

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

December 9, 2024

[REDACTED]  
GREEN RIDGE PERSONAL CARE LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE GARDENS OF GREEN RIDGE* License #: *22516* License Expiration: *11/05/2025*  
 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]  
 Phone: [REDACTED] 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: *94* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *11/18/2024*

**Inspection Dates and Department Representative**

*11/18/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *74* Residents Served: *63*

**Special Care Unit**  
 In Home: *Yes* Area: *Secured Unit* Capacity: *24* Residents Served: *19*

**Hospice**  
 Current Residents: *11*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *31* Have Physical Disability: *0*

**Inspections / Reviews**

**11/18/2024 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/05/2024*

**12/06/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/06/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/13/2024*

Inspections / Reviews *(continued)*

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 187d Follow prescriber's orders

## 1. Requirements

2800.

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

## Description of Violation

On [REDACTED] Resident [REDACTED] experienced a choking episode. Following the incident, the resident was ordered ( [REDACTED] on a mechanical soft diet and to have a Speech Therapy evaluation. As of [REDACTED] the resident did not receive a Speech Therapy evaluation, nor had one scheduled.

## Plan of Correction

Accept [REDACTED] - 12/06/2024)

Resident [REDACTED] experienced choking episode as indicated. Following incident hospital gave recommendation (not order) to have speech therapy evaluation completed. Facility acted on behalf of recommendation from hospital. The following attempts were initiated for a speech therapy consult. However due to Resident [REDACTED] insurance issues vs providers, and or lack of speech therapists available on review of incident on 11/18/2024 facility not able to obtain a speech therapist.

- 1.) 10/28/2024 Home Health Provider - no speech therapy services.
- 2.) 10/30/2024 Therapy Provider outpatient - Insurance issues- not able to conduct request.
- 3.) 11/01/2024 SNF Request for therapy- insurance issues-not able to conduct request.
- 4.) 11/18/2024-Home Health/hospital subsidiary-no speech therapist in area under provider.

Resident [REDACTED] PCP aware of noted above - submitted order to facility on [REDACTED]

1. Cancel speech therapy evaluation
2. Continue mechanical soft diet

Resident [REDACTED] PCP in facility to see Resident on [REDACTED] noted the following update on order sent 11/18/2024:

1. Resident [REDACTED] has been doing well with mechanical soft diet. No further Issues.
2. Plan is to keep Resident [REDACTED] on mechanical soft diet.

Resident [REDACTED] responsible person fully aware of all noted above. Prefers to adhere to PCP orders submitted on 11/18/2024 and follow up on 11/25/2024.

Facility took multiple attempts to coordinate hospital's initial recommendation.

To prevent this specific situation or like of from happening again Director of Nursing [REDACTED] will communicate directly with PCP on recommendation from hospital vs resident need and condition and obtain order if applicable. If order obtained order will be followed. If order is obtained DON will monitor for adherence.

Order(s) noted above from PCP available for attachment for proof of compliance if needed.

Proposed Overall Completion Date: 12/05/2024

**Directed: The home is responsible for following prescriber orders for all residents. If the home is unable to follow an order for any reason, then the home will evaluate if they are able to continue to meet the needs of the resident and alternate placement shall be reviewed with the family and the physician.**

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [REDACTED] - 12/06/2024)

187d Follow prescriber's orders (*continued*)