

Department of Human Services  
Bureau of Human Service Licensing

May 12, 2021

GREEN RIDGE PERSONAL CARE LLC  
26691 RICHMOND ROAD  
BEDFORD HEIGHTS, OH, 44146

RE: THE GARDENS OF GREEN RIDGE  
2751 BOULEVARD AVENUE  
SCRANTON, PA, 18509  
LICENSE/COC#: 22516

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY**

**Facility Information**

**Name:** THE GARDENS OF GREEN RIDGE      **License #:** 22516      **License Expiration Date:** 11/05/2020  
**Address:** 2751 BOULEVARD AVENUE, SCRANTON, PA 18509  
**County:** LACKAWANNA      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5704688410      **Email:** [REDACTED]

**Legal Entity**

**Name:** GREEN RIDGE PERSONAL CARE LLC  
**Address:** 26691 RICHMOND ROAD, BEDFORD HEIGHTS, OH, 44146  
**Phone:**      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 65      **Waking Staff:** 49

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 06/09/2020

**Inspection Dates and Department Representative**

06/09/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 74      **Residents Served:** 46

**Special Care Unit**

**In Home:** Yes      **Area:** n/a      **Capacity:** 24      **Residents Served:** 18

**Hospice**

**Current Resident:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 46  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 19      **Have Physical Disability:** 0

## Inspections / Reviews

06/09/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *01/25/2021*

1/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/05/2021*

5/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a Sanitary conditions

## 1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*Resident #1's glucometer had dried blood on the machine.*

## Plan of Correction - 01/25/2021

Accept

*n conjunction with the educational in-service provided to medication techs on 1/14/2021 regarding facility glucometer policy, auditing, and sanitation, appropriate storage and dating of diabetic supplies has been addressed. nsulin pens will be dated when opened for use and will be audited 2x weekly along with glucometer audit to maintain compliance. A weekly sign-off sheet is maintained in the medication room refrigerator by lead medication technician and is audited by the Resident Care Director/LPN on a monthly basis.*

Completion Date: 01/21/2021

## Update - 01/21/2021

*The Adm/Director of Wellness will submit a current copy of a sign off sheet that is currently in use for review to determine compliance with the Resubmission of this Plan of Correction (POC).*

AG, 1-25-21

## Document Submission - 05/12/2021

Implemented

*Weekly insulin pen audit sign off sheet attached to this submission, please see attached documents.*

## Update - 04/22/2021

reviewed in Portal

AG, 5-12-21

## 162e Menu changes

## 1. Requirements

2800.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

## Description of Violation

*On 6/9/20, residents choice was listed on the menu for the lunch meal. Cheeseburger soup and grilled cheese was served instead. No notice was provided to the residents in advance of the meal.*

## Plan of Correction - 01/25/2021

Accept

*Dietary staff in-serviced 10/1/2020 and 1/14/2021 on state compliance and 2800 regulations in regards to food service. Menu changes are made by the Dietary Manager/Supervisor upon approval by the Administrator and/or the Regional Registered Dietician for the company. Dietary staff understands the posted menu for residents to view must be adhered to and changes must be made in advance. This topic is covered during resident council meetings which are currently taking place one-on-one due to COVID-19 restrictions.*

Completion Date: 01/21/2021

## Update - 01/21/2021

*The Adm or Dietary Manager will submit a copy of the Training overview and the signature from the Trainings on 10-1-2020 and 1-14-21 with the Resubmission of the POC.*

AG, 1-25-21

162e Menu changes (*continued*)**Document Submission - 05/12/2021****Implemented***Education training records and agendas attached to this submission, please see attached documents.***Update - 04/22/2021***reviewed in Portal**AG, 5-12-21*

## 183e Storing Medications

**1. Requirements**

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation***Resident #2's humalog quick pen was not dated when opened as per the manufacturers instructions.***Plan of Correction - 01/25/2021****Accept**

*In conjunction with the educational in-service provided to medication techs on 1/14/2021 regarding facility glucometer policy, auditing, and sanitation, appropriate storage and dating of diabetic supplies has been addressed. Insulin pens will be dated when opened for use and will be audited 2x weekly along with glucometer audit to maintain compliance. A weekly sign-off sheet is maintained in the medication room refrigerator by lead medication technician and is audited by the Resident Care Director/LPN on a monthly basis.*

**Completion Date: 01/21/2021****Update - 01/21/2021**

*The Adm or Wellness Director will submit a copy of the most recent 2 week audit for glucometers showing findings, remediation, if any, and action taken, if indicated. This will accompany the resubmission of the POC.*

*AG, 1-25-21***Document Submission - 05/12/2021****Implemented**

*Most current glucometer audits attached, lead medication tech audits daily and rechecked by RN weekly. Please see attached documents.*

**Update - 04/22/2021***Reviewed in Portal**AG, 5-12-21*

## 185a Storage procedures

**1. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation***Resident #1's glucometer was not calibrated to the correct time.*

*Resident #1's treatment sheet and MAR noted a blood glucose reading of 263 on 6/8/20 at 12pm, the glucometer had a reading of 247.*

## 185a Storage procedures (continued)

**Plan of Correction - 01/25/2021****Accept**

Medication technicians have been in-serviced on how to calibrate a glucometer machine. Medication technicians must be diligent in recording accurate blood glucose readings and ensure machines are displaying correct date and time as part of the glucometer auditing process. As a continuation of violations 1 and 3, these in-services encompass all requirements in adherence to 2800 regulations. Audits performed by the LPN/Resident Care Director on a monthly basis will continue and will increase if needed due to continued failure to maintain compliance. Continued education will be provided as needed.

Completion Date: 01/21/2021

**Update - 01/21/2021**

The Adm or Wellness Director will submit a copy of the most recent Audit that has been completed showing review, findings, and remediation taken, if any. These are also being submitted with the Resubmission of the POC. AG, 1-25-21

**Document Submission - 05/12/2021****Implemented**

Same documentation submitted for 183e. Audits completed daily by medication technician and rechecked by RN weekly.

**Update - 04/22/2021**

Reviewed in Portal  
AG, 5-12-21

## 187b Date/time of med admin

**1. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #1's 8am medications were not initialed as administered in the MAR on 6/9/20. Staff member A reported that the 200 wing MAR was not initialed as administered yet but the medications were administered.

**Plan of Correction - 01/25/2021****Accept**

All medication technicians were educated on proper medication administration procedures. Staff will continue to be educated as needed. MARs will be reviewed once a month by the LPN/Resident Care Director. Please see attached in-service record.

Completion Date: 01/21/2021

**Update - 01/21/2021**

The Adm or Wellness Director will submit a most current review of the MAR review for 187b, including findings, actions taken, if any, and outcomes. These will accompany the resubmission of the POC via the Portal. AG, 1-25-21

**Document Submission - 05/12/2021****Implemented**

Our LPN/Resident Care Director completed train the trainer certification, April 21, 2021. [REDACTED] will be conducting reviews by April 24, 2021. I will submit trainer certificate and MAR review upon receipt.

**Update - 04/22/2021**

Reviewed in Portal  
AG, 5-12-21

## 187d Follow prescriber's orders

**1. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #3 has an order for metolazone 2.5mg 1 tablet by mouth daily as needed for weight more than 140 pounds. On 6/2/20 the residents weight was 142 pounds and the medication was not administered. On 6/4/20 the residents weight was 140 pounds and the medication was administered and should have been held.*

**Plan of Correction - 01/25/2021****Directed**

*In conjunction with in-service regarding proper medication administration procedures, Medication Technicians have been in-serviced on the importance of following **prescriber's** orders. Please see attached in-service record.*

*Directed Plan of Correction:*

*The Home will ensure that at a minimum there is a review of current dr orders once per month. This will be conducted at the direction of the Adm/Director of Wellness and documented on an Audit format of the home's choosing and reviewed and signed off and dated by the Administrator or Wellness Director.*

*Audit forms will be retained by the home.*

*AG, 1-25-21*

*Completion Date: 01/21/2021*

**Document Submission - 05/12/2021****Implemented**

*The physician orders are reviewed at month beginning and weekly (minimum) by the LPN/RCD as needed for any changes. Please see attached audit.*

**Update - 04/22/2021**

*Reviewed in Portal*

*AG, 5-12-21*