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

October 29, 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 09/14/2026 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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *83* **Waking Staff**: *62*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/14/2026*

Inspection Dates and Department Representative

09/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *52*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *24* **Residents Served**: *20*

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: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *31*

Have Physical Disability: *0*

Inspections / Reviews

09/14/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/16/2026*

10/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/29/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

10/29/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *10/29/2026*

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

251b Record Entries Legible

1. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Staff person A did not sign Resident [redacted] s Assessment and Support Plan addendum dated [redacted].

Plan of Correction ***Accept [redacted] - 10/29/2026)***

1. On 9/15/26, Staff Person A signed Resident [redacted] Assessment and Support Plan addendum dated 7/13/26 using the actual date of signing and identifying it as a late signature. The original entry was preserved and was not backdated. Oakwood Terrace has created a new support plan addendum that ensures a signature is required. Copy of corrected newly implemented addendum included

On 9/15/26, Staff Person A received additional counseling regarding the requirement that all resident record entries be permanent, legible, dated, and signed by the staff person making the entry, in accordance with 2600.251(b). Copy of counseling included.

On 9/15/26, all current residents' Assessment and Support Plans and addendums were reviewed to ensure staff signatures and dates were present. Identified omissions were addressed with the staff person who made the entry, using the actual date of correction. Copy of 100% audit is included.

On 9/15/26, the documentation policy was reviewed and revised to require the Executive Director or Wellness Director to review completed Assessment and Support Plans and addendum for legibility, permanence, dates, and staff signatures before filing. Copy of policy is included

3. On 9/15/26, the Wellness Director and all staff responsible for completing resident record entries were in-serviced on 2600.251(b), the documentation policy, and the requirement to ensure each entry is permanent, legible, dated, and signed by its author. Training included proper completion of late signatures without backdating. Training materials and signatures included.

4. The Executive Director or designee Wellness Director will be responsible for completion of the Plan of Correction and ongoing compliance with 2600.251(b).

5. The Executive Director or designee will complete weekly audits for three months of newly completed resident Assessment and Support Plans and addendums to ensure entries are permanent, legible, dated, and signed by the staff person making the entry. Any deficiencies will be addressed promptly. The audits will be reviewed monthly by the Quality Assurance Committee for compliance. Blank copy of audit tool is included.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented [redacted] - 10/29/2026)