeting sent to corporate QA RN

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)

225c Additional Assessment

5. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

The most recent RASP for Resident 1 was dated [redacted]2021.

Plan of Correction ***Accept ([redacted] 05/19/2023)***

Resident identified RASP was updated. Wellness Director or designee will be responsible to review all resident admitted during the year of 2022 to present to ensure RASPs are updated at least annually. An Inservice will be given to the Wellness director/designee by the administrator regarding this Tag 225.c a QA will be developed to randomly check a percentage of resident RASPs each month to ensure compliance is met. The admission director will randomly audit % RASPs for completion each month. Results of the audit will be presented at the QA meetings and

225c - Additional Assessment (continued)

reviewed by corporate QA RN

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)

227g Support Plan Signatures

6. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The most current RASP for Resident 2 was not signed by the assessor or resident.

Plan of Correction ***Accept ([redacted] - 05/19/2023)***

Resident #2 was discharged from facility.
The wellness director or designee will review all residents RASPs to ensure compliance with signature is present and correct any out of compliance by 6/9/23 An in-service by the administrator to the Wellness Director /designee regarding tag 227.g will be done. A QA will be done monthly by Administrator or designee with 25% review of residents RASPs checked for signatures following the guidelines of tag 227.g

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented ([redacted] - 06/20/2023)