



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: January 4, 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 inspection on November 28, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

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|--|---|----------------------------------|
| Name of Assisted Living Residence: The Gardens of Green Ridge Assisted Living | | 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: I-1 9/12/2013 | | |
| Type of Inspection: Partial | | |
| Reason(s) for Inspection(s): Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site: 11/28/18; Amy DeLuca | | |
| Off-Site Inspection Dates and Inspectors, if Applicable: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 74 Number of Residents Served: 54 Secured Dementia Care Unit in Home: Yes Area: Rear Wing Secured Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 15 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0 | |

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

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| Regulation 2800.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.. |
| Violation Resident #1 has an order for Hydrocodone Acetaminophen 325mg to be administered every 4 hours as needed for pain. It was determined through staff and resident interview that the medication was being signed out on the controlled substance log sheet as administered to the resident consistently from 10/5/2018 through 11/13/2018 but the staff persons A and B who removed the medication from the blister pack were not actually administering the medication to the resident. Lab results from a urinalysis taken on 11/14/18 show the drug was not present in the resident's system, thought the log sheet shows it was administered at 7:30am. |
| Plan of Correction During Medication/Narcotic Audit ROD & ED noticed concerning issues. Investigation immediately began. Through thorough investigation, it was noted per above violation Regarding Regulation 2800.20 (b)(4), all appropriate parties were notified in a regional timely manner; DHS, Area Agency on Aging, and Scranton Police Department. Medication/Narcotic Administration is closely monitored in accordance with DHS Regulations + Saber Policies. - Resident #1 was spoken to & notified, Resident #1's PoA, PCP also notified. - Resident #1 Received financial Medication Refund for cost of Medication from 10/05/18 through 11/13/18 - Proof of Refund attached. - In order to stay within compliance of Regulation 2800.20 (b)(4) Inservice was held with all staff Regarding Regulation 2800.20 (b)(4) along with Area Agency on Aging Paper Reporting Procedures for any Suspected Misappropriation. - Continued Monitoring of Medications/Narcotics will be monitored per Saber policy. |

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)

Date 12/18/18

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The above plan of correction is approved as of 12-20-18
 (Date)

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

Plan of correction implementation status as of 12-20-18
 (Date)

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