

Department of Human Services
Bureau of Human Service Licensing

June 23, 2021

██████████ MANAGING MEMBER
PREMIER OAKWOOD TERRACE OPERATING LLC
400 GLEASON DRIVE
MOOSIC, PA 18507

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: OAKWOOD TERRACE License #: 22661 License Expiration Date: 08/03/2020
Address : 400 GLEASON DRIVE, MOOSIC, PA 18507
County: LACKAWANNA Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 5704513171 Email: [REDACTED]

Legal Entity

Name: PREMIER OAKWOOD TERRACE OPERATING LLC
Address: 400 GLEASON DRIVE, MOOSIC, PA, 18507
Phone: 5704513171 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/03/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 03/09/2021

Inspection Dates and Department Representative

03/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58 Residents Served: 31

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Resident : 8

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 31
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 15	Have Physical Disability: 0

Inspections / Reviews

03/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/16/2021*

4/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/30/2021*

6/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home 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] resident #1 was involved in an altercation with resident #2 in which resident #2 told staff that resident #1 twisted [redacted] leg, causing [redacted] to fall. Resident #2 suffered a right femur fracture as a result of the fall. Resident #1 was also seen hitting resident #3 in the back with a closed fist on 3/4/21 in the dining room. The home did not report either incident to the Area Agency on Aging.

Plan of Correction

Accept

AAA was notified the day of survey.
 resident #2 identified was sent to hospital day of incident for evaluation.
 resident #3 had no recall of incident. both the Adm & Wellness Director reviewed the reporting regulation. Staff will be educated by the Wellness Director & Adm on reporting requirements

Completion Date: 05/03/2021

Update - 04/25/2021

Please send/Attach proof of staff training as identified in your plan of correction.

Document Submission

Implemented

see attachment

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/4/21 resident #1 was seen by staff hitting resident #3 in the back with a closed fist in the dining room which appeared to be an unprovoked act of aggression. The incident was not reported to the Department’s regional office.

Plan of Correction

Accept

Resident #3 had no recall of incident. At time of this survey administrator was made aware of the incident that had happened and sent in incident report to the regional office. Staff education on reporting to Administration any incidents, in addition to identifying abuse on 3/22/21

Completion Date: 03/22/2021

Update - 04/25/2021

Please send/Attach proof of staff training as identified in your plan of correction.

Document Submission

Implemented

see attached.

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 #1 and resident #2 were involved in an altercation in a common area of the home. Resident #1 could be seen on video footage pushing resident #2 backwards. Resident #2 suffered a fall as a result and told staff that resident #1 twisted [REDACTED] leg. Resident #2 was diagnosed with a right femur fracture as a result of the fall.

Plan of Correction**Accept**

Resident #2 does not have recall of incident at this time. Resident #1 was sent to hospital of evaluation and returned with out any new orders.

All staff were educated by the Adm on identifying abuse.

resident #1 has been physically separated from resident #2 unit and in line of vision of staff during any other possible encounters with resident #2. Staff have been educated/informed to keep both residents away from each other to avoid any possible interaction.

Completion Date: 03/29/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

see attached.

141a 1-10 Medical Evaluation Information

1. 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 #2's documentation of medical evaluation dated 2/8/21 does not include the resident's height and weight.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

Resident #2 medical evaluation was corrected by the Wellness Director. the Wellness Director conducted a review of all residents medical evaluations to ensure they are complete. The Admission Director will review all new medical evaluations to ensure evaluation is complete. The Wellness Director and Admission Director were educated by the Adm and given the admission regulations to review.

Completion Date 03/29/2021

Update 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

see attached.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan dated 7/17/20 for resident #1 was not updated to reflect the fact that the resident was involved in an altercation with resident #2 in which resident #1 was seen pushing resident #2. Resident #1 was also reported to be aggressive with staff and showing signs of anxiety as well as roaming into other residents rooms and taking things. Resident #1's support plan was not updated and did not have a plan to address these behaviors and ensure the resident had no further aggressive incidents towards residents.

Plan of Correction**Accept**

Wellness Director updated resident #2 support plan to reflect the changes in condition, and attempt to seek medical help for resident behaviors, due to resident #2 age of 64 she does not qualify for senior behavioral health treatment. Wellness Director was educated by Adm on regulation on support plans and the need to update when changes occur.

Completion Date: 03/29/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

see attached