**Department of Human Services**
**Bureau of Human Service Licensing**
## LICENSING INSPECTION SUMMARY PUBLIC

August 22, 2024

[redacted], LPN/ADMINISTRATOR
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 07/02/2024, 07/08/2024, 07/16/2024, 07/29/2024 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* **License #**: *22661* **License Expiration**: *10/23/2024*

**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**: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

## Inspection Information

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

**Reason**: *Incident* **Exit Conference Date**: *07/29/2024*

## Inspection Dates and Department Representative

*07/02/2024 - On-Site:* [redacted]
*07/08/2024 - Off-Site:* [redacted]
*07/16/2024 - On-Site:* [redacted]
*07/29/2024 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *58* **Residents Served**: *30*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Pine* **Capacity**: *12* **Residents Served**: *6*

### Hospice

**Current Residents**: *3*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *30*

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

**Have Mobility Need**: *16* **Have Physical Disability**: *0*

## Inspections / Reviews

### 07/02/2024 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/19/2024*

## Inspections / Reviews *(continued)*

**08/22/2024 POC Submission**

**Submitted By:** [redacted]
**Date Submitted:** *08/22/2024*
**Reviewer:** [redacted]
**Follow Up Type:** *Bypass Document Submission*

**08/22/2024 Bypass Document Submission**

**Submitted By:** [redacted]
**Date Submitted:** *08/22/2024*
**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**

*On [redacted], Staff Person A was informed by Resident #1 that Staff Person B had slept in [redacted] bed next to [redacted] at night on more than one occasion. This was not reported to the Area Agency on Aging until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/22/2024)***

*1. Staff Person B was suspended pending investigation immediately on [redacted] After investigation was completed staff person B was terminated due to sleeping on the job on [redacted]. Staff Person A was immediately coached and counseled on the importance of reporting any sort of abuse immediately.*

*2. Our internal Abuse Policy was updated on 8/15/24 to include information regarding after hours reporting of suspected abuse. The wellness director and administrators contact information is also now included in our policy. Also, included is a new pathway template that directly explains when to report and who to report to. This document is posted in nursing station and employee break room. On 8/15/24 we did a 100% audit on the last 3 months that reportable incidents were reported in a timely manor.*

*3. A 100% Staff training was held on 6/26/24 about our updated abuse policy and the importance of reporting abuse immediately.*

*4. The Executive Director or designee Wellness Director will be responsible for reporting reportable incidents to the department of health and area on aging within 24 hrs of incidents.*

*5. The executive director or designee will complete weekly audits for 3 months regarding reportable incidents being completed in a timely manner. The results will be discussed at our monthly QA meetings.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented ([redacted] - 08/22/2024)***

## 15b - Supervisor Plan

**2. Requirements**

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**Description of Violation**

*On [redacted], Staff Person A was informed by Resident #1 that Staff Person B had slept in her bed next to her at night on more than one occasion. Staff Person B was not suspended until [redacted] when the Administrator was informed by staff of the allegation.*

**Plan of Correction** ***Accept ([redacted] - 08/22/2024)***

*1. Staff Person B was suspended pending investigation immediately on [redacted] After investigation was completed staff person B was terminated due to sleeping on the job on [redacted]. Staff Person A was immediately coached and*

## *15b Supervisor Plan (continued)*

*counseled on [redacted] on the importance of reporting any sort of abuse immediately and the importance that we want to separate the accused staff member immediately from having any other contact with any residents.*

*2. Company policy was updated with information regarding immediate separation of any accused perpetrator. Also included is a new pathway template that directly explains when to report and who to report to. This document is posted in nursing station and employee break room.*

*3. A 100% Staff training was held on 6/26/24 about our updated abuse policy, the importance of reporting abuse immediately, and the immediate separation of any accused perpetrator immediately.*

*4. The Executive Director or designee Wellness Director will be responsible for reporting reportable incidents to the department of health and area on aging within 24 hrs of incidents.*

*5. The executive director or designee will complete weekly audits for 3 months regarding reportable incidents being completed in a timely manner. The results will be discussed at our monthly QA meetings.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented [redacted] - 08/22/2024)***

## 16c - Written Incident Report

**3. 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**

*On [redacted] Staff Person A was informed by Resident #1 that Staff Person B had slept in [redacted] bed next to [redacted] at night on more than one occasion. This was not reported to the Department until [redacted]*

*Repeated Violation 1 16 24 et al., 2 7 24.*

**Plan of Correction** ***Accept [redacted] - 08/22/2024)***

*1. Staff Person A was immediately coached and counseled on 6/26/24 on the importance of reporting any sort of abuse immediately.*

*2. Our internal Abuse Policy was updated on 8/15/24 to include information regarding after hours reporting of suspected abuse. The wellness director and administrators contact information is also now included in our policy. Also, included is a new pathway template that directly explains when to report and who to report to. This document is posted in nursing station and employee break room. On 8/15/24 we did a 100% audit on the last 3 months that reportable incidents were reported in a timely manor.*

*3. A 100% Staff training was held on 6/26/24 about our updated abuse policy and the importance of reporting abuse immediately.*

*4. The Executive Director or designee Wellness Director will be responsible for reporting reportable incidents to the*

## 16c Written Incident Report (continued)

*department of health and area on aging within 24 hrs of incidents.*

*5. The executive director or designee will complete weekly audits for 3 months regarding reportable incidents being completed in a timely manner. The results will be discussed at our monthly QA meetings.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented [redacted] - 08/22/2024)***

## 42c - Treatment of Residents

**4. Requirements**

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

**Description of Violation**

*On two occasions, Staff Person B went into Resident #1's room on the overnight shift and fell asleep in the resident's bed while the resident was also in bed. Resident #1 stated that Staff Person B did not touch him/her, but that it made him/her uncomfortable.*

*Repeated Violation 11 27 23, 5 9 24.*

**Plan of Correction** ***Accept ([redacted] - 08/22/2024)***

*1. Staff Person B was suspended pending investigation immediately on [redacted] After investigation was completed staff person B was terminated due to sleeping on the job on [redacted]*

*2. Our internal policy and procedures was reviewed and revised to include information on not using resident's personal belongings such as laying in resident's beds or not respecting resident's requests. Audit tool was implemented to include weekly audits of resident and staff interviews of any concerns regarding residents rights, abuse, or suspected staff sleeping while working.*

*3. A 100% Staff training was held on 6/26/24 about our updated abuse policy, the importance of reporting abuse immediately and resident's rights.*

*4. The Executive Director or designee Wellness Director will be responsible for reporting reportable incidents to the department of health and area on aging within 24 hrs of incidents. They will also be responsible for making sure all staff members are trained and acknowledge resident's rights.*

*5. Audit tool was implemented to include weekly audits of resident and staff interviews of any concerns regarding resident's rights, abuse, or suspected staff sleeping while working. This will be complete weekly for 3 months.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented [redacted] - 08/22/2024)***

## 58a - Awake Staff 16 or More

**5. Requirements**

## 58a - Awake Staff 16 or More *(continued)*

2600.
58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

**Description of Violation**

*The home serves 30 residents, and therefore all direct care staff are required to be awake at all times. On at least two occasions, Staff Person B was witnessed by Resident #1 being asleep while working the overnight shift.*

**Plan of Correction** ***Accept [redacted] - 08/22/2024)***

*1. Staff Person B was suspended pending investigation immediately on [redacted]. After investigation was completed staff person B was terminated due to sleeping on the job on [redacted].*

*2. Company policy was updated to include policies regarding sleeping on the job. This updated company policy and procedure is included in all new hire orientation packets.*

*3. A 100% Staff training was held on 6/26/24 about our updated abuse policy, the importance of reporting abuse immediately, resident's rights, and company code of ethics.*

*4. The Executive Director or designee Wellness Director will be responsible for reporting reportable incidents to the department of health and area on aging within 24 hrs of incidents. They will also be responsible for making sure all current staff members and future employees are trained and acknowledge in the company's code of ethics.*

*5. Audit tool was implemented to include weekly audits of resident and staff interviews of any concerns regarding resident's rights, abuse, or suspected staff sleeping while working. This will be complete weekly for 3 months.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented [redacted] - 08/22/2024)***

## 227d - Support Plan Medical/Dental

**6. 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**

*Per staff and resident interviews, Resident #1 has incontinence, wears incontinence briefs, and requires the assistance of one staff to change his/her briefs. Resident #1 also requires physical assistance from one staff person to complete showers. Resident #1's assessment and support plan, dated 6/3/24, does not have these care needs documented or the home's plan to meet these needs. The support plan currently states that the resident is "Independent" with bladder management, bowel management, and personal hygiene.*

*Repeat Violation - 10-13-23, 1-16-24 et al., 2-16-24.*

**Plan of Correction** ***Accept [redacted] - 08/22/2024)***

*1. Resident #1's Rasp was updated to include additional care for daily ADL's, toileting program, and incontinence*

## 227d - Support Plan Medical/Dental (continued)

*care on 8/13/24.*

*2. A 100% audit was completed regarding all residents RASP's being updated to fit their physical needs. A risk management template was implemented to track and follow resident change of conditions and is completed daily.*

*3. Wellness Director was trained on the importance of updating resident's RASP's as change of conditions happen. Wellness director will use newly implemented risk management template to track resident's change of conditions daily.*

*4. The Executive director will ensure that the wellness director is completing daily risk management tracking. This template will be discussed during our monthly QA meetings.*

*5. Wellness director will complete 100% audits weekly on all rasp's and use daily risk management tracking.*

**Licensee's Proposed Overall Completion Date:** *08/18/2024*

***Implemented ([redacted] - 08/22/2024)***