



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to GREEN RIDGE PERSONAL CARE LLC
LEGAL ENTITY

To operate THE GARDENS OF GREEN RIDGE
NAME OF FACILITY OR AGENCY

Located at 2751 BOULEVARD AVENUE, SCRANTON, PA 18509
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 74
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 24

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 8, 2016 until November 5, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **225160**

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 09 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
License #: 225160

Dear Mr. Weisberg:

As a result of the Department of Human Services' annual licensing inspections on September 21, 2016 and September 22, 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.

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences). The revised license indicates a special care unit licensed capacity of 24 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
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: 26651 Richmond Road Bedford Heights, Ohio 44146	
Certificate(s) of Occupancy: 1- 1 (City of Scranton) 9/12/13	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspection Dates and Department Representatives On-Site: September 21-22, 2016 Doug Hoover & Hope O'Pake	
On-Site Inspection Dates and Inspectors, if Applicable: NA	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 74 Number of Residents Served: 47 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: 18 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0; font-size: small;">NOV 2 2016</p> </div>	

CENTRAL REGION FIELD OFFICE
Human Services Licensing

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

Regulation

65h - Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Violation

Direct Care Staff Member A, hired [redacted] 14, did not have 16 hours of annual training relating to job duties in 2015.

Plan of Correction

The CD makes a staff training plan for the year. It will be monitored by the CD to assure that every employee receives training on every topic that is in the regulations including the extra hours of dementia training. A staff training form is now being used to make sure that all employees get the required number of training hours.

The forms checked by the CD quarterly to ensure all employees have enough training hours. If employee is short hours, make up trainings are mandated.

Staff member A completed all required hours in 2016. -*be*

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

11/22/16

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

The above plan of correction is approved as of *12-7-16*
(Date)

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

Plan of correction implementation status as of *12-7-16*;
(Date)

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

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

Regulation

651 - Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Assisted living service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

Violation

Direct Care Staff Member A, hired [REDACTED] 14, did not have annual training in medication self-administration, instruction on meeting resident needs, infection control or assisted living service needs during 2015.

Plan of Correction

The Gardens of Green Ridge's training plan for all direct care staff has been revised to include all the training topics outlined in 880.651.

Employee training records will be reviewed and monitored by the Ed. quarterly to ensure that all required training topics, dates of training & length of training is met.

Staff Member A completed all required trainings in 2016. - BE

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

11/22/16

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

Regulation

187a - A medication record shall

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Violation

The September 2016 medication administration record (MAR) did not have the name of Direct Care Staff Member B who administered medications to residents in September of 2016.

The MAR for Resident #2 did not include the initials for the administration of *Ammonium Lactate Cream, 1%* on 9/11/16 and 9/13/16.

The dose or strength of *Santyl* ointment was not included in the September 2016 MAR for Resident #4.

Plan of Correction

A new master log sheet was done and all Medication Technicians signatures were signed and put in front of MAR book. It will be monitored by RCD and ED monthly. The MAR's were checked by the RCD now on a weekly basis to ensure all initials are on all medications. The RCD will check MAR's on a weekly basis to ensure all orders are complete.

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

TERI Koch

Signature of Legal Entity Representative (Required on all pages)

TERI Koch

Date

11/22/16

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(Date)

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(Date)

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(Initials)

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

Regulation

224a2 - An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission.

Violation

The initial assessment for Resident #1, admitted [redacted] 16, was not completed until 7/21/16.
 The initial assessment for Resident #4, admitted [redacted] 15, was not completed until 10/18/16.

Plan of Correction

The initial assessment will be done within 30 days prior to admission moving forward.
 An admission checklist was created and will be used to assure compliance.
 AD and ED will review check list and the resident chart after admission is complete to assure compliance.
 See Admission checklist

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

TERESA HITCH

Signature of Legal Entity Representative (Required on all pages)

TERESA HITCH

Date

11/22/16

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The above plan of correction is approved as of 12-7-16
 (Date)

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

Plan of correction implementation status as of 12-7-16 :
 (Date)

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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 written cognitive preadmission screening for Resident #1, admitted to the special care unit (SCU) on [redacted] 16, was dated 7/14/16.

The written cognitive preadmission screening for Resident #4, dated [redacted] 16, is signed by the administrator only. There is no documentation that a physician or a geriatric assessment team collaborated in the cognitive preadmission screening for Resident #4.

Repeated violation -- 3/30/16

Plan of Correction:

The Hardens of Green Ridge admission process is when the preadmission screening is completed the doctor is sent the screening to review and sign within 72 hours prior to admission to the special care unit. The physician and an RN is our geriatric assessment team. When checking the admission chart via the checklist the RCD and ED will make sure the pre screening is totally completed.

See admission checklist

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

11/21/16

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(Date)

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

Plan of correction implementation status as of 12-7-16 :
(Date)

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

<p>Regulation 231d - Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.</p>
<p>Violation There is no documentation in Resident #1's record that the resident agreed to admission to the special care unit (SCU) on [REDACTED] 16.</p>
<p>Plan of Correction:</p> <p style="text-align: center; font-size: 1.2em;">When doing an admission the ED and RCD will ensure that the SCU document for admission is signed by the resident and when appropriate the resident's designated person.</p> <p style="text-align: center; font-size: 1.2em;">Admission checklist will be used to ensure that the SCU consent form for admission is completed when chart is reviewed by the ED & RCD</p> <p style="text-align: center; font-size: 1.2em;">See admission checklist</p>

<p>Printed Name and Title of Legal Entity Representative (Required on all pages) TERRI LYN</p>	
<p>Signature of Legal Entity Representative (Required on all pages) </p>	<p>Date 11/2/16</p>
<p>DEPARTMENT USE ONLY – NONES MAY NOT WRITE BELOW THIS LINE!</p>	
<p>The above plan of correction is approved as of <u>12-7-16</u> (Date)</p> <p>The above plan of correction was approved by <u>AE</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>12-2-16</u> (Date):</p> <ul style="list-style-type: none"> <input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented – Adequate Progress <input type="radio"/> Partially Implemented – Inadequate Progress <input type="radio"/> Not Implemented