

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

August 15, 2024

[REDACTED], ADMINISTRATOR
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 07/24/2024, 07/29/2024, 08/05/2024 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: 90 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/05/2024

Inspection Dates and Department Representative

07/24/2024 - On-Site [REDACTED]
 07/29/2024 - Off-Site [REDACTED]
 08/05/2024 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 74 Residents Served: 65
 Special Care Unit
 In Home: Yes Area: na Capacity: 24 Residents Served: 22
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

07/24/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/16/2024

Inspections / Reviews *(continued)*

08/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/18/2024

08/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident #1 suffered a fall in the dining area; mobile x-ray completed an x-ray and the resident was diagnosed with a left femur fracture at approximately [redacted]. Through information received from a complainant and from an interview with staff person A it was determined that 911 was not called to request emergency services to transfer the resident to the hospital. Staff person A indicated they called a particular ambulance company directly because that is what they are told to do and the ambulance company failed to send an ambulance immediately. Instead, staff person A had to call the ambulance company multiple times to request emergency transport, during which time resident #1 was expressing extreme pain. At no time was 911 contacted to request emergency transport.

On [redacted] #2 pushed resident #3 to the floor after resident #3 had wandered into their room. Resident #2 also grabbed resident #4 by the shirt and yelled at resident #4 after resident #2 had wandered into resident #4's room. All three residents reside in the home's secure care unit.

Plan of Correction

Accept [redacted] - 08/13/2024)

Relating to incident noted on [redacted] Resident #1 at time of fall did not have initial complaint of pain or apparent injury. As indicated as time went on complaint of pain was expressed. Emergency Services contacted for hospital transport. Additionally, as thoroughly explained and reviewed with inspector and department director of Northeast region the facility does not utilize any particular ambulance company. The facility does not have a contract, agreement, or use only/contact only method. In the event of an emergency staff are to contact 911 directly and request emergency services.

The facility takes emergency situations very seriously, the facility takes residents needs very seriously and maintains it as a top priority.

Regarding 2/24/24 staff members have been re-in serviced/educated on the process of emergency response /contact process on 7/25/24. Inservice/education documents will be submitted to Department if requested as proof of completion.

Relating to description on 7/5/2024. Incident was resident to resident(s) situation in facilities Secure Care Unit. There was resident to resident interaction and contact. Resident(s) were immediately re-directed and tended to for their continued care, and monitoring. At no time during interaction did resident's #2,3,4 sustain injuries requiring medical attention/medical services.

Although incident noted in description of violation on 7/5/24 does not call for staff to be in-serviced or re-educated as the staff did respond accordingly/appropriately staff were re-educated on 2800.42b directly from RCG on 8/6/24.

To prevent incident on [redacted] happening again as noted staff re-education/in-service completed. Director of Nursing [redacted] will continue to observe, and due to importance of process specific education and training will be added and reviewed as part of facility specific annual training by Administrator [redacted].

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [redacted] - 08/15/2024)

234d Support plan - review

2. Requirements

2800.

234.d. Review of plans.

1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

Description of Violation

Resident #2 was involved in aggressive acts against two other residents in the home on [REDACTED]. The home did not update resident #1's ASP dated [REDACTED] after the incidents with a plan to address the resident's behaviors.

Plan of Correction

Accept ([REDACTED] 08/13/2024)

Resident #2 assessment support plan has been revised accordingly per recommendation of department.

Resident #1 assessment support plan did not require updating. Resident #1 did not have anything to do with incident relating to [REDACTED] per privacy coding designation in report.

Resident #2 assessment support plan will be submitted to department upon request for proof of completion and compliance.

To prevent from happening again and to remain in compliance with 2800.234.d Director of Nursing [REDACTED] will review and update accordingly per regulation.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] /15/2024)