

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

December 11, 2023

[REDACTED]  
OAKWOOD RESIDENCE LLC  
[REDACTED]

RE: OAKWOOD RESIDENCE  
2109 RED LION ROAD  
PHILADELPHIA, PA, 19115  
LICENSE/COC#: 13256

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: OAKWOOD RESIDENCE License #: 13256 License Expiration: 06/10/2024  
 Address: 2109 RED LION ROAD, PHILADELPHIA, PA 19115  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: OAKWOOD RESIDENCE LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 03/25/2008 Issued By: City of Philadelphia

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/27/2023

**Inspection Dates and Department Representative**

09/27/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 89 Residents Served: 29

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29  
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: [REDACTED] Have Physical Disability: [REDACTED]

**Inspections / Reviews**

09/27/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/22/2023

10/23/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/08/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/28/2023

Inspections / Reviews *(continued)*

10/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2023

12/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at [REDACTED], the medication room was left unlocked, unattended, and accessible to staff.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

The medication room was immediately secured. Only authorized staff will have access to the Med Room.

A self-closing door device and a lock to automatically close and lock the door to the med room was installed on [REDACTED]. The Maintenance Director was responsible to have this installed.

Nursing staff will be in-serviced by the Administrator on keeping doors locked at all times and that only authorized staff have access to the Medication Room. The in-services will be completed by [REDACTED].

The Director of Nursing will monitor compliance by random weekly checks of the medication room door being closed and locked when not in use by authorized staff for 3 months beginning [REDACTED] and ending [REDACTED].

The DON will report monthly to the Administrator during the 3-month period from [REDACTED].

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of [REDACTED]

[REDACTED] 316 does not have an operable ventilation fan. There is no window in the bathroom.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

A faulty switch in a rooftop motor caused the bathroom fan in [REDACTED] to be inoperable. The switch was replaced, and the bathroom fan is operable.

The Maintenance director or designee will do weekly checks beginning [REDACTED] for 3 months ending by [REDACTED] of the resident bathroom exhaust system to ensure it is working properly.

The maintenance director will report monthly on the status of the bathroom exhaust system to the Administrator

86b - Bathroom (continued)

during the 3-month period form [REDACTED].

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

A touch light that sticks to the wall was installed in room [REDACTED] on [REDACTED].

Direct-Care and housekeeping staff will be in-serviced that all residents need to have access to a light source bedside and report any missing light source to the Administrator. This in-service will be conducted by [REDACTED].

All Resident rooms were inspected by the Administrator on [REDACTED] to ensure compliance with a light source near bed.

The Administrator or designee will conduct weekly rounds to ensure all rooms are in compliance with having a bedside light source near the bed for a 3-month period beginning [REDACTED].

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] at [REDACTED], the emergency food was stored on the floor in the medication room closet.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

A raised platform was installed under the emergency food supply stored in the medication room closet by Maintenance staff under the direction of the Maintenance Director on [REDACTED].

Kitchen Staff will be in-serviced by the Director of Food Service that all food must be stored off the floor by [REDACTED].

Administrator or designee will check monthly to ensure food supply is not lying directly on the floor for the 3-month period form [REDACTED].

103d - Storing Food Off Floor (continued)

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [REDACTED] at [REDACTED], the temperature in the refrigerator in the 2nd floor dining room was 44 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

The refrigerator was adjusted by repair company on [REDACTED] to maintain the correct temperature.

A log for checking the refrigerator temperature twice daily by kitchen staff is in place. The Food Service Director or designee is responsible for monitoring the log. This is a permanent daily log to be in place all year round.

Kitchen staff will be in serviced on maintaining and checking the correct refrigerator temperature by the Food Service Director by [REDACTED].

The Food Service Director or designee will check the logs and temperature weekly and report monthly to the Administrator for 3 month period of [REDACTED].

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at [REDACTED] a hospital bed blocked the egress door next to the activity room.

Plan of Correction

Accept [REDACTED] 10/31/2023)

The hospital bed was moved immediately away from blocking the egress door next to the activity room.

121a - Unobstructed Egress (continued)

All Maintenance, Direct-care and housekeeping staff will be in-serviced by the Administrator on not blocking any stairways, hallways, doorways, passageways and egress routes. The in-services will be completed by [REDACTED].

Maintenance Director or designee will conduct weekly rounds to ensure no egress routes are blocked for a 3-month period of [REDACTED]

The Maintenance Director will report monthly to the Administrator for a 3-month period of [REDACTED] on compliance with keeping all egress points unobstructed.

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

125a - Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

One gallon of paint and a piece of drywall was stored near the heating source.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Paint and dry wall were removed immediately from hot water boiler.

Maintenance will be in- serviced on not storing combustible and flammable materials near hot water boiler by [REDACTED] by the Administrator.

Maintenance Director or designee will conduct weekly inspection of the boiler room to ensure no combustible and/or flammable materials are stored near the hot water boiler for a 3 month period of 1 [REDACTED].

Maintenance Director will report monthly to the Administrator on compliance for a 3 month period of [REDACTED].

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [REDACTED] - 12/11/2023)

132g - Fire Drills Days/Times

8. 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.

132g - Fire Drills Days/Times (continued)

**Description of Violation**

The home routinely holds fire drills during the last three days of the month in 2023 as evidenced by the following drills: 1-28-23, 2-26-23, 4-27-23, 5-27-23, 6-29-23, 7-27-23, and 8-30-23. As of the inspection date of 9-27-23, the fire drill for September had not been conducted.

**Plan of Correction**

Accepted [redacted] 10/31/2023)

The Administrator contacted the fire drill company on [redacted] by phone to vary the drill at different days throughout the month.

Fire drills that are conducted by our fire drill company will be held throughout different parts of the month beginning November 2023.

The Administrator or designee will review monthly fire drills and the fire drill record to ensure compliance beginning for the month of [redacted] and onward for 12 months .

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [redacted] - 12/11/2023)

183b - Meds and Syringes Locked

**9. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

On [redacted] at [redacted], the medication room and medication cart was unlocked, unattended, and accessible on the home's 1st floor. Several creams and lotions were stored in an unlocked side bin of one of the medication carts.

**Plan of Correction**

Accepted [redacted] - 10/31/2023)

The lotions and creams were removed immediately and secured in a locked treatment cart.

Med-tech Staff are to be in-serviced on keeping all creams and lotions secured in treatment cart when cart is unattended by the Director of Nursing by [redacted].

Director of Nursing or designee will monitor treatment cart daily to ensure compliance by random observations of what is on unattended carts and checking that unattended carts are locked.

This monitoring will be for 3 months for the period of [redacted]

The Director of Nursing will report monthly to the Administrator for 3 months period from [redacted]

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [redacted] - 12/11/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.

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

Description of Violation

The pharmacy label for resident # [redacted] not include the full directives due to the label being torn.

Plan of Correction

Accept [redacted] - 10/31/2023)

Resident # [redacted] was pulled from the cart and reordered from the pharmacy on [redacted] by the DON.

Med-Tech Staff are to be in-serviced on medication being properly labeled by the DON to be completed by [redacted] Cart audits to ensure compliance with properly labeled meds will be done monthly by nursing staff and reported to the Director of Nursing for 3-month duration of [redacted]

All meds for new admissions brought from home will first be reviewed by the Director of Nursing or designee for proper labeling.

The DON will report monthly on the cart audits and medications brought from home to the Administrator for 3-month duration of [redacted].

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [redacted] 12/11/2023)

185a - Implement Storage Procedures

11. 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 [redacted] is prescribed [redacted] as needed. On [redacted], this medication was not available in the home.

Plan of Correction

Accept [redacted] - 10/31/2023)

The pharmacy was called immediately to deliver the [redacted] for Resident [redacted].

A tracking sheet to ensure all medications that have been ordered were delivered has been implemented as of [redacted]

The med-tech staff are responsible for using the tracking sheet on every shift when meds are ordered.

Med-Tech staff will be in-serviced by the Director of Nursing by [redacted] on using the tracking sheets for all ordered meds to ensure delivery and contact the pharmacy for any issues.

Director of Nursing or designee will monitor compliance weekly and report to the administrator monthly for 3-month period of [redacted].

Proposed Overall Completion Date: 11/01/2023

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [redacted] - 12/11/2023)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

Resident [redacted] was prescribed [redacted]. However, resident [redacted] medication administration record does not indicate the date of discontinuation for the medication.

Plan of Correction

Accept [redacted] 10/31/2023)

The [redacted] discontinuation date was added to the MARs by the DON on [redacted].

Med-Tech Staff will be in-serviced on proper procedure for discontinuing medications by the RN Medication Trainer by [redacted].

A monthly audit of discontinued orders will be conducted by DON or designee beginning [redacted] indefinitely.

The DON will report monthly on compliance to the Administrator for the 3-month duration of [redacted] duration.

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented [redacted] - 12/11/2023)