

George S. Repchick, CEO Green Ridge Personal Care, LLC 26691 Richmond Road Bedford Heights, Ohio 44146

RE: The Gardens of Green Ridge

2751 Boulevard Avenue

Scranton, Pennsylvania 18509

#225160

Dear Mr. Repchick:

As a result of the Department of Public Welfare's licensing inspection on March 27, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

Neil S. Cody

Regional Licensing Director

Enclosure Licensing Inspection Summary

# LICENSING INSPECTION SUMMARY Assisted Living Residences - 55 Pa.Code § 2800

Name of Residence: The Gardens of Green Ridge
Address: 2751 Boulevard Avenue, Scranton, Pennsylvania 18509
License Number: 225160
Type of Inspection: Full
Reason(s) for Inspection: 90 Day Interim
Notice: Unannounced
On-site Inspection Dates and Department Representatives On-site: 3/27/14 – Israel Springs, Doug Hoover
Off-site Inspection Dates and Department Representatives, if Applicable:

LIS – [The Gardens of Green Ridge] – [3/27/14] –	Flore of Continued
Regulation § 2800.141(a) - A resident shall have a medical evaluation by nurse practitioner documented on a form specified by the Depapplication and admission). The evaluation must include the f (6) Immunization history	a physician, physician's assistant or certified registered partment, subject to the provisions of § 2800.22 (relating to
(11) An indication that a tuberculin skin test has been adminis tuberculin skin test is positive, the result of a chest X-ray. In the test shall be administered within 15 days after admission.	tered with negative results within 2 years; or if the ne event a tuberculin skin test has not been administered,
Resident #1.	kin test were not included on the 12/8/13 medical evaluation
<ul> <li>Record of a tuberculin skin test was not included on the</li> </ul>	ne medical evaluation for Resident #2.
Plan of Correction	
<ul> <li>With Respect to violation #1 All new Admissions immunization recand or designee and followed through with orders to administer Tile With Respect to resident #1, received immunization history record read on March 30, 2014 and documented as a late entry on the All With Respect to resident #2, Tuberculin skin test received on April documented late entry on ADME on April 28, 2014</li> </ul>	uberculin skin test if not received previously. . On March 27, 2014 Tuberculin skin test administer during inspection, DME on March 30, 2014
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Printed Name and Title of Legal Entity Representative (Required on all page DARIENE PRICE PROPERTY TO PROPERTY OF THE PRICE PRICE PRICE PROPERTY PRICE PROPERTY PROPERTY PRICE PROPERTY	
Signature of Legal Entity Repsesentative (Required on all pages)	Date Date
DUNLINE FILLE  DEPARTMENT USE ONLY - HOMES M	Date CAPUL 29, 2014 AY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of $\frac{5/7/14}{}$	Plan of correction implementation status as of $\frac{5}{7}/14$ :
(Date)	(Date)

The above plan of correction was approved by

(Initials)

Partially Implemented – Adequate Progress

Not implemented

Partially Implemented - Inadequate Progress

### LIS - [The Gardens of Green Ridge] - [3/27/14] - [Israel Springs]

#### Regulation

§ 2800.187(a) - A medication record shall be kept to include the resident's name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, and the name and initials of the staff person administering the medication for each resident for whom medications are administered.

#### Violation:

1) The medication administration records for Residents #3, #4 and #5 did not show that medications were administered at 8 am on 3/27/14.

## Plan of Correction

- With Respect to violation #2, The Health Care Director, Executive Director or their designee will assure weekly audits of MAR's. to ensure all staff who administer medications to complete the required documentation under the regulations.
- A completed MAR audit was conducted on March 27, 2014 by Health Care Director with respect to residents #3, #4 and #5, to which included verification of all medications administered on March 27, 2014
- Executive Director verified 8 am medication administered during inspection on March 27, 2014 with respect to residents #3, #4 and #5, staff signature obtained on MARS as a late entry on March 28, 2014
- Medication Technician received a written coaching by Health Care Director on proper documentation of medications on March 28, 2014

Printed Name and Title of Legal Entity Representative (Required on all pages)  OARICHE PRICE EXECUTIVE DIRECTOR		
Signature of Legal Entity Representative (Required on all pages)	april 29 2014	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	Plan of correction implementation status as of 5 / 7/19 : . Fully Implemented	
The above plan of correction was approved by <u>KC</u> (Initials)	Partially Implemented – Adequate Progress  Partially Implemented – Inadequate Progress	
·	∃ Not Implemented	

## LIS - [The Gardens of Green Ridge] - [3/27/14] - [Israel Springs]

Regulation

The above plan of correction was approved by

(Initials)

§ 2800.187(d) - The residence shall follow the directions of the	prescriber		
Violation: The medication administration record showed that Resident #6 5/325mg at 6 am and 2 pm on 3/11/14 because the community	3 did not receive her prescribed doses of Oxycodone y did not have the medication to dispense.		
Plan of Correction			
<ul> <li>With Respect to violation #3 and resident #6, Executive Director and Health Care Director met with Pharmacy Representative, regarding system of time management of delivery of medications to regulations for controlled substance delivery one hour prior and one hour after on April 2, 2014</li> <li>Health Care Director conducted training on March 29, 2014 regarding refills on medications, request will be sent by fax and phone call to pharmacy prior to 7 days of running out and as a follow through on delivery of medication per regulations.</li> <li>Training conducted on March 29, 2014 with medication tech's to address importance of medication given on time and having readily accessible and will be conducted ongoing         <ul> <li>Monthly medication cart audit will be conducted by Executive Director, Health Care Director and or designee to obtain proper medication delivery and ongoing training will be provided.</li> </ul> </li> </ul>			
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Printed Name and Title of Legal Entity Representative (Required on all pages)  ARRIVE PRICE EXECUTIVE DIRECTOR			
Signature of Legal Entity Representative (Required on all pages)	Date April 29 2014		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of $\frac{5/7/19}{\text{(Date)}}$	Plan of correction implementation status as of 5/7/19 (Date)		

Partially Implemented – Adequate Progress

Not implemented

Partially Implemented - Inadequate Progress