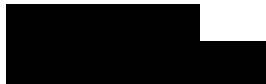




pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 13, 2023



Premier Oakwood Terrace Operating, LLC
400 Gleason Drive
Moosic, Pennsylvania 18507

RE: Oakwood Terrace
License: 226611

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 31, 2023, and August 18, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 228800) dated May 14, 2023, to May 14, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 14, 2023, to May 14, 2024, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 13, 2023 to April 13, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code	Class	Fine	Calculated	Mandated
Chapter 2600	of	Census at	Per resident	Correction Date

or 2800 Violation Inspection X Per day = Per day (to avoid Fine)
Section: _____

185a	III	48	\$3	\$144	15 calendar days from mailing date of this letter
187d	III	48	\$3	\$144	15 calendar days from mailing date of this letter
225c	III	48	\$3	\$144	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

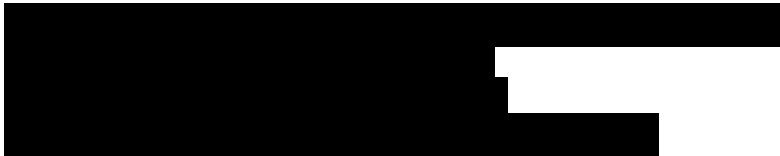
Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary>

cc:



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: *07/02/1998* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *08/18/2023*

Inspection Dates and Department Representative

08/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *0*

Inspections / Reviews

08/18/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2023*

Inspections / Reviews (*continued*)

10/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The DME for Resident # 1, dated 8/17/23, was not signed by the physician who completed the evaluation.

The DME for Resident # 2, dated 5/17/23, does not indicate whether the resident is able to self-administer medications.

Plan of Correction

Directed [redacted] - 09/22/2023)

Resident #1 DME has been corrected and signed by doctor.

Resident #2 DME has been corrected/updated by Wellness Director.

The Admission Director will review all current residents to ensure compliance is met regarding the doctor's signature. The Administrator will develop a check list/policy procedure for all new admissions to ensure compliance is met. the Administrator will in-service the Wellness Director and Admission director on the policy as well as the tag 141 (a) Admissions Director or designee will be assigned by Administrator to random audit monthly of 10% of all residents' charts to ensure compliance is met and the results will be reported at the QA meeting by the Admission Director.

Within in 30 days of receipt of this directed plan of correction:

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on form DME. Attachments will be added to form DME as needed to ensure that all actions are documented. The administrator or designees shall audit all current DME's to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 10/31/2023

184a - Resident's Meds Labeled

2. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4 is prescribed Lispro Insulin Kwik pen. The medication was not dated to indicate when it was opened or

184a - Resident's Meds Labeled (continued)

initialed by staff who opened it.

Plan of Correction

Directed (█) - 09/22/2023

Resident #4 pen was discarded and new one was reordered at time of survey.

Wellness Director or designee will review med carts for any other medications without proper labeling and correct them as needed.

All Med Tech staff will be in serviced by Wellness Director on tag 184(a).

a review of proper labeling will be done monthly by admission director or designee to ensure compliance is met and results will be reported at QA meeting.

The home will ensure that all prescription and sample medication containers are labeled with the required information.

Within in 30 days of receipt of this directed plan of correction:

The Administrator or designee will audit all the medications to ensure all medications are properly labeled.

Administrator or designee shall audit all medications carts weekly for 3 months. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 10/31/2023

184b - Labeling OTC/CAM**3. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A bottle of Calcium Citrate + Vitamin D, prescribed for Resident # Maureen Coren, was noted in the med cart and name labeled with the resident's name.

Plan of Correction

Directed (█) - 09/22/2023

Medication identified at time of survey was taken from the cart and reviewed with resident's doctor to ensure proper use and directions.

a review all med carts will be done by Wellness Director or designee to identify any other meds without proper labeling and correct them as needed. Administrator or designee will in-service med techs and Wellness Director on Tag 184(b).

A monthly review on medication labeling will be done by the Third shift charge. any non-compliance will be corrected and results of reviews will be presented at QA meetings by Wellness Director.

Within in 30 days of receipt of this directed plan of correction:

The Administrator or designee will audit all the medications to ensure all medications are properly labeled with the resident's name. Administrator or designee shall audit all medications carts weekly for 3

months. The home shall maintain documentation of the audit and shall be available to the Department upon request.

184b - Labeling OTC/CAM (continued)

Directed Completion Date: 10/31/2023

185a - Implement Storage Procedures

4. 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

Upon review, Resident # 5 glucometer indicated a blood sugar level (BSL) of 192 on 8/11/23 at 8:05am. A BSL of 193 was documented on the MAR.

Resident # 6 is prescribed Nystatin cream; apply 2x daily; 8am and 8pm. The medication was not available, but the MAR was initialed by staff indicating it was administered from 8/1/23 to 8/18/23.

Plan of Correction

Directed (redacted) - 09/22/2023

resident #5 reading was corrected to ensure reading from glucometer was recorded.

Resident #6 MD was notified of the possible missed of medication/treatment.

medication was reorder and arrived day of survey.

Administrator will in-service Wellness Director and Med Techs on tag 185(a)

Wellness Director or designee will review 20% medication delivery each week to ensure compliance is met, results will be reported at QA meetings by Wellness Director.

Within in 30 days of receipt of this directed plan of correction:

The Administrator or designee will audit all the medications to ensure all medications are on hand for the residents. The Administrator or designee will audit all residents blood glucose readings. Administrator or designee shall audit all medications carts weekly for 3 months. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 10/31/2023

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident # 6 is prescribed Metformin HCL 500mg. at 8am and 8pm. On 8/2/23 at 8:00pm, the MAR was not initialed by staff to indicate the medication was administered.

Plan of Correction

Directed (redacted) - 09/22/2023

Resident #6 medication identified was counted at time of survey to ensure correct amount meds match the number of days. Med Tech identified will be in serviced by Wellness Director on Tag 187(d). Wellness Director or designee will in service all med techs on tag 187(d).

187d - Follow Prescriber's Orders (continued)

Daily review by Wellness director or designee on Eldermark software to identify any missed meds and follow up immediately as to the reason. The daily review will be reported at QA meeting by Wellness Director or designee to identify compliance in this area.

**Within in 30 days of receipt of this directed plan of correction:
The Administrator or designee will audit all residents MARs for missing initials. Administrator or designee shall audit all medications carts weekly for 3 months. The home shall maintain documentation of the audit and shall be available to the Department upon request.**

Directed Completion Date: 10/31/2023

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Pre-Admission Screening form for Resident #3, dated 3/24/23, does not indicate if the home can meet the resident's needs.

Plan of Correction

Directed [REDACTED] - 09/22/2023)

Resident #3 PASSAR was corrected by Admission Director who did the initial screening.

The Admission Director will review all new resident since last annual survey to ensure compliance is met with this tag.

the Administrator will develop a policy/procedure and check list to ensure compliance is met with each new PASSAR.

The Administrator will in-service Admission Director on Tag 224(a)

the Administrator or designee will review all new admission each month to ensure compliance is met with Tag 224(a) and results will be reported at QA meetings by Administrator.

**Within in 30 days of receipt of this directed plan of correction:
The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. The administrator or designees shall audit all current Preadmission Screen Forms to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.**

Directed Completion Date: 10/31/2023

225a - Assessment 15 Days

7. 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

The initial RASP for Resident #3, admitted [redacted]/23, is not dated to indicate when it was completed.
The initial RASP for Resident # 2, admitted [redacted] 23, is not dated to indicate when it was completed.

Plan of Correction

Directed [redacted] - 09/22/2023)

Resident #3 RASP was redone and completed correctly, by the Wellness Director.
Resident #2 RASP was redone and completed correctly by the Wellness Director.
Administrator will in-service Wellness Director on tag 225(a).
Administrator or designee will review all new admission using a newly developed checklist, after 14 days to ensure compliance is met. results will be reported at QA, meetings by Administrator.

**Within in 30 days of receipt of this directed plan of correction:
Resident’s #2 and #3 will have a detailed, comprehensive assessment that identifies all of the resident’s personal care needs. The assessments will be documented on the Department’s required form. Forms will be filled out in their entirety, including signatures and dates. The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. The administrator or designees shall audit all current residents RASPs to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.**

Directed Completion Date: 10/31/2023

225c - Additional Assessment

8. Requirements

2600.

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

Description of Violation

The last annual RASP completed for Resident #1 is dated 5/3/22. An annual RASP has not been completed.
REPEATED VIOLATION: 3-30-23

Plan of Correction

Directed [redacted] - 09/22/2023)

Resident #1 will have new updated RASP done by Wellness Director.
Admission Director or designee will review all current residents RASPs to ensure compliance with tag 225(c) and will correct any non-compliance issues.
Administrator will in-service Wellness Director/designee on tag 225(c).
a policy/procedure will be developed by administrator to ensure compliance is met with Tag 225(c).
Audits will be done monthly by Administrator or designee to ensure RASP are completed and in compliance. the results will be reported by Administrator at QA meeting.

**Within in 30 days of receipt of this directed plan of correction:
Resident #1 will have a detailed, comprehensive assessment that identifies all of the resident’s personal care needs. The assessment will be documented on the Department’s required form. Forms will be filled**

225c - Additional Assessment (continued)

out in their entirety, including signatures and dates. The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. The administrator or designees shall audit all annual resident RASPs to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 10/31/2023