

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

February 11, 2026

[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 12/03/2025 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: 06/10/2026  
 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: 0 Total Daily Staff: 49 Waking Staff: 37

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 12/03/2025

**Inspection Dates and Department Representative**

12/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 89 Residents Served: 47

**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: 45  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 1

**Inspections / Reviews**

12/03/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2025

01/07/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/02/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/02/2026

Inspections / Reviews *(continued)*

02/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65i Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the location, the date and the length of training for Fire Safety, Emergency Preparedness, Fall Prevention, Resident Rights and OAPSA.

Plan of Correction

Accept ( [redacted] 01/07/2026)

The Annual record of training was corrected to include location, date and length of training. See attached.

All staff in-services will be reviewed monthly by the Administrator to ensure all required information is completed including location, date and length of training

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented ( [redacted] - 02/11/2026)

88a Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 9:36am, in the activity room located on the first floor, the ceiling tiles located in the far-left corner are stained with a brown substance.

Repeat Violation [redacted]

Plan of Correction

Accept ( [redacted] - 01/07/2026)

The referenced ceiling tile in activity room was immediately replaced. See attached.

All other ceiling tiles in the home were inspected by the Maintenance Director to ensure they were clean.

A twice a week review of ceiling tiles by maintenance staff throughout the building is being implemented using the attached audit tool for 2 months and then weekly thereafter.

The maintenance staff conducting the audit will report findings to the Maintenance Director for review.

The Maintenance Director will report monthly to the Administrator

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented ( [redacted] - 02/11/2026)

103d Storing Food Off Floor

4. Requirements

2600.

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

103d Storing Food Off Floor (continued)

Description of Violation

On [redacted] at approximately 10am, boxes of mandarin oranges, malt meal hearty conditions and yellow cake mix was stored on the floor in the kitchen pantry.

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 01/07/2026)

All food products were immediately removed from the floor and put on racks in the kitchen pantry by dietary staff.

Racks were purchased and put in place for food to be placed on upon delivery. See attached

Kitchen staff were in serviced by the Food Service Director on keeping all food off the floor including during delivery. See attached

An audit tool is being implemented to be used by kitchen staff to ensure food deliveries are not placed on floor that will be monitored by the FSD. See attached

The FSD will review monthly compliance with the Administrator. The Administrator will also monitor compliance during rounds done randomly throughout the month.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] 02/11/2026)

183e - Storing Medications

5. 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] [redacted] " Take one tablet by mouth every 12 hours" for Resident [redacted], was punctured in slot 14.

Plan of Correction

Accept [redacted] - 01/07/2026)

Resident [redacted], [redacted] tablet, the punctured tablet from slot #14 was immediately removed and disposed of in accordance with our facility policy.

All other blister packets in the medication cart have been checked by the DON for integrity and found to be puncture free.

Med Tech's were educated by the DON on how to handle. and identify punctured blistered packs. See attached.

The Director of Nursing will complete weekly medication cart audits weekly x4weeks, monthly x 2, and prn thereafter and report any issues to the Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/11/2026)

183e - Storing Medications (continued)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] "Give 1 tablet by mouth one time a day". Resident [REDACTED] November 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 6:30am.

Resident [REDACTED] is prescribed [REDACTED] " Give 1 capsule by mouth one time a day". Resident [REDACTED] November 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 6:30am.

Resident [REDACTED] is prescribed [REDACTED] " Give 1 tablet orally one time a day". Resident [REDACTED] November 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 6:00am.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Resident [REDACTED], [REDACTED]. "Give 1 tablet by mouth once daily" was administered on time as prescribed by the PCP but wasn't documented.

The individual staff member was educated on the Medication Administration Process, which includes Preparation, Administration, and Completion (Documentation), as well as other med techs by the DON.

The Director of Nursing will complete random EMAR audits weekly x4, monthly x2, and prn thereafter and report any issues to the Administrator.

Resident [REDACTED], [REDACTED], Delayed Release, 20 mg. "Give 1 capsule by mouth once daily" was administered on time as prescribed by the PCP but wasn't documented.

The individual staff member was educated on the Medication Administration Process, which includes Preparation, Administration, and Completion (Documentation), as well as other med techs by the DON.

The Director of Nursing will complete random EMAR audits weekly x4, monthly x2, and prn thereafter and report any issues to the Administrator.

Resident [REDACTED], [REDACTED]. "Give 1 tablet orally once daily" was administered on time as prescribed by the PCP but wasn't documented.

The individual staff member was educated on the Medication Administration Process, which includes Preparation, Administration, and Completion (Documentation), as were other med techs by DON.

187b - Date/Time of Medication Admin. (continued)

The Director of Nursing will complete random EMAR audits weekly x4, monthly x2, and prn thereafter and report any issues to the Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] 02/11/2026)