

Department of Human Services  
Bureau of Human Service Licensing

October 2, 2020

WILLIAM I WEISBERG, PRESIDENT  
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 Mr. Weisberg,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2020, 07/17/2020, 07/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING 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: *Jennifer Loy* Phone: *570-687-5525* Email:  
*jennifer.loy@SABERHEALTH.COM; lindscott@pa.gov; agraziano@pa.gov*

**Legal Entity**

Name: *GREEN RIDGE PERSONAL CARE LLC*  
 Address: *26691 RICHMOND ROAD, BEDFORD HEIGHTS, OH, 44146*  
 Phone: Email: *GN@SABERHEALTH.COM*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint,Incident* Exit Conference Date: *07/23/2020*

**Inspection Dates and Department Representative**

*07/16/2020 - On-Site: Ryan Yankowy*  
*07/17/2020 - Off-Site: Ryan Yankowy*  
*07/23/2020 - On-Site: Ryan Yankowy*

**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: *26* Residents Served: *19*

**Hospice**

Current Residents: *1*

**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: *20* Have Physical Disability: *0*

## Inspections / Reviews

## 07/16/2020 - Partial

Lead Inspector: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *09/08/2020*

## 9/16/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *10/01/2020*

## 10/2/2020 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

## 16c Incident reporting

### 1. Requirements

2800.

- 16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

### Description of Violation

*The home conducted an internal investigation regarding a possible resident right violation of privacy on 7/7/20. The home did not submit an incident report to the Department regarding the possible resident right violation.*

### Plan of Correction

**Accept**

*At any time it is reported to the Administrator that there is a possible resident right violation, the Administrator will send an initial report to the Department to notify the Department of the possible violation. A final report at the conclusion of the investigation will be submitted to the Department with the findings of the allegations.*

**Completion Date:** 09/04/2020

### Update - 09/16/2020

*In addition to an alleged Residents' Rights violations, the Administrator will ensure that the additional 18 events are also reported to the Northeastern Regional Office as required within the 24-hour time frame. The Administrator will ensure that all employees are familiar with all 19 reportable events. AG 9-16-2020*

### Document Submission

**Implemented**

*All employees have been educated on the 20 reportable incident events and understand that the administrator or designee is to be notified immediately if any of the incidents occur. A copy of the Requirements and Best Practices for Reportable Incidents (Appendix B) 2800 Regulations has been posted at both nurses stations. Please see attached Record of In-service.*

## 42x Safeguard money/property

### 1. Requirements

2800.

- 42.x. A resident has the right to a system to safeguard a resident's money and property.

### Description of Violation

*The home does not have a system in place to safeguard the residents funds or valuables.*

## 42x Safeguard money/property (continued)

**Plan of Correction****Directed**

*The home furnishes each resident room with a locking wardrobe. It is the resident's choice to lock the wardrobe or not. Each resident has a key for the wardrobe. There is one designated staff member, usually the Medication Tech on duty that also has a copy of the key in the event the resident's key is misplaced.*

*(Please see attached photo)*

*Residents will be educated on availability and use of lock for personal belongings, once installation is complete.*

*Alternative solution:*

*The home is installing locks with a key on resident's top nightstand drawer.*

*(Please see attached photo)*

*Directed Plan of Correction*

*9-16-2020*

*The home will submit a comprehensive list of room numbers with nightstands with drawer locks upon completion on installation and resident signatures or refusals upon completion. AG*

*Please note no photo was attached. Please try again or contact Sans Write for assistance.*

**Completion Date:** 09/30/2020

**Document Submission****Implemented**

*Please see attached Resident/Room List.*

*A survey was completed on what residents want an additional locking drawer aside from locking wardrobe. 13 out of 28 Assisted Living Residents wanted an additional safeguarded area. Those 13 residents now have a locking bedside drawer and have been educated on its use. The resident has also been notified that if they should misplace the key, the Director of Maintenance has a spare copy. Residents who declined an additional safeguarding system will be approached at a later time. In the event a resident changes their mind and wants the locking bedside drawer, one will be installed promptly. We have enough locks for all rooms in facility and they will be kept on hand if needed.*

*Please see attached education and survey with resident signatures and photo.*

*The Resident List is the survey that was taken initially prior to installation, 15 residents declined installation of an additional safeguarding system.*

## 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.*

85a Sanitary conditions (*continued*)**Plan of Correction****Directed**

*In-service conducted with all Medication Technicians regarding the handling and cleaning policy of glucometer machines.*

*(Please see attached in-service explanation and policy)*

*Glucometers are to be cleansed before and after use with a Sani-Cloth Germicidal disposable wipe\**

*Glucometers are monitored and cleaned daily by the Medication Technician on duty. A glucometer audit originally in place to be conducted monthly, has been increased to 2x monthly to ensure sanitary conditions are maintained.*

*Non-compliance with this policy results in disciplinary action and reeducation provided by the Administrator, Resident Care Director/LPN, or RN Supervisor.*

*Directed Plan of Correction*

*9-126-2020*

*The Administrator of Director of Wellness will submit a completed bi-weekly audit of the home's glucometers no later than 10-1-2020 to the Northeastern Regional Office for review. AG*

*Please note no policy was attached. Please try again or contact Sans Write for assistance.*

**Completion Date:** *10/01/2020*

**Document Submission****Implemented**

*Please see attached glucometer audits. The glucometers are going to continue to be audit weekly and policy will be enforced daily.*