



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 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 March 30, 2016 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,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: The Gardens of Green Ridge		License Number: 225160
Address: 2751 Boulevard Avenue Scranton, Pennsylvania 18509		County: Lackawanna
Administrator: Terri Kotch		
Legal Entity Name: Green Ridge Personal Care, LLC		
Legal Entity Address: 26691 Richmond Road Bedford Heights, Ohio 44146		
Certificate(s) of Occupancy: 1- 1 (City of Scranton) 9/12/13		
Type of Inspection: Partial		
Reason(s) for Inspection(s): Incident		
On-Site Inspection Dates and Department Representatives On-Site: March 30, 2016 Doug Hoover		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74 Number of Residents Served: 32 Secured Dementia Care Unit in Home: Yes Area: 1 st Floor Secured Unit Capacity, if Applicable: 40 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

RECEIVED
 JUL 25 2016
 CENTRAL REGION FIELD OFFICE
 Human Services Licensing

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

Regulation

60a - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Violation

Resident #1 was admitted to the special care unit (SCU) on [REDACTED] 15. The assessment and support plan, dated 9/22/15 for Resident #1, documents confusion and "exit-seeking" behavior. On 11/20/15, 2/5/16, 3/14/16 and 3/16/16, Resident #1 eloped from the secured SCU. The 3/16/15, elopement resulted from the resident removing window guards, climbing out of the bedroom window and leaving the premises. The residence did not provide additional staffing to meet the supervision needs of Resident #1.

Plan of Correction

All staff were reeducated on making sure that the secure dementia unit door is closed + locked and no residents are behind them when exiting the unit.
 Signs were also put on the doors to make sure that families take note to the doors being closed + locked behind them.
 Window guards were screwed in on each window in the secure dementia unit so they cannot be removed by hand.
 Instead of doing one hour rounds the Gardens of Green Ridge will do one on one with the resident who has high anxiety and continues to exit seek.

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

TERR KATCH - Administrator

Signature of Legal Entity Representative (Required on all pages)

TERR KATCH

Date

7/25/16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-23-16
 (Date)

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

Plan of correction implementation status as of 8-23-16
 (Date)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation

141a - The medical evaluation must include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request.
- (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.
- (12) Information about a resident's day-to-day assisted living service needs.

Violation

Resident #1 was admitted to the SCU on [redacted] 15. The medical evaluation, dated 9/22/15 for Resident #1, did not include the immunization history. There was no printed name or license number associated with the general physical examination and the tuberculin skin test was not completed until 10/19/15.

Plan of Correction

The RN will review the medical evaluation to make sure that everything is filled out and that nothing is left blank. The tuberculin skin test will be checked if it was done prior or it will be done within 15 days as per regulation. The Hardens of their Ridge is also using a form to keep up to date with all forms. See attached.

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

Ferri Ketch - Administrator

Signature of Legal Entity Representative (Required on all pages)

Ferri Ketch

Date

8/25/16

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(Date)

Plan of correction implementation status as of 8-23-16
(Date)

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(Initials)

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- Partially Implemented – Inadequate Progress
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

202 - The following procedures are prohibited:

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

Violation

Resident #1 was given *Lorazepam, 0.5 mg. (PRN)* on 2/5/16 at 7:00 pm for agitation.

Plan of Correction

Lorazepam 0.5mg PRN was changed for PRN of Ambien. Med Tech Staff educated on chemical restraints & the use of drugs or chemicals for controlling behaviors. Instructed to try all other avenues before administering medication for anxiety. Administrator or designee will monitor use of PRN medication.

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

Tere Kath - Administrator

Signature of Legal Entity Representative (Required on all pages)

Tere Kath

Date

5/23/16

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

The above plan of correction is approved as of *8-23-16*
 (Date)

Plan of correction implementation status as of *8-23-16*;
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

- Fully implemented
- Partially implemented – Adequate Progress
- Partially implemented – Inadequate Progress
- Not implemented

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

Regulation

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

The cognitive preadmission screening for Resident #1, admitted [redacted] 15, did not have a date.

Plan of Correction

RN will check to make sure that all areas are filled out on all forms, and no blanks are visible. Form is being used to make sure everything is being reviewed. See attached.

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

TERRI KUTCH - Administrator

Signature of Legal Entity Representative (Required on all pages)

TERRI KUTCH

Date

7/25/16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-23-16
(Date)

Plan of correction implementation status as of 8-23-16 :
(Date)

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

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented