

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

March 17, 2025

[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 01/28/2025 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: 06/10/2025
 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: 03/28/2008 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 01/28/2025

Inspection Dates and Department Representative

01/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 89 Residents Served: 37
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 1

Inspections / Reviews

01/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2025

02/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/17/2025

Inspections / Reviews *(continued)*

03/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103d - Storing Food Off Floor

1. Requirements

2600.

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

Description of Violation

On [redacted] at 2:11 pm, boxes of food were stored on the floor in the main kitchen.

Plan of Correction

Accept [redacted] - 02/26/2025)

The boxes of food were placed directly on the floor in the main kitchen during delivery.

Pallets will be used to place all food onto during the delivery.

Food Service Director will in-service all kitchen staff that no food can be placed on the floor at any time.

Food Service Director will monitor the placement of food in the kitchen and report weekly to the Administrator from 2/28-4/30/25.

The Administrator or designee will conduct weekly rounds to ensure compliance.

Proposed Overall Completion Date: 02/28/2025

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/17/2025)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] at 5:12 pm, Resident [redacted] and [redacted] [redacted], with an open date of [redacted], was still in the medication cart. According to the manufacturer's instructions, this medication must be discarded one month after opening the foil pouch or when the counter reads zero or whichever comes first.

Plan of Correction

Accept [redacted] - 02/26/2025)

Resident [redacted] and [redacted] was immediately reordered via Geriscript pharmacy by the Director of Nursing and delivered to the facility for the next dose.

Med-techs were in serviced on expired meds [redacted] (attached with POC for 11/28/24 inspection)

The Director of Nursing or designee will continue weekly medication cart audits until 5/31/2025, monthly x1, and prn thereafter and report to the Administrator any issues

Proposed Overall Completion Date: 03/15/2025

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented [redacted] - 03/17/2025)

185a - Implement Storage Procedures

3. 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

On [redacted] at 4:17 pm, Resident [redacted] was not calibrated for the correct date and time. It read [redacted] at 4:12 pm.

Resident [redacted] is prescribed to monitor [redacted] blood glucose 4 times a day at 8am, 12pm, 4pm and 9pm. On [redacted] at 4:29 pm the blood glucose readings were documented on the blood glucose monitoring sheet in the [redacted] 4 pm space. On [redacted] at 8:56 pm the readings were documented on blood glucose monitoring sheet in the [redacted] 9 pm space.

Plan of Correction

Accept [redacted] - 02/26/2025)

The director of Nursing immediately calibrated Resident [redacted] glucometer to ensure the right date and time. The Director of Nursing provided education to the staff member who failed to document that the resident refused [redacted] glucose check on [redacted]

The director of Nursing or designee will continue weekly glucometer audits and calibrations until 5/31/2025, monthlyx1, and prn thereafter.

Proposed Overall Completion Date: 03/15/2025

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented [redacted] - 03/17/2025)

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

Resident [redacted] is prescribed [redacted] to take 2 tablets orally every 6 hours as needed for general discomfort. On [redacted] at 5:03 pm the medication was not available in the home.

Plan of Correction

Accept [redacted] - 02/26/2025)

The Director of Nursing contacted Resdient [redacted] PCP and requested an order change to reflect [redacted] to take 2 tablets orally every 6 hours as needed for general discomfort or for temp 100 or greater (Do not exceed 3gm APAP in 24hrs from all sources). Medication was delivered to the facility on the next delivery. The Director of Nursing or designee will continue weekly medication cart audits until 5/31/2025, monthly x1, and

185a - Implement Storage Procedures (continued)

prn thereafter and report any issues to the Administrator.

Proposed Overall Completion Date: 03/15/2025

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█ - 03/17/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident █ is prescribed █ apply 1 patch(es) to affected area topically daily at 8 am and 8 pm. On █ at 4:32 pm the medication was not available in the home.

Resident █ is prescribed █ at 8 pm. On █ at 4:32 pm the medication was not available in the home.

Resident █ is prescribed to monitor █ blood glucose 4 times a day at 8 am, 12 pm, 4 pm and 9 pm. On the following dates the blood glucose readings were not completed:

- █ at 12 pm
- █ at 8 am and 12 pm
- █ 8 am and 12 pm
- █ 8 am and 12 pm

Plan of Correction

Accept █ - 02/26/2025)

The Director of Nursing immediately contacted Geriscript Pharmacy to reorder Resident █. The Director of Nursing also spoke with Resident █ PCP who determined that Lidocaine patches were no longer needed.

The Director of Nursing discontinued the medication order as recommended by PCP.

The Director of Nursing or designee will continue to audit medication weekly until 5/31/2025, monthly x1, and prn thereafter and report any issues to the Administrator

Resident █ refused █ blood sugar readings on the above-mentioned dates. However, on █ refusal wasn't documented on █ at 8 am, 12 pm, 4 pm, and 9 pm or on █ at 8 am and 12 pm.

Director of Nursing spoke with the med tech working the medication cart on those dates and gave the trained staff member written warning for improper documentation.

Proposed Overall Completion Date: 03/15/2025

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented █ - 03/17/2025)