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

April 17, 2026

PREMIER OAKWOOD TERRACE OPERATING LLC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2026 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,

Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *OAKWOOD TERRACE* **License #**: *22661* **License Expiration**: *11/20/2026*

Address: *400 GLEASON DRIVE, MOOSIC, PA 18507*

County: *LACKAWANNA* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*

Address:

Phone: **Email**:

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**: *86* **Waking Staff**: *65*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *03/20/2026*

Inspection Dates and Department Representative

03/20/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *43*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *24* **Residents Served**: *18*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *43*

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

Have Mobility Need: *43* **Have Physical Disability**: *0*

Inspections / Reviews

03/20/2026 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/12/2026*

04/17/2026 - POC Submission

Submitted By: **Date Submitted**: *04/17/2026*

Reviewer: **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

04/17/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *04/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident [redacted] was observed by staff engaging in a sex act with resident [redacted] while resident [redacted] was asleep in bed. Both residents reside in the home's secure dementia unit and have diagnoses of [redacted].

Plan of Correction ***Accept [redacted] - 04/17/2026)***

1. On 3/17/26, staff immediately separated Resident [redacted] and Resident [redacted] upon discovery of the incident. Resident [redacted] was assessed for physical and emotional well-being; no injuries were noted. Resident [redacted] was removed from proximity to Resident [redacted] and placed under increased supervision. Physician and responsible parties for both residents were notified.
On 3/18/26 A report was made to DHS and our local area agency on aging in accordance with reporting requirements. Law enforcement notification was completed to local and state police.
On 3/18/26 Resident [redacted] was sent to local ER for change of mental status. Resident [redacted] could not return to facility due to needing a locked secure dementia unit. An internal investigation was initiated on 3/17/26 and completed on 3/18/26. Statements were obtained from all staff on duty at the time of the incident. Care plans, supervision levels, and prior behaviors of both residents were reviewed. Findings were documented and maintained in the facility's incident investigation file and were reviewed on 3/20/26 by DHS during onsite inspection.
On 3/18/26 Resident [redacted]s RASP was immediately updated to include increased supervision, behavioral monitoring, and staff intervention strategies related to inappropriate sexual behaviors.
On 3/18/26 Resident [redacted]s RASP was updated to include protective measures, including increased monitoring and room checks.
On 3/18/26 All residents residing in the secured dementia unit were reviewed for risk factors related to vulnerability and supervision needs.
2. On 3/21/26 A formal Sexual Behavior & Resident-to-Resident Interaction Policy was reviewed and re-implemented.
Additionally, on 3/21/26 the facility implemented increased supervision protocols in the secured dementia unit, including Frequent room checks (minimum every 30 minutes or as clinically indicated) and enhanced staff awareness of resident location and behaviors.

3. All staff received mandatory re-training on: Abuse prevention and reporting (2600.42). Resident rights and dignity. Identification and management of inappropriate sexual behaviors in dementia and Supervision expectations in secured dementia units. Training was completed on 3/21/26 and documented with staff signatures. Additionally, all new hires will receive this training during orientation moving forward. This training is included.

4. The Executive director or designee Resident Care Coordinator will be responsible for complete compliance of 42b Abuse.
5. The Executive director or designee will complete weekly audits for 3 months of all residents in secured dementia units to ensure supervision logs and room checks are being completed, all Incident reports involving resident interactions are being reviewed. These audits will be reviewed monthly by the quality assurance committee for compliance. This audit is included.

Licensee's Proposed Overall Completion Date: *04/12/2026*

42b Abuse *(continued)*

Implemented [redacted] - 04/17/2026)

141a 1 10 Medical Evaluation Information

2. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], has the incorrect box checked that the resident is Nursing Facility Clinically Eligible, and their needs cannot be met at a Personal Care Home
Resident [redacted] medical evaluation, dated [redacted] did not indicate if the resident's needs can be safely met at the Personal Care home.

Plan of Correction ***Accept [redacted] - 04/17/2026)***

1. Resident [redacted] The medical evaluation dated 01/16/2026 was immediately reviewed. On 3/21/26 The physician was contacted, and a corrected medical evaluation was obtained clarifying that the resident is appropriate for Personal Care Home level of care. Documentation has been updated in the resident's record.
Resident [redacted] The medical evaluation dated 02/20/2026 was incomplete. On 3/21/26 The physician was contacted, and a revised medical evaluation was obtained indicating that the resident's needs can be safely met at the Personal Care Home. Documentation has been updated in the resident's record.
2. On 3/21/26 The community has implemented a Medical Evaluation Verification Process requiring the Administrator or designee to review all medical evaluations upon receipt to ensure: All required components under 2600.141(a) (1-10) are completed including: Level of care determination is clearly indicated and no conflicting or incorrect selections are present. This process is included.
Additionally, A standardized checklist has been implemented to verify Diagnosis, Allergies, Diet, Medication regimen, Mobility status and Statement confirming appropriateness for Personal Care Home placement. Any incomplete or conflicting medical evaluations will be returned to the physician within 24 hours for correction prior to admission or immediately upon discovery. This checklist is included.
3. On 3/20/26 re-education was provided to: Resident Care Coordinator and Executive Director the Training included: 141a 1-10 Medical Evaluation Information. Additional training was completed on how to use our newly implemented medical evaluation verification process, and standardized checklist. This training is included.

4. The Executive director or designee will be responsible for complete compliance of 2600.141(a) (1-10).

141a 1 10 Medical Evaluation Information (continued)

5. The Executive director or designee will complete weekly audits for 3 months of all residents to ensure all medical evaluations are completely filled out properly. These audits will be reviewed monthly by the quality assurance committee for compliance. This audit is included.

Licensee's Proposed Overall Completion Date: *04/12/2026*

Implemented ███ - 04/17/2026)