



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 10 2019

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's Bureau of Human Services Licensing annual inspection on October 31, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Name of Assisted Living Residence: The Gardens of Green Ridge		License Number: 225160
Address: 2751 Boulevard Avenue Scranton, PA 18509		County: Lackawanna
Administrator: Bayard Williams		
Legal Entity Name: Green Ridge Personal Care, LLC		
Legal Entity Address: 26691 Richmond Road Bedford Heights, OH 44146		
Certificate(s) of Occupancy: 11/9/12/2013		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: 10/31/2018 Amy DeLuca, Ryan Novak		
Off-Site Inspection Dates and Inspectors, if Applicable:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74	Number of Residents who:	
Number of Residents Served: 53	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 53	
Area: 1 Floor Rear Wing	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable 24	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 29	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 15		

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

Regulation 2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Violation

The licensing inspection summary dated 5/22/18 posted in the lobby of the home contained the resident privacy coding document. The document exposes confidential information of the residents.

Plan of Correction

- To stay in compliance with 2800.17 The licensing Inspection Summary Containing Confidential information has been immediately removed.
- HIPPA Policies / Procedures will be followed.
- Executive Director will Monitor.

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

Barbara Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date *11/27/2018*

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

The above plan of correction is approved as of 12-6-18
(Date)

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

Plan of correction implementation status as of 12-6-18 ;
(Date)

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

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

Regulation 2800.22(a)(1) - The following admission documents shall be completed for each resident: Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies:
 (i) The resident is being admitted directly to the residence from an acute care hospital.
 (ii) The resident is being admitted to escape from an abusive situation.
 (iii) The resident has no alternative living arrangement.

Violation

Resident #1 was admitted to the home on 7/30/18. The ADME was completed on 12/28/17.

Plan of Correction

In Staying Within Compliance of Regulation 2800.22 (a)(1)
 - Resident #1 was admitted into the home physically on 8/16/2018 - The ADME was completed on 7/30/2018. The Primary Care Physician last saw Resident #1 on 12/28/17.
 - The Home will continue to adhere to the timeframes listed in 2800.22(c)(1) regarding admission documentation.
 - RCD will monitor and complete accordingly
 - Executive Director will monitor / Review

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

Ronald Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date *11/27/2018*

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

Regulation 2800.65(h) - 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

Staff person A and B did not have training in the required annual training topic Medication Self administration.

Plan of Correction

To stay within compliance with staff training Regulation 2800.65(h) and 2800.69;
 The Business Office Manager has been Re-Inspected to ensure all staff members are trained accordingly to the annual training topics as Required.
 - Executive Director will monitor per annual training plan.

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Edward Williams Executive Director	
Signature of Legal Entity Representative (Required on all pages)	Date 11/27/2018
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.101(i) - A resident shall have access to his living unit at all times.
Violation The door to room 402, located in the home's special care unit is kept locked by staff. According to staff interview, Resident #2, who resides in the room, is not able to keep a key with him/her at all times in order to unlock the door themselves.
Plan of Correction Adhering to Resident Rights per 2800.101 (i) Room # 402 in the homes special care unit has been made a private room. - Resident #2 has moved into an unlocked, semi-private room with full access to the living unit at all times. - RCD will continue to monitor Resident Placement in coordination / Review of the Executive Director.

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Ronald Williams - Executive Director</i>	
Signature of Legal Entity Representative (Required on all pages) 	Date <u>11/27/2018</u>
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Violation

The fire drill conducted on 4/3/18 was conducted by the fire department at 1:57pm. The fire drill logs indicate the drill was conducted at 2:00am.

Plan of Correction

To stay in compliance with 2800.132(c) the Director of Maintenance has been re-instructed on the specific documented information written on the fire Drill log form.

- Executive Director will monitor the fire drill log to ensure the information listed is documented accurately and within compliance.

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

David Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date

11/29/2018

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

Regulation 2800.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Violation

According to resident interview, Resident #3 did not evacuate during the fire drill conducted on 10/23/2018 because the resident was in pain from an injury and the resident's family member did not want the resident to be evacuated.

Plan of Correction

To ensure Safety & Compliance with Regulation 2800.132(h) Director of Maintenance and Staff have been made aware of Resident #3. And the importance of adhering to evacuation Procedures. has been Reviewed / discussed with Resident #3.

- Staff Re-Inserviced on proper fire safety procedure(s) and safe evacuation procedures for all Residents and Staff.
- Director of Maintenance to monitor for compliance during fire drills and report to the Executive Director
- Executive Director to monitor

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

Doreen Williams - Executive Director
 Signature of Legal Entity Representative (Required on all pages)

Date *11/27/2018*

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

Regulation

2800.141(a)(2) - 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 home on 7/30/18. The tuberculosis skin test was completed on 9/15/18.
 Resident #4's most recent tuberculosis skin test was completed on 7/27/16.
 Resident #5's most recent tuberculosis skin test was completed on 12/7/15.

Plan of Correction

In adhering to Regulation 2800.141(a)(2)(ii) Residents being admitted into the home will be administered a tuberculin skin test within 15 days after admission if not documented to have been received prior to admission or if a chest X-Ray has not been completed.

- RCO to monitor for compliance and Report to Executive Director on each admission.
- Executive Director to monitor.

- It has been understood / interpreted. Residents being admitted into the home have received or receive a tuberculin skin test upon admission or within 15 days after admission. It was not understood / interpreted to receive the tuberculosis skin test upon admission or within 15 days after admission, and then again receive the tuberculosis skin test every 2 years.

The administrator shall monitor and be responsible for on-going compliance. 12-6-18 MM

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

Deborah Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date 11/27/2018

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

Regulation 2800.184(a) - The original container for prescription medications must be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
- The name and title of the prescriber.

Violation

Resident #1's Victoza pen was not labeled with the resident's name or the staff person who opened the pen.

Plan of Correction

To remain in compliance with Regulation 2800.184(a)

- RCD, LPN Supervisor and Med-Techs have been Re-Inserviced on proper procedures for glucometers according to Sober Policy including proper procedures for insulin disbursement including proper storage, dates, and labels.
- Resident #1's Insulin Pen was immediately labeled properly.
- RCD + LPN Supervisor to Review/Monitor/Audit for proper protocol/procedure(s)
- Executive Director to Monitor.

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

Raymond Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date 11/27/2018

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

<p>Regulation 2800.187(d) - The residence shall follow the directions of the prescriber.</p>
<p>Violation Resident #6 has an order for Diltiazem once daily hold for heart rate less than 60. On 10/23/18 and 10/27/18 the heart rate was 58 and the medication was administered. Resident #6 has an order for Metoprolol tartrate hold for systolic blood pressure less than 100 and heart rate less than 60. On 10/1/18 at 9am the heart rate was 59; on 10/23/18 at 9am the heart rate was 58; on 10/25/18 at 9am the heart rate was 53. The medication was incorrectly administered on all three dates.</p>
<p>Plan of Correction To adhere to Regulation 2800.187(d) Med-Techs Inservice on Proper Medication Administration. - Med-Techs must adhere to the Primary Care Physician Orders Regarding Prescribed Medication Instructions(s) - Incident Report Immediately Completed and Sent to DHS during annual inspection. - All contacts updated January Regarding Resident #6. - Parameters in turn were discontinued same day by order of the Primary Care Physician - RCO to Monitor 2800.187(d) Compliance, + Report to Executive Director - Executive Director to monitor for compliance.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>David Williams - Executive Director</i>	
Signature of Legal Entity Representative (Required on all pages) <i>[Signature]</i>	Date <i>11/27/2018</i>
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.231(e)(1) – Additional assessments.

In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.

Violation

Resident #4's ASP was completed on 7/17/17. The home did not complete a quarterly review in January 2018.

Plan of Correction

POC Inserved on proper time frame completion according to DHS Regulation 2800.231 (e)(1)

- *POC to complete ASP within proper timeframe; Initial, Qtrly, and Annually.*
- *Executive Director to Monitor.*

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

Boyd Williams Executive Director

Signature of Legal Entity Representative (Required on all pages)

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

Regulation 234(a) Support or rehabilitation plan. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in each resident's record.

Violation

Resident #7 was admitted to the home's specialize care unit on 9/10/18. The ASP was not completed until 9/20/18.

Plan of Correction

- RCO Inservice on DHS Regulation 234 (a) Pertaining Proper 72 hour time frame completion of the ASP for Residents admitted into the special care unit.
- RCO will complete the ASP for Special Care Unit admissions within the 72 hour time frame.
- Executive Director to monitor proper time frame(s) are adhered to.

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

David Willegas Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date 11/27/2018

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