

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

March 4, 2025

[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 02/05/2025 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: *92* Waking Staff: *69*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *02/05/2025*

**Inspection Dates and Department Representative**

*02/05/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *74* Residents Served: *61*

**Special Care Unit**  
 In Home: *Yes* Area: *NA* Capacity: *24* Residents Served: *21*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *31* Have Physical Disability: *0*

**Inspections / Reviews**

**02/05/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2025*

**02/28/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/28/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/07/2025*

Inspections / Reviews *(continued)*

03/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 162c Menus - posted

**1. Requirements**

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*During the initial walkthrough, menus for the current and upcoming weeks were not posted in Memory Care Unit.*

**Plan of Correction**

Accept ( ) - 02/28/2025)

*Facility does have menus posted in lobby outside of main dining room. Menus are posted for a 4-week cycle. Additionally, a daily meal posting is provided highlighting breakfast, lunch, dinner, and alternate items. During initial walkthrough daily posting highlighting breakfast, lunch, dinner, and alternate was posted, typically 4 weekly cycle is also posted in SDU, aside from SDU residents' removing posting.*

*Copies at time of walkthrough were provided, laminated and replaced in SDU with inspector ( ) present to witness the 4-week meal menus were posted in SDU to remain in compliance with 2800.162.c*

*To prevent this from reoccurring and to remain in compliance with 2800.162.c dietary department has been re-in serviced on 2/13/2025 utilizing RCG on 2800.162.c. Proof of completion of in-service can be provided upon request. Additionally, food service director ( ) will monitor to ensure menus are posted in SDU according to 2800.162.c*

**Licensee's Proposed Overall Completion Date: 02/27/2025**

Implemented ( ) - 03/03/2025)

## 227d Support plan – med/dental

**2. Requirements**

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

**Description of Violation**

*Resident #1 uses a bed enabler. The Resident Assessment and Support Plan dated ( ) does not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, the specific device to be used, and if a cover is required to meet FDA guidelines.*

**Plan of Correction**

Accept ( ) - 02/28/2025)

*Resident#1 does utilize bed enabler for additional support, which was notated and documented on the resident's support plan. However, the support plan did not include the updated guideline requirements on 6/26/2023 listing specifically details on the device for use aside from having a prescribed order from physician to utilize.*

227d Support plan – med/dental (continued)

To prevent this from reoccurring, Support and guidance were provided to DON [REDACTED] by licensing rep [REDACTED] on the guideline listing requirements relating to 2800.227.d.

The guidance and support kindly provided by [REDACTED] along with the RCG highlighting 2800.227.d and utilizing the Bureau of Human Services Licensing use of bedside mobility devices in PC and ALR, and bedside mobility device decision guide was utilized for in-service training on 2/13/2025.

Resident #1 support plan was adjusted accordingly to 2800.227.d requirements.

To prevent this from happening again DON [REDACTED] will monitor and maintain compliance from education and Inservice provided.

Completion of Inservice training, documents used, and updated support plan can be provided upon request.

Licensee's Proposed Overall Completion Date: 02/27/2025

Implemented ([REDACTED] - 03/04/2025)

227g Support plan - signatures

3. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment Support Plan for Resident #2, dated [REDACTED], and Resident #3, dated [REDACTED], was not signed by the residents. There was not a notation that the resident did not want to participate or was unable to sign.

Plan of Correction

Accept ([REDACTED] - 02/28/2025)

To remain in compliance with 2800.227.g staff developing the support plan, have been re-trained on 2800.227.g on 2/13/2025 by utilizing the RCG specifically relating to the development of the final support plan. Additionally utilizing the best practices from the RCG relating to the ASP signature decision tree for additional support.

Director of Nursing [REDACTED] will review final support plans being developed and completed to ensure facility is following guidelines relating to 2800.227.g

Inservice training documents completed can be provided upon request.

Resident #2 and Resident #3 support plan was updated with reflection of signature(s) and can be provided upon request.

Licensee's Proposed Overall Completion Date: 02/27/2025

Implemented ([REDACTED] - 03/04/2025)