

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:
To the state of th
Reason(s) for Inspection:
Renewal
Notice;
Unannounced
On-site Inspection Dates and Department Representatives On-Site: 10/20/201≸ and 10/21/20⊅ – Dale Rosenblat and Israel Springs
Off-Site Inspection Dates and Inspectors, if Applicable:

DAR EL ZOR

CENTRAL REGION FIELD OFFICE Human Services / Icensing

fixegulation § 2800.26. Quality management (a) The residence shall establish and implement a quality ma.	nagement plan.	
Violation The residence was unable to produce a quality management p		
Plan of Congotion		
Of guality Managementy Limplemented, and veve the addunator will yearly along with the &		
The Plan Will contain	a all of the required	
elements under 2500.	26 22	
inted Same and This of Legal Entity Representative (Required on all pages) TERRY Kolen		
emoture of LegalEntity Representative (frequired on all pages)	3/7/16	
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te above plan of correction is approved as of 3-5-7 6 (Date) 7 18 above plan of correction was approved by 8 (Initials)	Plan of correction Implementation status as of 3-8-16 (Date) Fully Implemented Partially Implemented Adequate Progress	
	Partially Implemented - Inudequate Progress	
	Not Implemented	

Regulation § 2008.85. Sentiation. (d) Trash in kitchens end 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 Dustary Stalfb was educated on the unfortunate of Keeping the lide on the apubage cano at all terms. Different lide purposes perphasions of the lide on at all terms. Different lide purposes perphasions of the lide on at all advances that the garbage can lide and on advance that the garbage can lide and on at all terms expecially when not un use.	J
Three trash cans located in the kitchen were uncovered. The kitchen was not in use at the time of the inspection. Plan of Correction Dutony Staff was educated on the unfatorace of You provide hid on the company at all	130
Dutory stable was educated on the unportance	
Dutary Stabb was educated on the unfortance of keeping the hids on the garbage cano at all times. Different hids authoring perphasiols of the hidron matall time Quetary Manager will continue to observe and educate that the garbage can hids are on at all times especially when not un use	<i>(</i>)
	PROGRAMMA COMMISSION C
	оргонической династия
	*NEW Champeon

vinted Name and Title of Legal Entity Representative (Required on all pages) TERRI HOICH	
by nature of Local Entity Representative (Required on all pages) Oute 3/7/16	
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he shove plan of correction is approved as of 3-5-1/2. Plan of correction implementation status as of 3-5-1/6. (Date) Fully Implemented	***************************************
The above plan of correction was approved by (Initials) Partially Implemented – Adequate Progress Partially Implemented – Inadequate Progress	

Regulator
8 2800.85. Sanitation,
(e) Trash outside the residence shall be kept in covered receptacles that prevent the penetration of insects and rodents.
Vivistian
Оп 10/20/15, four lids on the outside dumpsters were open leaving trash exposed.
Pien of Correction
all staff was educated on the importance of
I have a like a like of some pater. The borders
perfect the coop on the daming
of oren Rige also regulated at the aumpales
Keeping the lids on the diempoter. The Hardens of Green Ridge also requestres as new deimpoter because the lids and not close completely.
Maintenance Director well Monetor douby that
the lids remain closed.
inted Name and Title of Legal Epithy Representative (Required on all pages)
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incture of Legal Entity Representative (Required on all pugos) ODER CHOCK
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
e above plan of correction is approved as of 3-5-16:
(Date)
Fully implemented
a above plan of correction was approved by
Partially Implemented - Inadequate Progress

Regulation		
§ 2890.130. Smoke detectors and fire clarms.	PARAMETER	
(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 partaining to inoperable smoke detectors.		
Plen of Correction		
The Islandens of Isluen Ridge implemented		
	letucker policy (Secattached)	
Training was cales done with all employer's regerding. This policy, by 3/7/16-38		
employee's regerding.	this policy, by 3/7/16-38	
Training well be done	- yearly on the policy	
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risted Name and Title of Legal Entity Representative (Required on all pages		
greature of Legal Entity Representative (Required on all pages)	PELE	
Department use only homes ma	Y NOT WRITE BRIOW THIS LIKE	
	And the control of th	
the above plan of correction is approved as of 3-3-14 (Date)	Plan of correction implementation status as of 3-5-16:	
2-	Fully Implemented	
he above plan of correction was approved by 2 (initials)	Partially Implemented - Adequate Progress	
	Partielly implemented – inadequate Progress	

the test shall be administered within 15 days after admission	an, physician's assistant or certified registered nurse timent, subject to the provisions of § 2800.22 (relating to e following: Inistered with negative results within 2 years; or if the the event a tuberculin skin test has not been administered,
Violation Resident #3, admitted on 2015, does not have a PPD a	skin test for Tuberculosis.
Pten of Consistion PPD guven to visident? N 4/15. See abteched Form D. Resident Care Coordinate The ADME that it is a Resident Care Coordinate export cachesission to make welds to be rehobiled. after and issues in.	is orbon overate moticed, on 1924 50 into educated on enguesent on Golivission. In well check all APME'S se seen it was done on to be done withen 15 days.
Printed Home and This of Large Entity Representative (Nequired on all particular of Large Entity Representative (Required on all pages) The Charles of Large Entity Representative (Required on all pages) DEPARTMENT USE ONLY — HOMES	Bes) Date 3/4/16
The above plan of correction is approved as of 3-5-/6 (Date)	Plan of correction implementation status as of 3-14:
The above plan of correction was approved by	Fully Implemented Partially Implemented – Adequate Progress Partially Implemented – Inadequate Progress Not Implemented

Regulation § 2600.187. Medication records (a) A medication record shall be kept to include the followi (12) Diagnosis or purpose for the medication, including pro-	ing for each resident for whom medications are administered: o re nata (PRN).	
Violetion		
The following medications for Resident #3, do not have a dis	agnosis listed on the Medication Administration Record:	
Aspirin - 81 mg tab Miscalcin – instill 1 spray everyday Calcium with vitamin D Furosemide – 40 mg tab		
Plan of Corradion		
That all medications need a diagnosis heted on them. They were changed. Medication Datis made aware to make sure them is a diagnosis on each med on the MAR. Resident 3 Cerrently has diagnosis on all needs, Stably re-reducated the importance of the diagnosis on whe HAR for the reducation. When checking in MAR's - Stably educated to be lacking in making sure diagnosis withere. Resident Care Coordinator + Memory Care Coordinator to check.		
Frinted Name and Title of Logal Entity Representative (Augulred on all props)		
Strature of Livid Entity Representative (Regularia on all pages)	Be 31/11/4	
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, ,	Partially implemented - Inadequate Process	

Regulsika		
§ 2800.187. Medication records		
(a) A medication record shall be kept to include the following for each re	sident for whom medications are administered:	
(14) Name and initials of the staff person administering the medication.		
Volkies		
	viens that never mat initiated on about 1 Pinkings	
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.		
Pien of Consolion		
Stable person resolucated on the importance		
of proper medication Advantation and		
of bolos i garago i doma Bara i o		
boarmenting,		
Resident Bore Coordinatos evel do weekly		
Resident Bone Coordinator well do weekly checks of the MARS. Documentation of the monitoring will be kept SE		
1 st will be kept -	JE .	
monitoring will	77-77-8220	
	Particular	
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	The second secon	
Printed Name and Title of Legal Entity Representative (Required on all pages)		
Signature of Lagai Entity Representative (Required on all pages)		
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(and the second	olemented – Insdequate Progress	
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itogulation § 2890.227. 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 Flesident #4, Date of Admission 2015, has a support plan dated 5/15/2015 that was not reviewed and approved by an RN.
Plan of Correction
a filou chartuas emplemented to Mainteun vigulation compliance. (See abboted Forma)
Vacqueer compliance. Gelabbohod Pokmc)
the Elaw Chartwell be checked on a weekly basis by the Resident Care Coordination and the Memory Care Coordinator, to ensure that all support plans are reviewed + approved by
that all support plans are versewed & approved by
an RN SE
rinted Namo and Title of Legal Entity Representative (Required on all pages)
Constitute of Lagal Epitty Representative (Repulsed on all pages) Onto
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(Inflats) Partially Implemented – Inadequate Progress

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 quarterly review was not completed until 9/23/2015.	
Resident #5 resides in the SCU. An initial and final assessment was completed on 2014, but a quarterly review was not completed until 9/23/2015. Flan of Correction	
a flow chart was created + umplemented	
Le nounteur vigulation compliance (See attached Porne)	
The Elow chart well be checked on a	
Weekly bases by the Resident Care Coordinates	
and the Memory one parrende to ensure	
and the Memory care coordinates to ensure that quarterly neviews are completed with time	
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frames required de	
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RASIARIO:
§ 2800.231. Admizsion.
(c) Preadmission screening.
(1) Special care unit for residents with Alzheimer's disease or dementia. 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 preedmission screening form was not signed or dated by a physician or genetric assessment team. Repeated violation - 6/29/16
Plan of Correction
a flow chart was created + umplemented
to yourtour vegulation compliance. (See attacked Form c)
(See atteched Rom c)
The flow chartwell be checked on a
and the Memory Care Coordinados.
one or will your cookings.
The Edentified resident's record was amended
to include the required information. Se

Princial Rame and Title of Legal Freity Representative (Required on all pages	
Signature of Lagai Entity Representative (Required on all pages)	31/16
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