

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

September 14, 2026

[REDACTED]
PREMIER OAKWOOD TERRACE OPERATING LLC
[REDACTED]
[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 08/03/2026 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:

Phone:

Email:

Legal Entity

Name: PREMIER OAKWOOD TERRACE OPERATING LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 111

Waking Staff: 83

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 08/03/2026

Inspection Dates and Department Representative

08/03/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58

Residents Served: 53

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

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: 53

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 58

Have Physical Disability: 4

Inspections / Reviews

08/03/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/05/2026

09/14/2026 - POC Submission

Submitted By:

Date Submitted: 09/14/2026

Reviewer:

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews *(continued)*

09/14/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

252 Record Content

1. Requirements

2600.

252. Content of Resident Records Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
4. Language or means of communication spoken or used by the resident.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident [REDACTED] record did not include primary language, hair or eye color, identifying marks, the correct admission date, or a signed notification of rights.

Plan of Correction

Accept ([REDACTED] - 09/14/2026)

1. On 8/4/26, Resident [REDACTED]'s record was reviewed and updated to include the resident's primary language, hair color, eye color, identifying marks or documentation that no identifying marks were present, and the correct admission date. This updated Face sheet is included.

On 8/4/26, the correct admission date for Resident [REDACTED] was verified using the resident-home contract and admission documentation. This is included in the updated face sheet.

On 8/4/26, Resident [REDACTED]'s record and executed admission agreement were reviewed. The Resident Rights and Grievance Procedures were included as an attachment to the admission agreement provided at admission; however, the facility's documents did not contain a separate signature line acknowledging receipt of this information. Resident #1 had been discharged from the facility before the deficiency was identified, and a retroactive acknowledgment signature could not be obtained. The Executive Director documented the resident's discharge status and the reason the missing signature could not be corrected in Resident #1's closed record.

2. On 8/4/26, the Executive Director completed a 100% audit of all current resident records to ensure each record included the information required by § 2600.252, including race, height, weight, hair color, eye color, religious affiliation, identifying marks, language or means of communication, correct entrance date, relocation and discharge information, when applicable, and a signed notification of resident rights and grievance procedures. Any missing or inaccurate information was corrected immediately. This audit is included.

On 8/4/26, the Resident Admission Checklist and resident demographic form were reviewed and revised to include all required information under § 2600.252. Required fields may not be left blank. Staff will document "none," "none known," "not applicable," or "resident declined," when appropriate. Copy of revised Resident Admission Checklist is included.

On 8/4/26, the facility established a process requiring the Executive Director or designee to review each newly admitted resident's record within seven calendar days of admission to verify that all required resident-record information is complete and accurate. Copy of revised admission-record review procedure included.

On 8/4/26, the facility created and implemented a separate Resident Rights and Grievance Procedures Acknowledgment Form containing signature lines for the resident, designated person, if applicable, and staff person. The form also includes a section for documenting efforts when a signature cannot be obtained, as permitted by §

252 Record Content (continued)

2600.41(e). The completed acknowledgment will be maintained in each newly admitted resident's record. Blank copy of the new acknowledgment form is included.

3. On 8/4/26, the Executive Director, Wellness Director, and all staff responsible for completing admissions or maintaining resident records were in serviced on the requirements of § 2600.252, Content of Resident Records. The training included completion of all required demographic information, documentation of the resident's language or means of communication, verification of admission dates, documentation of relocations and discharges, and obtaining and maintaining the signed notification of resident rights and grievance procedures required by § 2600.41. Staff were also instructed that required fields may not be left blank. Copy of training materials and staff training signatures are included.

4. The Executive Director or designee will be responsible for completing the Plan of Correction and ensuring that resident records contain all information required by § 2600.252.

The Executive Director or designee will review all newly admitted resident records within seven calendar days of admission to ensure the records are complete and accurate.

5. The Executive Director or designee will complete weekly audits for three months of all new admits, to ensure all required information under § 2600.252 is present, complete, and accurate. The audit will include demographic information, language or means of communication, admission and relocation dates, discharge information when applicable, and signed notification of resident rights and grievance procedures. Any deficiency identified during an audit will be corrected immediately, and additional staff education or corrective action will be provided as appropriate.

The audits will be reviewed monthly by the Quality Assurance Committee to monitor compliance, identify repeated deficiencies, and determine whether additional corrective action is necessary. Blank copy of Resident Record Content Audit is included

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented (█) - 09/14/2026)