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

August 24, 2026

[redacted]
PREMIER OAKWOOD TERRACE OPERATING LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2026 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,
[redacted]
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: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PREMIER OAKWOOD TERRACE OPERATING LLC*

Address: [redacted]

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**: *84* **Waking Staff**: *63*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *07/21/2026*

Inspection Dates and Department Representative

07/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *pines* **Capacity**: *24* **Residents Served**: *22*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *50*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *34*

Have Physical Disability: *0*

Inspections / Reviews

07/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2026*

08/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/28/2026*

Inspections / Reviews *(continued)*

08/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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] at 10:00 a.m., Resident [redacted] eloped from the building and was found at approximately 10:40 a.m. about a half mile away at a local paving and excavating company. However, the elopement was not reported to Area Agency on Aging with an Act 13 form.

Plan of Correction ***Accept [redacted] - 08/21/2026)***

1. On 07/14/26, the home verbally reported the incident involving Resident [redacted] to the Area Agency on Aging. However, the required written Act 13/Mandatory Abuse Report form was not completed and submitted.

On 7/21/26, the Executive Director completed and submitted the required Act 13/Mandatory Abuse Report form regarding the 07/14/26 incident to the Area Agency on Aging. Confirmation of receipt was obtained and maintained by the home. This form is included.

On 7/21/26, the Executive Director received additional counseling regarding the requirements of 55 Pa. Code § 2600.15(a), including that a verbal report to the Area Agency on Aging does not replace the required written Act 13/Mandatory Abuse Report form when written reporting is required. This training is included.

2. On 7/14/26, the Executive Director reviewed all resident incidents occurring since January 1, 2026, to identify any incident involving suspected abuse, neglect, mistreatment, exploitation, abandonment, serious injury, or other circumstance requiring a report to the Area Agency on Aging. This 100% audit is included
Additionally, On 7/14/26 The Abuse and Neglect Reporting Policy was reviewed and revised to require: Completion and submission of the required Act 13/Mandatory Abuse Report form when applicable. Copy of revised Abuse and Neglect Reporting Policy is included.
Lastly on 7/14/26 an Abuse and Neglect Reporting Checklist was created and will be completed for every allegation or incident involving suspected abuse, neglect, mistreatment, exploitation, or abandonment. The checklist will remain open until all verbal reports, written forms, notifications, and supporting documentation are completed and verified by the Executive Director or designee. A copy of Abuse and Neglect Reporting Checklist is included.

3. On 8/5/26, all staff were in-serviced on the home's revised Abuse and Neglect Reporting Policy. Copy of training materials and staff training signatures is included.
On 8/5/26, the Executive Director received additional training on: Immediate reporting requirements under 55 Pa. Code § 2600.15(a) Copy of training is included.

4. The Executive Director or designee will be responsible for completing the Plan of Correction and ensuring that suspected abuse or neglect is immediately reported in accordance with 55 Pa. Code § 2600.15(a). The Executive Director or designee will ensure that required verbal reports and Act 13/Mandatory Abuse Report forms are completed, submitted, and documented.

5. The Executive Director or designee will complete weekly audits for three months of all resident incidents,

15a Resident Abuse Report (continued)

allegations, injuries of unknown origin, and significant events to ensure they are properly reported.

The audits will be reviewed monthly by the Quality Assurance Committee to identify reporting concerns, repeat deficiencies, and the need for additional corrective action. A copy of this audit is included.

Licensee's Proposed Overall Completion Date: *08/20/2026*

Implemented [redacted] 08/24/2026)

42b - Abuse

2. 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] Secured Dementia Care Unit Resident [redacted] was last seen in the community room of the home at around 10:00 a.m. It was reported that the resident was agitated but was able to be redirected. Staff person A left the room to tend to another resident. When staff person A returned to the community room 20 minutes later, they reported that resident [redacted] was no longer there. Staff person A noticed a window was open and the screen was missing. Staff person A began an interior search of the unit and noticed the resident's suitcase and purse were missing. Staff person A called for assistance and staff person B and staff person C immediately came to the unit to assist. Staff person B began an outside search of the buildings perimeter but was unable to locate Resident [redacted] The police were contacted regarding the missing resident. The police reported that the resident was discovered about a half a mile from the home at a paving and excavating company at 10:40 a.m. Resident [redacted] was sent to the hospital for evaluation and returned to the home that afternoon with no injuries or new orders. Examination of the window by staff person C determined that the window only had a built in locking mechanism that failed. The window was not equipped with additional brackets that prevent the window from opening more than a few inches. These brackets are on all other windows in the Secured Dementia Unit.

Plan of Correction ***Accept [redacted] - 08/21/2026)***

1. On 07/14/26, Resident [redacted] was located approximately one half mile from the home and was transported to the hospital for evaluation. Resident [redacted] returned to the home that afternoon with no injuries or new medical orders. The resident's Physician, Responsible Party, Local Law Enforcement, Local Area on Aging and DHS were notified immediately.

On 07/14/26, the window used by Resident [redacted] was immediately secured. All residents in our secured dementia units were placed on 15 minute safety checks until the window and environmental corrections were completed.
On 07/14/26, all windows in our Secured Dementia Care Units were inspected. Secondary window stops were installed or reinforced to prevent accessible windows from opening more than two inches. The windows were tested to verify that the locks and secondary securing devices were functioning properly.
2. On 7/14/26, the Wellness Director reviewed all residents residing in the Secured Dementia Care Units to identify residents with wandering, agitation, exit seeking behavior, or other behaviors that could place them at risk for elopement. Resident assessments and support plans were updated as necessary to include individualized supervision, redirection, and elopement prevention interventions.
Copy of completed resident audit.

42b Abuse (continued)

On 7/14/26, the Maintenance Director or designee completed an inspection of all accessible windows in both Secured Dementia Care Units to ensure each window was equipped with a functioning lock and secondary window stop.
On 7/14/26 The Elopement Prevention and Response Policy were reviewed and revised. This policy is included. Additionally, a Secured Dementia Care Unit Environmental Safety Checklist was created to track the condition and operation of windows, window stops, doors, locks, and alarms. The checklist will be reviewed by the Executive Director and Maintenance Director to ensure identified concerns are corrected immediately. This Safety checklist is included.

3. On 8/5/26, all direct care, nursing, activities, housekeeping, maintenance, and management staff were in serviced on the revised Elopement Prevention and Response Policy. Copy of training materials and staff training signatures is included.

On 8/5/26, the Maintenance Director was trained on completing the Secured Dementia Care Unit Environmental Safety Checklist and immediately correcting or reporting any malfunctioning window, lock, window stop, door, or alarm. Copy of training and signatures is included.

4. The Executive Director will be responsible for completion of the Plan of Correction and ongoing compliance with resident supervision, elopement prevention procedures, and the requirements of 55 Pa. Code § 2600.42(b).

The Wellness Director will be responsible for reviewing residents for exit seeking risks and ensuring assessments and support plans contain appropriate supervision and safety interventions.

The Maintenance Director will be responsible for inspecting and maintaining windows, window stops, doors, locks, and alarms in both Secured Dementia Care Units.

5. The Executive Director will complete weekly audits for three months to ensure: All Secured Dementia Care Unit windows have functioning locks and secondary window stops. Doors and alarms are functioning properly. Environmental Safety Checklists are completed. Residents with wandering or exit seeking behaviors have appropriate interventions documented in their assessments and support plans. Staff are following required supervision and elopement prevention procedures.

The audits will be reviewed monthly by the Quality Assurance Committee for compliance. Any deficiency identified will be corrected immediately and may result in additional staff education, counseling, or disciplinary action, as appropriate. These audits are included.

Licensee's Proposed Overall Completion Date: *08/20/2026*

Implemented [redacted] - 08/24/2026)