

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

November 4, 2025

[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 09/09/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OAKWOOD TERRACE License #: 22661 License Expiration: 11/20/2025
 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: 25 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/10/2025

Inspection Dates and Department Representative

09/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 58 Residents Served: 45
 Secured Dementia Care Unit
 In Home: Yes Area: Willow Capacity: 24 Residents Served: 13
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

09/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/21/2025

11/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/21/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

11/04/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2025

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

In the Summary Section of the Resident Assessment and Support Plan for Resident [REDACTED] there is a notation that within the first few days of residence, the resident hit another resident in the face causing bruising. This was not reported to the Regional Office as Required under regulation # 15a.

Plan of Correction

Accept [REDACTED] - 10/21/2025)

1. On 10/10/2025, the Administrator reviewed the referenced note and determined that there was insufficient information to substantiate that an act of abuse or physical altercation had occurred. Upon our internal investigation, no resident, staff, or family report could confirm the event, and no date or time was documented. Out of caution and to ensure compliance, this Administrator submitted a late informational report on 10/21/25 pertaining to this finding to the Regional Office describing the discovery of the vague documentation and the subsequent internal investigation. The specific resident had no other incidents in the community while [REDACTED] resided at oakwood terrace and was discharged to skilled nursing facility on 8/15/25 and no longer resides at our facility. The staff member that wrote and documented the vague finding is also no longer currently employed at oakwood terrace.

2. On 10/10/2025, the Administrator and designee wellness director completed a 100% review of all resident support plans, progress notes, and incident reports from January 2025 through October 2025 to identify any other vague or undocumented notations suggesting possible altercations or injuries. No additional unverified entries or omissions were identified. The facility's Abuse Reporting and Documentation Policy have been revised to require that any reference to an injury, altercation, or unexplained mark be immediately verified and investigated by the Administrator or designee, even if details are unclear. A new "Incident Verification Form" tool has been implemented to guide staff through required steps when an event is unclear or lacks full detail.

3. Staff received refresher training on differentiating between allegations, observations, and confirmed incidents, and on the proper use of incident forms and timelines under § 2600.15(a). additionally designated staff members will receive the updated policy and receive training regarding the facilities abuse reporting and documentation policy. Lastly the administrator and designee wellness director were trained on how to use our newly implemented "Incident Verification Form" tool.

4. The Executive Director or designee Wellness Director will be responsible for making sure all reportable incidents are documents correctly and timely.

5. The Administrator or designee wellness director will complete a weekly audit for three months of all incident reports and new documentation entries to confirm that any ambiguous references are investigated and, when appropriate, reported to the Department. The results of these audits will be reviewed monthly by the Quality Assurance Committee to ensure ongoing compliance with reporting requirements. Additionally, we will continue to use our newly implemented incident verification form for all new events that are unclear and that lack full details.

Licensee's Proposed Overall Completion Date: 10/21/2025

15a - Resident Abuse Report (continued)

Implemented [REDACTED] - 11/04/2025)

16c - Written Incident Report

2. 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 [REDACTED] the home experienced an event that met the standard of a reportable incident regarding a fall with a serious injury. The home failed to report this event to the Regional Office until [REDACTED]. The required reporting timeframe is 24 hours.

Plan of Correction

Accept [REDACTED] - 10/21/2025)

1. On 8/12/25, the facility notified the Department's Personal Care Regional Office of the incident resulting in serious injury for Resident [REDACTED]. The employee who completed the initial incident report that was out of compliance is no longer employed at Oakwood Terrace.

2. On 10/10/15, the administrator conducted a 100% comprehensive review of all incident reports since January 2024 to verify that all reportable incidents were properly submitted to the Department's Personal Care Regional Office. This audit tool is attached. Additionally, our Reporting Policy was reviewed and revised to ensure that all significant injuries to residents are reported to the Department within 24 hours of the incident occurrence. This Policy is attached. Lastly, A newly revamped Risk Management Report was created to track all resident incidents and significant changes in condition. This report is reviewed daily by the Executive Director and Wellness Director during morning stand-up meetings to verify timely notification and submission of all reportable incidents within 24 hours. This tool is attached.

3. On 10/10/25, all Med Tech's and the designee Wellness Director were in-serviced on the updated Reporting Policy, including: Definition of reportable incidents, Requirements under 55 PA Code § 2600.16(c) and the immediate notification procedures to the Executive Director. This training is attached. On 10/10/25, the Wellness Director received additional training on the completion and daily review of the Risk Management Report, as well as the procedure for notifying the Department of reportable incidents. This training is attached.

4. The Executive Director or designee Wellness Director is responsible for ensuring compliance with the requirements of 55 PA Code § 2600.16(c) and for reporting all reportable incidents to the Department within the required time frame.

5. The Executive Director or designee will conduct weekly audits for three (3) months of all resident incident reports to confirm that all required incidents are reported to the Department within 24 hours. This audit tool is attached. The results of these audits will be reviewed monthly by the Quality Assurance Committee to ensure ongoing compliance with reporting requirements.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [REDACTED] - 11/04/2025)

225a Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include any information for the need assessed or the service provided for Hearing, communication or olfactory under Sensory Needs on page 8 of the Resident Assessment and Support Plan.

Plan of Correction

Accept [redacted] - 10/21/2025)

1. Upon discovery on 9/9/25 the Administrator reviewed Resident [redacted] assessment and immediately completed the missing sections for Hearing, Communication, and Olfactory needs. The assessment was updated on the Department’s approved assessment form, signed, and dated to reflect the correction.
2. On 10/10/25 The Administrator conducted a 100% audit of all resident assessments completed within the past 90 days to ensure all sections are filled in completely. Additionally, a Resident Assessment Completion Checklist and policy update has been implemented to ensure each required category is completed in full prior to filing. All newly completed assessments will be reviewed and signed off by the Administrator within 24 hours of completion to verify accuracy and completeness.
3. On 10/10/25 the Administrator and designee wellness director were re-trained on the proper completion of all sections of the Department’s Resident Assessment and Support Plan, emphasizing sensory needs (hearing, vision, communication, olfactory). Additionally, the administrator and designee wellness director was trained on the updated Resident Assessment Completion – Implementation of Assessment Completion Checklist policy.
4. The Executive Director or designee Wellness Director is responsible for ensuring compliance with the requirements of 55 PA Code § 2600.225a and for insuring that the residents support plan is 100% complete withing the allowed time frame.
5. The Executive Director or designee wellness director will conduct weekly audits for three (3) months to confirm ongoing compliance with §2600.225(a). This audit tool is attached. The results of these audits will be reviewed monthly by the Quality Assurance Committee to ensure ongoing compliance with reporting requirements.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 11/04/2025)