pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 1 4 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
License #: 225160

Dear Mr. Repchick:

As a result of the Department of Human Services' annual licensing inspections on October 20, 2015 and October 21, 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,

Matthew J. Jones
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 Bouvelard Avenue Scranton, Pennsylvania 18509
License Number: 225160
Type of Inspection: Full
Reason(s) for Inspection: Renewal
Notice: Unannounced
On-site Inspection Dates and Department Representatives On-Site: 10/20/2015 and 10/21/2015 – Dale Rosenblat and Israel Springs
Off-Site Inspection Dates and Inspectors, if Applicable:

Regulation

§ 2800.26. Quality management

(a) The residence shall establish and implement a quality management plan.

Violation

The residence was unable to produce a quality management plan for 2014 or 2015.

Plan of Correction

A quality management plan was established, implemented, and reviewed for 2015 & 2016 on 3/7/2016 - JE
the Administrator will review the plan yearly along with the Quality Management team
See attached (Form A)

The Plan will contain all of the required elements under 2800.26.-22

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

Terri Kotch

Signature of Legal Entity Representative (Required on all pages) Terri Kotch — Date 3/7/16

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 JE (Initials)

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

X Fully Implemented

Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

Not Implemented

Regulation

§ 2000.85. Sanitation.

(d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Violation

Three trash cans located in the kitchen were uncovered. The kitchen was not in use at the time of the inspection.

Plan of Correction

Dietary staff was educated on the importance of keeping the lids on the garbage cans at all times. Different lids including pedestal so the lid is on at all times.

Dietary Manager will continue to observe and educate that the garbage can lids are on at all times especially when not in use

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

3/7/16

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X Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

Not Implemented

Regulation:

§ 2800.85. Sanitation.

(e) Trash outside the residence shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Violation

On 10/20/15, four lids on the outside dumpsters were open leaving trash exposed.

Plan of Correction

All staff was educated on the importance of keeping the lids on the dumpster. The Gardens of Green Ridge also requested a new dumpster because the lids did not close completely.

Maintenance Director will monitor daily that the lids remain closed.

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Terri Koch

Signature of Legal Entity Representative (Required on all pages)

Terri Koch

Date 3/7/16

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- Not implemented

Regulation

§ 2800.130. Smoke detectors and fire alarms.

(g) The residence's emergency procedures must indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Violation

The residence does not have a policy pertaining to inoperable smoke detectors.

Plan of Correction

The Islanders of Queen Ridge implemented an Inoperable Smoke detector policy (See attached Form B

Training was also done with all employees regarding this policy, by 3/17/16 - JE

Training will be done yearly on this policy

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Terri Kotch

Signature of Legal Entity Representative (Required on all pages) | **Date**

Terri Kotch | 3/7/16

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Partially implemented – Inadequate Progress

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Regulation

§ 2800.141. Resident medical evaluation and health care.

(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, subject to the provisions of § 2800.22 (relating to application and admission). The evaluation must include the following:

(11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Violation

Resident #3, admitted on [redacted]2015, does not have a PPD skin test for Tuberculosis.

Plan of Correction

PPD given to resident # 3 after oversight noticed, on 10/26/15 at 11/4/15. See attached Form D.

Resident Care Coordinator educated on the ADME that it is a requirement for admission.

Resident Care Coordinator will check all ADME's upon admission to make sure it was done or needs to be scheduled to be done within 15 days after admission.

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

TERRI Kotch

Signature of Legal Entity Representative (Required on all pages)

Terri Kotch

Date 3/7/16

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Regulation

§ 2600.187. Medication records

(a) A medication record shall be kept to include the following for each resident for whom medications are administered:

(12) Diagnosis or purpose for the medication, including pro re nata (PRN).

Violation

The following medications for Resident #3, do not have a diagnosis listed on the Medication Administration Record:

- Aspirin - 81 mg tab
- Miacalcin – instill 1 spray everyday
- Calcium with vitamin D
- Furosemide – 40 mg tab

Plan of Correction

Pharmacy was immediately made aware that all medications need a diagnosis listed on them. They were changed.

Medication Techs. made aware to make sure there is a diagnosis on each med on the MAR.

Resident #3 currently has diagnosis's on all meds.

Staff re-educated the importance of the diagnosis on the MAR for the medication.

When checking new MAR's - Staff educated to be looking & making sure diagnosis is there.

Resident Care Coordinator & Memory Care Coordinator to check.

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

Kerri Koch

Signature of Legal Entity Representative (Required on all pages)

Kerri Koch

Date 3/7/16

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Regulation

§ 2800.187. Medication records

(a) A medication record shall be kept to include the following for each resident for whom medications are administered:
(14) Name and initials of the staff person administering the medication.

Violation

Resident #4 has a prescription for Refresh Eye drops, 1 drop each eye 2X day that was not initialed as given on 9/20/2015 at 8pm.

Plan of Correction

Staff person reeducated on the importance of proper Medication Administration and documenting.

Resident Care Coordinator will do weekly checks of the MAR5. Documentation of the monitoring will be kept. -JE

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Terri Koch

Signature of Legal Entity Representative (Required on all pages)

Terri Koch

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Regulation

§ 2800.227. Development of the final support plan.

(b) A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, shall review and approve the final support plan.

Violation

Resident #4, Date of Admission [redacted] 2015, has a support plan dated 5/15/2015 that was not reviewed and approved by an RN.

Plan of Correction

A flow chart was implemented to maintain regulation compliance. (See attached Form C) The flow chart will be checked on a weekly basis by the Resident Care Coordinator and the Memory Care Coordinator, to ensure that all support plans are reviewed & approved by an RN. - JE

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Signature of Legal Entity Representative (Required on all pages) Date 3/7/16

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Regulation

§ 2800.227. Development of the final support plan.

(c) The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Violation

Resident #4 resides in the Special Care Unit (SCU). An initial and final assessment was completed on [redacted]/2015, but a quarterly review was not completed until 9/23/2015.

Resident #5 resides in the SCU. An initial and final assessment was completed on [redacted]2014, but a quarterly review was not completed until 9/23/2015.

Plan of Correction

A flow chart was created + implemented to maintain regulation compliance (See attached form C)

The flow chart will be checked on a weekly basis by the Resident Care Coordinator and the Memory care coordinator to ensure that quarterly reviews are completed with time frames required. -LE

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Kerri Kotch

Signature of Legal Entity Representative (Required on all pages)

Kerri Kotch

Date 3/7/16

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Regulation

§ 2800.231. Admission.

(c) Preadmission screening.

(1) Special care unit for residents with Alzheimer's disease or dementia.

(i) 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 #5's cognitive preadmission screening form was not signed or dated by a physician or geriatric assessment team.
Repeated violation – 8/29/15

Plan of Correction

A flow chart was created + implemented to maintain regulation compliance. (See attached Form c)

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

The identified resident's record was amended to include the required information. _____

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

Signature of Legal Entity Representative (Required on all pages) TERRI Kotch — Date 3/4/16

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

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- Not Implemented