



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 8, 2016**

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

RE: The Gardens of Green Ridge  
2751 Boulevard Avenue  
Scranton, Pennsylvania 18509  
Certificate #: 225160

Dear Mr. Repchick:

As a result of the Department of Human Services' licensing inspection on September 14, 2015, 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>Name of Residence:</b> The Gardens of Green Ridge
<b>Address:</b> 2751 Boulevard Avenue Scranton, Pennsylvania 18509
<b>License Number:</b> 22516
<b>Type of Inspection:</b> Partial
<b>Reason(s) for Inspection:</b> Complaint
<b>Notice:</b> Unannounced
<b>On-site Inspection Dates and Department Representatives On-Site:</b> 9/14/2015- Dale Rosenblat and Doug Hoover
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>

**RECEIVED**

MAR 9 4 2015

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

**Regulation**

**§ 2800.65. Staff orientation and direct care staff person training and orientation.**

(g) Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training.

**Violation**

Staff person A, did not receive the required 18 hours of training before providing unsupervised care to residents.

**Plan of Correction**

Effective immediately all new hired employees will receive a 5 day orientation. do insure that the staff person is receiving the required 18 hours training including the 4 hours of Dementia specific training before providing unsupervised care to residents.

Business office manager will make sure this is done

Administrators will double check

Documentation of training will be kept in the Residence. -EE

Printed Name and Title of Legal Entity Representative (Required on all pages)

TERRI Koch

Signature of Legal Entity Representative (Required on all pages)

TERRI Koch

Date

3/4/16

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-8-16  
(Date)

The above plan of correction was approved by EE  
(Initials)

Plan of correction implementation status as of 3-8-16 :  
(Date)

Fully implemented

Partially Implemented - Adequate Progress

Partially implemented - Inadequate Progress

Not implemented

**Regulation  
§ 2800.69. Additional dementia-specific training.**

Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

**Violation**

Staff person A, did not receive the required 4 hours of Dementia-specific training within 30 days of hire.

**Plan of Correction**

Effective immediately all new hired employees will receive a 5 day orientation to ensure that the staff person is receiving the required 18 hours training including the 4 hours of Dementia Specific training before providing supervised care to residents.

Business office manager will make sure this is done.

Administration will double check.

Documentation of the training will be kept by the residence. -EE

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TERRI KATCH

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**Regulation**

**§800.225. Additional assessments**

(a) The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident.

**Violation**

Resident #1 has an Assessment Support Plan (ASP), dated 6/21/2014, that was not reviewed by an RN.

**Plan of Correction**

A flow chart was created that includes that an RN signature is on all ASP's.  
(See attached Form A)

This chart will be checked on a weekly basis by the Resident Care Coordinator and the Memory Care Program Coordinator.

The identified Resident's ASP was immediately reviewed by an R.N. - BE

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**Regulation**

**§ 2900.225. Additional assessments**

(a) The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:

- (1) Annually.

**Violation**

Resident #1 has an Initial Assessment Support Plan (ASP) dated [redacted] 2014. The initial ASP was updated [redacted] 2015. A new annual ASP was not completed.

**Plan of Correction**

A flow chart was created to maintain regulation compliance for ASP's (See attached form A.)  
This chart will be checked on a weekly basis by the resident care coordinator and the Memory care program coordinator.  
The identified resident will have a detailed, comprehensive assessment that identifies all of the resident's care needs. Forms will be completed in their entirety, including signatures and dates. -GE

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**Regulation  
§ 2800.231. Admission.**

(b) *Medical evaluation.* A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

(1) Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

**Violation**

Resident #2 does not have a diagnosis of dementia or Alzheimer's disease documented on the medical evaluation, completed on 10/6/14.

**Plan of Correction**

A flow chart was created to maintain regulation compliance which includes making sure that the special care unit ADME has an Alzheimer's or dementia diagnosis on it. It was checked by the Resident Care Coordinator and the Memory Care program coordinator upon admission and weekly. (Form A)

Resident #2 no longer resides at this residence. SE

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**Regulation  
§2800.231(c)(1)**

A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

**Violation**

Resident #2 did not have a preadmission cognitive screening completed 72 hours prior to admission to the Special Care Unit.

**Plan of Correction**

Effective immediately the Admission Director will not do the admission with having the preadmission screening completed 72 hours prior.

The administrator will also check that it is done before the actual admission.

Resident # 2 no longer resides at the Residence. - BE

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**Regulation**  
§2300.234(a)(i)

Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in each resident's record.

**Violation**

Resident #2 did not have a support plan developed within the required time frames of the regulation.

**Plan of Correction**

A flow chart was created to maintain regulation compliance. (See attached Form A.)  
The flow chart will be checked on a weekly basis by the Resident Care Coordinator and the Memory Care Program Coordinator.  
All support plans will be completed within the required time frames. -SE

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