

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

June 3, 2025

PREMIER OAKWOOD TERRACE OPERATING LLC, LEGAL ENTITY
PREMIER OAKWOOD TERRACE OPERATING LLC
400 GLEASON DRIVE
MOOSIC, PA, 18507

RE: OAKWOOD TERRACE
400 GLEASON DRIVE
MOOSIC, PA, 18507
LICENSE/COC#: 22661

Dear PREMIER OAKWOOD TERRACE OPERATING LLC,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2025 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,

A large black rectangular redaction box covering the signature area.

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *OAKWOOD TERRACE* License #: *22661* License Expiration: *11/20/2025*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/08/2025*

Inspection Dates and Department Representative

05/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

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

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *13* Residents Served: *11*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

05/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2025*

06/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

06/03/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:05 a.m. in the kitchenette of the Oakwood area in the refrigerator was an unidentified substance in a Styrofoam cup that was unlabeled and undated.

Repeat Violation: 9/4/2024, et al.

Plan of Correction

Accept ([redacted]) - 06/03/2025)

1. On May 8, 2025, at 9:05 a.m., the unidentified, undated, and unlabeled substance in a Styrofoam cup in the kitchenette of the oak hallway refrigerator was immediately discarded.

2. On May 23, 2025, a comprehensive common area refrigeration maintenance and monitoring policy was developed and implemented.

Subsequently, a thorough 100% audit of all common area refrigeration was conducted on the same day by the designated maintenance director to ensure complete compliance with Pennsylvania Code § 2600.103e. This ensures that any leftover food is labeled and dated.

Additionally checking for any leftover food located in common area refrigeration is labeled and dated properly has been added to our maintenance director's environmental compliance rounds tool. This tool is to be completed by designee maintenance director Monday through Friday.

This updated policy, revised environmental compliance round tool, and audits are enclosed for your reference.

3. On May 27, 2025, current employees underwent individual coaching and training on the recently updated common area refrigeration maintenance and monitoring policy. This initiative aims to prevent the inadvertent storage of unlabeled and undated food items in the future.

4. The executive director or designee maintenance director will be responsible for monitoring the continued compliance of labeling and dating leftovers in all common area refrigerators.

5. We have implemented a recently updated common area refrigeration maintenance and monitoring policy to ensure that all leftovers are properly labeled and dated in all common area refrigerators. The executive director or designee maintenance director will be responsible for conducting weekly audits for a three-month period, or until 100% compliance is achieved using the 2600.103e weekly audit tool. The results of these audits will be discussed at our monthly quality assurance (QA) meetings to ensure compliance is met. This audit tool, policy, and environmental compliance rounds tool are included in this document.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([redacted]) - 06/03/2025)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food (continued)

Description of Violation

At approximately 9:05 a.m. in the kitchenette of the Oakwood area the refrigerator had an uncovered open cardboard container of pretzel bites.

Plan of Correction

Accept ([REDACTED] - 06/03/2025)

- 1. On May 8, 2025, at 9:05 a.m., the uncovered cardboard container containing pretzel bites in the kitchenette of the Oak Hallway was promptly discarded.*

- 2. On May 23, 2025, a comprehensive common area refrigeration maintenance and monitoring policy was developed and implemented. Subsequently, a thorough 100% audit was conducted on the same day by the designated maintenance director to ensure complete compliance with Pennsylvania Code § 2600.103g. This ensures any food stored in common area refrigerators is covered and stored properly. Additionally checking all food located in common area refrigeration is covered and stored properly has been added to our maintenance director's environmental compliance rounds tool. This tool is to be completed by designee maintenance director Monday through Friday. This updated policy, revised environmental compliance round tool, and audits are enclosed for your reference.*

- 3. On May 27, 2025, current employees underwent individual coaching and training on the recently updated common area refrigeration maintenance and monitoring policy. This initiative aims to prevent the inadvertent storage of closed or sealed containers in the future.*

- 4. The executive director or designee maintenance director will be responsible for monitoring the continued compliance of making sure all food is stored in closed or sealed containers in all common area refrigerators.*

- 5. We have implemented a recently updated common area refrigeration maintenance and monitoring policy to ensure that all food is stored in closed or sealed containers in all common area refrigerators. The executive director or designee maintenance director will be responsible for conducting weekly audits for a three-month period, or until 100% compliance is achieved using the 2600.103g weekly audit tool. The results of these audits will be discussed at our monthly quality assurance (QA) meetings to ensure compliance is met. This audit tool, policy, and environmental compliance rounds tool are included in this document.*

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/03/2025)

109b - Rabies Vaccination

3. Requirements

- 2600.
- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

At approximately 10:05 a.m., a small chihuahua type dog was in the facility. The home does not have the dog's wellness or rabies vaccination information.

109b - Rabies Vaccination (continued)

Plan of Correction

Accept (█) - 06/03/2025

1. On May 23, 2025, the rabies documentation for the small Chihuahua-type dog was obtained and promptly faxed to us. The dog's chart is included as evidence of the vaccinations.

2. On May 23, 2025, a comprehensive pet and animal visitation policy was developed and implemented for employees, residents, and visitors.

Additionally, an attestation form was created and distributed on May 23,2025 to acknowledge the updated policy to current residents and family members. The updated policy and attestation form are enclosed for your reference.

3. On May 23,2025, current employees received individual coaching and training on the recently updated pet and animal visitation policy. This initiative is intended to prevent any knowledge gaps regarding PA 2600.109 b. Furthermore, all current family members and residents currently have received our attestation form acknowledging the updated policy. Future residents and family members will receive this updated policy upon admission.

4. The executive director will be responsible for monitoring the continued compliance of ensuring that all visiting pets or animals are fully vaccinated.

5. We have implemented a recently updated pet and animal visitation policy to ensure that all future visiting pets or animals are fully vaccinated. The executive director will be responsible for conducting weekly audits for a three-month period, or until 100% compliance is achieved using the 2600.109b weekly audit tool. The results of these audits will be discussed at our monthly quality assurance (QA) meetings to ensure compliance is met. This audit tool and policy are included in this document.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/03/2025

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

The 8 a.m. glucometer reading for Resident 1 on 5/6/25 was 96 but transcribed in the Medication Administration Record as 98.

Plan of Correction

Accept (█) - 06/03/2025

1. On May 8, 2025, our electronic administration record was promptly updated to reflect a late entry with the precise accurate reading of 96. The updated medication administration record showing this updated late entry is included and highlighted for your reference. Furthermore, the staff member responsible for the error was promptly informed of the paramount significance of accurate medication records. The individual was trained specifically on accuracy of Accu-Chek records. This individual training is included in the documentation.

2. On May 27, 2025, a comprehensive policy regarding the use of glucometers and the accuracy of MAR documentation was developed and implemented. This initiative is intended to address any knowledge gaps regarding PA 2600.185a.

Additionally, we have implemented staff competency tests conducted upon hiring and annually to ensure accurate

185a - Implement Storage Procedures (continued)

glucometer readings and complete compliance. This competency test includes a return demonstration with all current medication techs and nurses. This return demonstration was completed on May 27,2025. The updated policy, return demonstration checklist and trainings are enclosed for your reference.

3. On May 27, 2025, all current certified medication technicians and nurses were individually coached and trained on the recently updated policy regarding the use of glucometers and the accuracy of MAR documentation. This training is enclosed for your reference.

4. The executive director and/or designee wellness director will be responsible for monitoring the continued compliance of ensuring all glucose meter readings are transcribed accurately on the electronic MAR.

5. We have implemented a recently updated glucometer use and MAR documentation accuracy policy. The executive director and/or designee wellness director will be responsible for conducting weekly audits for a three-month period, or until 100% compliance is achieved using the 2600.185a weekly audit tool. The results of these audits will be discussed at our monthly quality assurance (QA) meetings to ensure compliance is met. This audit tool and policy are included in this document.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█ - 06/03/2025)