

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

February 26, 2024

[REDACTED], EXECUTIVE DIRECTOR
GREEN RIDGE PERSONAL CARE LLC
[REDACTED]
[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 01/30/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE GARDENS OF GREEN RIDGE License #: 22516 License Expiration: 11/05/2024
 Address: 2751 BOULEVARD AVENUE, SCRANTON, PA 18509
 County: LACKAWANNA Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: GREEN RIDGE PERSONAL CARE LLC
 Address: [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: 86 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/30/2024

Inspection Dates and Department Representative

01/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 74 Residents Served: 64

Special Care Unit
 In Home: Yes Area: 1st floor Capacity: 24 Residents Served: 19

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

01/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2024

02/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/23/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2024

Inspections / Reviews *(continued)*

02/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2024

02/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82a Poisons original containers

1. Requirements

2800.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:00am, Department Rep. noted an unlabeled 24 oz. spray bottle of pine cleaner in an unlocked file cabinet in the SCU medication room. The cleaner was transferred from a one-gallon container of Value Plus Pine Cleaner into the spray bottle.

Plan of Correction

Accept [redacted] - 02/23/2024)

To maintain compliance with 2800.82(a) nursing department staff members, and housekeeping staff members have been in serviced and educated on 2800.82(a). Staff members were educated on the regulation from RCG. Staff members were educated to ensure all chemicals are stored in their original labeled containers and cannot be used outside of the original labeled container. In-service record and training documents will be available for submission for proof of completion.

Staff members in-service training was held on 2/13/2024

Lead Med-Tech [redacted] and Director of Maintenance/Housekeeping [redacted] will monitor to prevent this from happening again.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 02/26/2024)

82c Locked poisons

2. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:00am, Department Rep. noted an unlabeled 24 oz. spray bottle containing pine cleaner, an 18 oz spray bottle of Spic and Span cleaner and a one-gallon jug of Value Plus Pine Cleaner in an unlocked file cabinet in the SCU medication room. The labeled containers stated the contents are "harmful to humans and animals" and "contact poison control". The room was unattended by staff.

Plan of Correction

Accept [redacted] - 02/23/2024)

To maintain compliance with 2800.82(c) nursing department staff members, and housekeeping staff members have been in serviced and educated on 2800.82(c). Staff members were educated on the regulation from RCG. Staff members were educated to ensure all chemicals are stored in their original labeled containers and cannot be used outside of the original labeled container. Additionally staff members were educated to ensure cleaners and chemicals are secured in locked cabinet and not accessible to residents in the SDU and residents that are not able to determine poisonous materials, In-service record and training documents will be available for submission for proof of completion.

Staff in-service training for 2800.82(c) was completed on 2/13/2024

Lead Med-Tech [redacted] and Director of Maintenance/Housekeeping [redacted] will monitor to prevent this from happening again.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 02/26/2024)

103g Storing food

3. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Toasted Oats cereal located in the SCU pantry was not properly sealed.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

To maintain compliance with 2800.103(g) dietary department staff members, have been in serviced and educated on 2800.103(g). Staff members were educated on the regulation from RCG. Staff members were educated to ensure all food items are stored, and properly sealed in appropriate containers. In-service record and training documents will be available for submission for proof of completion.

Staff in-service training on 2800.103(g) held on 2/13/2024

Food Service Director [REDACTED] and Administrative Assistant [REDACTED] will prevent this from happening again.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 02/26/2024)

103i Outdated food

4. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A bag of Rice Krispies was noted in the SCU pantry not labeled or dated.

Two ice cream sandwiches were noted in the SCU pantry freezer. They were removed from the original packaging were not labeled or dated.

A clear bag of frozen manicotti, not labeled or dated, was noted in the walk-in freezer of the main kitchen.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

To maintain compliance with 2800.103(i) dietary department staff members, have been in serviced and educated on 2800.103(i). Staff members were educated on the regulation from RCG. Staff members were educated to ensure all food items within the SCU and walk in freezer in primary kitchen are appropriately labeled, dated, and kept in original packaging. In-service record and training documents will be available for submission for proof of completion.

Staff in-service training held on 2800.103(i) on 2/13/2024

Food Service Director [REDACTED] and cook [REDACTED] will monitor to prevent this from happening again.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 02/26/2024)

125a Combustible storage

5. Requirements

2800.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a Combustible storage (continued)

Description of Violation

A handful of lint was noted in the home's laundry room exterior vent.

A small amount of lint was noted behind the clothes dryer in the home's laundry room.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

To maintain compliance with 2800.125(a) Director of Maintenance/Housekeeping was in serviced and reeducated on 2800.125(a). Staff member was educated on the regulation from RCG, additionally was educated on fire prevention basics and combustible materials provided from Northampton College. In-service record and training documents will be available for proof of completion.

Director of Maintenance [REDACTED] will remove lint from exterior vent, and remove lint from behind laundry room clothes dryer.

Staff in-service training held on 2800.125(a) on 2/13/2024

Additionally Business Office/HR Coordinator [REDACTED] will round to ensure 2800.125(a) is being adhered to.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 02/26/2024)

143b Residents medical info

6. Requirements

2800.

143.b. The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

Description of Violation

The "Resident Information Sheet" in resident #1's blue contract folder is missing their health information. This document is used as a transfer sheet when sending residents out for medical care.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

The resident information sheet located in the Business Office resident admission agreement chart is not utilized as the transfer sheet when sending residents out for medical care, or for emergency purposes. The resident information sheet located in the residents clinical chart located in the nursing department is what is utilized to transfer or when sending residents out for medical care or for emergency purposes. At the time of inspection the document located in the clinical chart was 100% completed including the residents health information. This fully completed document in the clinical chart that is solely utilized for transfer/emergency purposes was shown and acknowledged by inspector at time of review to show compliance.

To maintain compliance with 2800.143(b) regarding the admission agreement file which contains the resident information sheet held with Business Office Manager and Admissions Director was in serviced on 2800.143(b) by utilization of RCG. The resident information sheet that is utilized and in compliance of being fully completed was also placed in the residents admission agreement Business Office file.

In-service record and training documents will be available for proof of completion.

Staff in-service training held on 2800.143(b) on 2/13/2024

To prevent this from happening again Administrative Assistant [REDACTED] and Admission Director will provide fully completed document to the Business Office to maintain in the residents admission agreement file.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 02/26/2024)

183b Medications and syringes locked

7. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s living unit.

Description of Violation

Resident Room # 205 contained the following items:

[Redacted]

The resident in this room does not have an order for these products nor does this resident have an order to self-medicate from their PCP.

Plan of Correction

Accept [Redacted] - 02/23/2024)

To maintain compliance with 2800.183(b) OTC medications were immediately removed from residents room and secured as resident does not have ability or order from PCP to self medicate. Resident was educated on OTC medication process and the need for an order by PCP to utilize and to be dispensed by medication technician. Responsible person of resident was also contacted via phone by medication technician at time of inspection and educated and reminded of OTC process which requires a PCP order to be dispensed to resident by medication technician. Additionally responsible person was educated on the proper process of OTC medications not going directly to residents room without being given to clinical department until proper orders received and or OTC medications being directly ordered and provided from pharmacy. Nursing department staff have been educated and in serviced on 2800.183(b). RCG was utilized and reviewed as in service and education provided to staff. In-service record and training documents will be available for proof of completion.

Staff in-service training held on 2800.183(b) on 2/13/2024

To prevent this from happening again Director of Admissions [Redacted] will specifically review facility house rules on admission relating to medications.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [Redacted] - 02/26/2024)

254c Records – storing

8. Requirements

2800.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator’s designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

At approximately 10:00am, Department Rep. noted resident records stored in an unlocked file in the SCU medication room. The room was unattended, and the records were accessible to unauthorized persons.

Plan of Correction

Accept [Redacted] - 02/23/2024)

To maintain compliance with 2800.254(c) in-service and education was provided and reviewed with clinical department employees on the importance of maintaining resident information and records in a secure and locked manner. Staff also educated at no time are resident records to be left unsecured or unattended and potentially accessible to unauthorized person(s).

Education and in-service was presented to staff utilizing the RCG. In-service record and documents will be available

254c Records – storing (continued)

for submission as proof of completion.

To prevent this from happening again records will be securely locked at all times. Records will only be available in the event of an emergency, as needed, or requested.

Staff in-service training held on 2800.254(c) on 2/13/2024

Administrative Assistant [REDACTED] will monitor for compliance.

Business Office/HR Coordinator [REDACTED] will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented (JH - 02/26/2024)