

Department of Human Services
Bureau of Human Service Licensing

March 30, 2022

[REDACTED]
GREEN RIDGE PERSONAL CARE LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021 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 - PUBLIC

Facility Information

Name: *THE GARDENS OF GREEN RIDGE* License #: *22516* License Expiration: *11/05/2022*
Address: *2751 BOULEVARD AVENUE, SCRANTON, PA 18509*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *570-468-8410* Email: [REDACTED]

Legal Entity

Name: *GREEN RIDGE PERSONAL CARE LLC*
Address: [REDACTED]
Phone: *5704688410* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/02/2013* Issued By: *City of Scranton*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]
11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *50*

Special Care Unit

In Home: *Yes* Area: *n/a* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2022*

02/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/18/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/12/2022*

03/30/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - 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.

Description of Violation

The 200 hallway MARS were left unlocked and unattended on top of the medication cart located next to Room #302. The MARS contain confidential information of the residents.

Plan of Correction**Accept**

At time of observation resident was calling for assistance , in an effort to assist in timely fashion to ensure there was not an emergency staff member left MARS and entered room #302 to assist resident requesting assistance.

The facility will remain in compliance with 2800.17. Staff members have been re-educated, and in-serviced on 2800.17.

Documents of re training and in-service as it relates to 2800.17 to be attached as proof of compliance.

Director of Nursing will ensure compliance is being upheld.

Completion Date: 01/27/2022

Document Submission**Implemented**

Attached are documents related to staff re-education and in-service on 2800.17

25c2 Fee schedule

1. Requirements

2800.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's contract dated [REDACTED]/21 does not include a fee schedule.

Plan of Correction**Accept**

The facility's contract does have a portion of the admission agreement listing all the service and amenity charges. As it relates to 2800.25.c the charges are listed in general. In order to remain in compliance with 2800.25c the facility has established a specific resident/admission service rate agreement along with the original service and amenity fee listing.

The form will be attached for proof of compliance

Director of Admissions will utilize to remain in compliance.

Business Office Manager will utilize to remain in compliance.

Administrator will give final review to monitor/ensure compliance with 2800.25.c

Completion Date: 01/27/2022

Document Submission**Implemented**

Attached is the admission rate sheet relating to 2800.25.c for compliance

51 Criminal background checks

1. Requirements

51 Criminal background checks (continued)

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Direct care staff member A hired [REDACTED]/21 did not have a Pennsylvania State Police Criminal Background completed.

Plan of Correction

Accept

Please note at time of Annual Inspection Regulation 2800.51 was on a regulatory suspension from PA Department of Human Services. Facility should not have been cited being this regulation was on suspension at time of Annual Inspection and was not re-instated until 12/06/2021. This listed violation is requested to be removed from this record.

However facility takes regulatory compliance seriously and to remain in compliance with 2800.51 facility did complete a Pennsylvania State Police Criminal Background Check on staff member A. Can be attached for proof of compliance.

Business Office Manager to ensure compliance with 2800.51 for all hires.

Administrator to review compliance.

Completion Date: 11/08/2021

Document Submission

Implemented

n/a

60a Staffing/support plan needs

1. Requirements

2800.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

The home routinely has 2 staff members working from 11p-7am. The home has 6 residents that require one person to transfer the resident to an assistive device and then push to a fire safe area. The home also has 20 residents residing on the homes special care unit. 17 of these residents would require constant cuing to evacuate. 3 of the residents would require a one person to transfer the resident to an assistive device and then push to a fire safe area. The home does not have adequate staff to assist the residents from 11p-7a in the event of an emergency according to their ASPs.

Plan of Correction

Accept

The facility has taken into account 2800.60(a) as it relates to the needs listed on the ASP. The facility will hire/schedule additional staff members for the 11pm-7am shift.

Director of Nursing will monitor schedule to maintain 2800.60(a) and will monitor the ASP for any potential additional needs.

Completion Date: 02/10/2022

Document Submission

Implemented

n/a

63a First Aid/CPR 1:35

1. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

The home currently serves 50 residents. On 10/22/21 from 7a-8a & 5p-7a only one staff member was certified in First Aid working in the home. On 10/23/21 from 7a-3p only one staff member was certified in First Aid working in the home. From 3p-7p no one was certified in First Aid working in the home. From 7p-7a one person was certified in First Aid working in the home. On 10/24/21 from 7a-1215p one person was certified in First Aid working in the home. From 3p-7p no one was certified in First Aid working in the home. From 7p-7a one person was certified in First Aid working in the home.

Plan of Correction**Accept**

The facility will ensure compliance with 2800.63a. Required staff members within the facility were certified in CPR, however their certifications did not include First Aid.

Under current/new administration facility has immediately come into full compliance with 2800.63a and required staff have been re certified and re trained in both CPR and First -Aid training to ensure ratio is well complied with as it regards to 2800.63a. CPR First Aide documentation and certification will be attached for proof of compliance. Business Office Manager and Administrative Assistant will keep audit tracking to ensure facility remains in compliance.

Administrator will monitor for compliance.

Completion Date: 11/24/2021

Document Submission**Implemented**

Attached are CPR and First-Aid training certification documents for compliance with 2800.63a

65e Rights/Abuse 40 Hours**1. Requirements**

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

6. Core competency training that includes the following:

- i. Person-centered care.
- ii. Communication, problem solving and relationship skills.
- iii. Nutritional support according to resident preference.

Description of Violation

Ancillary staff member B hired [REDACTED]/21, C hired [REDACTED]/21, direct care staff members D hired [REDACTED]/21, E hired [REDACTED]/21 & A hired [REDACTED]/21 did not have core competency training.

Plan of Correction**Accept**

Staff Members B and C are no longer with the company.

Staff Members D, E, and A training forms have been corrected.

All staff receive an orientation and training period upon hire. The error was not related specifically to non training compliance it was a training documentation error.

The incorrect documentation was being utilized to record training being held. The incorrect forms have been discarded for future use, the correct form has been put in place.

Staff members corrected forms can be submitted for proof of correction/compliance

Completion Date: 02/10/2022

65e Rights/Abuse 40 Hours *(continued)***Document Submission****Implemented**

Attached are the corrected training forms for staff members D, E, and A to demonstrate compliance

65g Initial direct care training

1. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

3. Initial direct care staff person training to include the following:

xvii. Behavioral management techniques.

xix. Person-centered care and aging in place.

Description of Violation

Direct care staff members D hired [REDACTED]/21, E hired [REDACTED]/21 & A hired [REDACTED]/21 did not have training in behavioral management techniques, person centered care and aging in place.

Plan of Correction**Accept**

All staff receive an orientation and training period upon hire. The error was not related specifically to non training compliance it was a training documentation error.

The incorrect documentation was being utilized to record training being held. The incorrect forms have been discarded for future use, the correct form has been put in place.

Staff Members D, E, and A training forms have been corrected. Corrected forms can be submitted for proof of correction/compliance

Completion Date: 02/10/2022

Document Submission**Implemented**

Please see attached corrected forms for staff members D, E, and A.

81b Resident equip – good repair

1. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed in room # 208 has a grab assist bar attached to the bed that is not covered or securely attached to the bed, posing a possible limb or head entrapment.

Plan of Correction**Accept**

Residents responsible person in Room#208 brought in grab assist bar and incorrectly attached it to the residents bed without making facility or staff aware. The grab bar was immediately brought into compliance by properly securing the grab assist bar and properly covering the grab assist bar to prevent resident injury. Residents responsible person made aware.

Director of Admissions will ensure compliance.

Director of Nursing additionally with ensure compliance.

Completion Date: 11/03/2021

81b Resident equip – good repair (*continued*)

Document Submission

Implemented

n/a

121a Unobstructed egress

1. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

The exit door next to Room #306 is locked with a magnetic lock, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept

To remain in compliance with 2800.121.a the exit door next to room #306 was immediately unlocked at the time of inspection and the keypad was deactivated. This exit was previously locked as it was being utilized as a COVID-19 positive red zone . However in the event of an emergency the magnetic locks on the doors would have disengage. Director of Maintenance will ensure compliance.

Administrative Assistant additionally will ensure compliance.

Completion Date: 11/02/2021

Document Submission

Implemented

n/a

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

Description of Violation

Resident #2's ADME dated [REDACTED]/21 notes n/a for the TB skin test. A TB skin test was not completed within 15 days after admission.

Resident #1's ADME dated [REDACTED]/21 notes unknown date of TB skin test. A TB skin test was not completed within 15 days after admission.

Plan of Correction

Accept

Residents# 1 and Resident #2 did receive their TB test (s) to come into compliance.

Resident #1 1 step TB completed [REDACTED]/21

Resident #2 2 step TB completed [REDACTED]/21 and [REDACTED]/21

Residents #1 and Residents #2 DME can be submitted for proof of compliance as it regards to 2800.141(a).

In an effort to remain in compliance the facility has put into place the following steps:

Director of Admissions will review immunization status upon admission to ensure immunizations are received prior to admission or after admission within in the regulation 2800.141(a) timeframe.

Additionally the Director of Nursing will review all immunization(s) status upon admission during the pre admission review process to ensure immunizations are received prior to admission or after admission within the regulation 2800.141(a) time frame.

Completion Date: 02/10/2022

141a Medical evaluation (continued)

Document Submission **Implemented**

Attached are the DME's for Resident #1, and Resident #2 reflecting their TB completed dates on their DME

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

Description of Violation

Resident #2 was admitted to the special care until on [REDACTED]/21, the ADME was completed on [REDACTED]/21.

Plan of Correction **Accept**

Administrator will ensure 2800.231(b) remains in compliance by reviewing admission documentation with the Director of Marketing and Director of Nursing to ensure the Medical evaluations are being completed 60 days prior to admission before the resident is admitted to the home.

Director of Nursing will be responsible for proper completion of the Medical Evaluation and its completion 60 days prior to a resident being admitted into the home.

Completion Date: 02/10/2022

Document Submission **Implemented**

Document attached to show compliance with 231b

233c Key-locking devices

1. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The code posted to exit the special care courtyard is 1515, 0328 is the code that opens the gate.

A code was not posted near the keypad to re-enter the home from the special care courtyard.

Plan of Correction **Accept**

At time of inspection the violation was immediately corrected and brought the correction to the inspectors attention.

The facility will remain in compliance with 2800.233.c

Director of Maintenance will ensure compliance.

Administrative Assistant and Administrator additionally will ensure compliance.

Completion Date: 11/02/2021

Document Submission **Implemented**

n/a

236a Staff training

1. Requirements

2800.

236a Staff training (continued)

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff member D hired [redacted]/21 & A hired [redacted]/21 did not have the additional 8 hours of dementia care training upon hire.

Plan of Correction

Accept

Please note at time of Annual Inspection Regulation 2800.236.a was and is currently listed on a regulatory suspension from PA Department of Human Services. Facility should not have been cited being this regulation was on suspension at time of Annual Inspection and was extended according to HB1861 until March 31, 2022. This listed violation is requested to be removed from this record.

*As it relates to compliance with 2800.236(a) Upon hire and part of orientation and training staff members are trained in: overview of Alzheimer's Disease and related Dementia , Managing Challenging Behaviors, Effective Communication, Assistance with ADL's , and Creating a Safe Environment.
Business Office /HR Manager and Administrative Assistant ensures training compliance
Director of Nursing additionally ensures training compliance.
Administrator monitors each training record for compliance.*

Completion Date: 11/03/2021

Document Submission

Implemented

n/a