



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 7, 2016**

Mr. William I. Weisberg, Vice 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. Weisberg:

As a result of the Department of Human Services' licensing inspections on June 20, 2016 and July 14, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summaries were found.

All violations specified on the enclosed License Inspection Summaries must be corrected by the dates specified on each 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>PCH Name:</b> The Gardens of Green Ridge		<b>License Number:</b> 225160
<b>Address:</b> 2751 Boulevard Avenue Scranton, Pennsylvania 18509		<b>County:</b> Lackawanna
<b>Administrator:</b> Terri Kotch		
<b>Legal Entity Name:</b> Green Ridge Personal Care, LLC		
<b>Legal Entity Address:</b> 26691 Richmond Road Bedford Heights, Ohio 44146		
<b>Certificate(s) of Occupancy:</b> 1- 1 (City of Scranton) 9/12/13		
<b>Type of Inspection:</b> Partial		
<b>Reason(s) for Inspection(s):</b> Complaint		
<b>On-Site Inspection Dates and Department Representatives On-Site:</b> June 20, 2016 Doug Hoover		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b> July 25, 2016 (Document review) Doug Hoover		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 74	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 48	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> Yes	<b>Are 60 Years of Age or Older:</b> 46	
<b>Area:</b> 1 <sup>st</sup> Floor	<b>Have Mental Illness:</b> 0	
<b>Secured Unit Capacity, if Applicable:</b> 40	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 17	<b>Have a Mobility Need:</b> 21	
<b>Number of Current Hospice Residents:</b> 3	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 5		

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SEP 01 2016

**CENTRAL REGION FIELD OFFICE**  
**Human Services Licensing**

# LICENSING INSPECTION SUMMARY

## Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**

42b - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

**Violation**

Resident #1, admitted [redacted] 15 to the special care unit, has mobility needs. Physician progress notes record that no wounds were present on 11/30/15. On 2/4/16, Resident #1 was seen by a physician for wounds on the left and right heel which required debridement. On 3/15/16, nurse progress notes indicate a large amount of necrotic tissue and a foul odor for the left heel and referred Resident #1 to the wound care center. Four additional wounds were identified in the 3/15/16 progress note. On 3/16/16, physician notes document additional debridement for the heel and surgical intervention was required to stop "bleeding from bones." Leg and buttock wounds were identified in the 3/16/16 physician note.

Progress notes from the Regional Hospital of Scranton, Wound Care and Hyperbaric Medicine, dated 7/6/16, state the following:

- o "Left Heel – Chronic Stage 4 Pressure Injury Pressure Ulcer. Not healed"
- o "Right Buttock – Chronic Stage 4 Pressure Injury Pressure Ulcer. Not healed"
- o "Right Medial Buttock – Chronic Stage 3 Pressure Injury Pressure Ulcer. Not healed"
- o "Sacral - Chronic Stage 3 Pressure Injury Pressure Ulcer. Not healed"

Resident #1 underwent surgery at the Regional Hospital of Scranton on 7/14/16 to repair and facilitate the healing of the right buttock wound.

**Plan of Correction**

The Standards of Practice will educate staff when doing care to be very observant for pressure redness areas & report them immediately to them so the proper interventions can be initiated. After resident is incontinent - resident will be put on B/B plan. Resident is non-ambulatory - reporting go home health will be consulted for PT/OT to improve mobility & possible nutrition intervention and possible pressure reducing measures. Red is responsible for notifying MD to get orders for proper treatment. Tracking of wounds is monitored weekly via tracking logs (see attached). Resident's wound was a non-healing & worsening stage 2 wound progressing to stage 3. Steps were taken for discharge to ensure resident receives the proper level of care. The RED will monitor that wound care is done as per MD orders by agency or staff. The RED will monitor all wound care orders from wound center or MD. The RED will continue to monitor that all pressure relieving equipment is used as per DR orders. The RED will accompany agency nurses to monitor weekly to evaluate wound progress. Required on review report RED on excellent condition. Still, ensure done on skin health + pressure measure + admin was started for checks & reporting (see attached)

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

TERRI KATCH, Administrator

Signature of Legal Entity Representative (Required on all pages)

TERRI KATCH

Date

9/30/16

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

The above plan of correction is approved as of 12-6-16 (Date)

Plan of correction implementation status as of 12-6-16 (Date)

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

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

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SEP 30 2016

CENTRAL REGIONAL FIELD OFFICE

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

**Regulation**

190a - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Violation**

Direct care staff members A, B and C were not qualified to administer medications to residents. In addition to completing and passing the Department-approved medications administration course, staff members are required to have annual practicum and medication administration record (MAR) reviews to maintain eligibility. No practicum or MAR reviews were done in 2015 for direct care staff member A, who passed the course on 11/15/14; direct care staff member B, who passed the course on 1/22/14; or direct care staff member C, who passed the course on 11/15/14.

**Plan of Correction**

Upon becoming administrator of building in February 2016 Administration became a proctor observer to make sure that all observations were done from that point.

Company's Area Director of Clinical Services became a certified medication administration trainer to help with classes and observations.

The resident care director is becoming a proctor observer also to make sure that all observations are done.

The Resident care director and administrator will be responsible to make sure that all Medication technicians have their annual practicum + MAR reviews.

Identified staff persons completed practicum + MAR reviews by 9/21/16. -SE

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

TERRI KATCH / Administrator

Signature of Legal Entity Representative (Required on all pages)

TERRI KATCH

Date

9/1/16

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The above plan of correction is approved as of 12-6-16  
(Date)

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

Plan of correction implementation status as of 9-21-16 :  
(Date)

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

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

**Regulation**

229a - Excludable conditions. Except as provided in subsection (b), a residence may not admit, retain or serve an individual with any of the following conditions or health care needs:

- (1) Ventilator dependency.
- (2) Stage III and IV decubiti and vascular ulcers that are not in a healing stage.
- (3) Continuous intravenous fluids.
- (4) Reportable infectious diseases, such as tuberculosis, in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence.
- (5) Nasogastric tubes.
- (6) Physical restraints.
- (7) Continuous skilled nursing care 24 hours a day.

**Violation**

The residence continued to retain and serve Resident #1 with stage III and IV decubiti and vascular ulcers that were not in a healing stage when first diagnosed on 2/4/16. The residence did not submit an exception request to the Department for Resident #1 who continues to reside in the residence.

**Plan of Correction**

Resident #4 does currently have a waiver at this time (RAREC) eff. 9/5/16  
 Administrators + Resident Care Director understand regulation  
 for any further excludable conditions.  
 Any excludable condition will be reported to DHS and  
 a waiver will accompany immediately. (See attached)

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

TERRI KOTCH / Administrator

Signature of Legal Entity Representative (Required on all pages)

TERRI KOTCH

Date

9/1/16

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<b>On-Site Inspections Dates and Department Representatives On-Site:</b> July 14, 2016 Doug Hoover		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b> NA		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 74	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 47	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> Yes	<b>Are 60 Years of Age or Older:</b> 47	
<b>Area:</b> 1 <sup>st</sup> Floor	<b>Have Mental Illness:</b> 0	
<b>Secured Unit Capacity, if Applicable:</b> 40	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 17	<b>Have a Mobility Need:</b> 19	
<b>Number of Current Hospice Residents:</b> 1	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 5		

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SEP 3 '0 2016

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

**Regulation**

50a - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Violation**

The facility census on 7/14/16 was 47 residents with 19 residents assessed as having mobility needs. Six residents were assessed as requiring the physical assistance of 2 staff persons for evacuation with 5 of those residents residing in the special care unit (SCU). They are as follows:

- Resident #1, admitted [redacted] 6, assessment and support plan dated 5/9/16
- Resident #2 (SCU), admitted [redacted] 13, assessment and support plan dated 4/12/16
- Resident #3 (SCU), admitted [redacted] 16, assessment and support plan dated 5/15/16
- Resident #4 (SCU), admitted [redacted] 15, assessment and support plan dated 4/18/16;
- Resident #5 (SCU), admitted [redacted] 15, assessment and support plan dated 4/19/16
- Resident #6 (SCU), admitted [redacted] 4, assessment and support plan dated 4/20/16

The residence's fire drill record for the 4/29/16 fire drill at 5:00 am, indicates that 3 staff members participated in the drill. Time cards for 4/28/16 and 7/4/16 document 3 staff members working the 11:00 pm to 7:00 am shift. Staff members A, B and C stated that no more than 3 staff members are scheduled to work the 11:00 pm – 7:00 am shift.

The facility does not provide adequate staffing to meet the needs of residents' #1, #2, #3, #4, #5 and #6 for emergency evacuations during the 11:00 pm – 7:00 am shift.

**Plan of Correction**

Resident #1 no longer resides in an assisted living section of the facility [redacted] and Resident #5 no longer resides in an SDU. We now have 4 residents who remain a 2 person assist all in an SDU. The 4 residents of whom Ridge will not admit any more high acuity residents until we have adequate staffing to meet the residents' safety & needs. Currently we schedule 4 staff people as often as we can on the 11-7 shift and 5 to 6 staff people on the 3-11 shift. We are currently hiring to increase staff to meet regulation 60A requiring facility to meet the needs of residents as specified in their APPs.

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

TERRA KATCH

Signature of Legal Entity Representative (Required on all pages)

TERRA KATCH

Date

9/30/16

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