

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

February 3, 2026

[REDACTED]  
GREEN RIDGE PERSONAL CARE LLC  
[REDACTED]  
[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 01/06/2026 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: 11/05/2026  
 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: 103 Waking Staff: 77

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/06/2026

**Inspection Dates and Department Representative**

01/06/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 74 Residents Served: 68  
 Special Care Unit  
 In Home: Yes Area: back hall Capacity: 24 Residents Served: 24  
 Hospice  
 Current Residents: 9  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 35 Have Physical Disability: 0

**Inspections / Reviews**

01/06/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/05/2026

01/30/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/03/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/06/2026

Inspections / Reviews *(continued)*

## 02/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 02/03/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

66b Content of training plan

1. Requirements

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The staff training plan for the training year 2026 does not include date the training is projected to be completed.

Plan of Correction

Accept [redacted] - 01/30/2026)

Annual Inspection held 1/06/2026 for review of prior year. Staff training plan for prior year was 100% compliant to satisfy 2800.66.b. Staff training plan for 2026 reviewed on 1/06/2026 was still being completed. Training plan reviewed did contain staff training topic(s), and hours. Still being finalized at time of inspection was projected dates. Staff training plan has since been completed per inspectors' recommendation of "TBD".

To prevent this from happening again prior to upcoming year the upcoming staff training plan will be completed per recommendation/training by inspector by HR Manager Ryan Kelley. To ensure compliance [redacted] Administrator will review for each upcoming year's plan.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [redacted] 02/03/2026)

91 Telephone Numbers

2. Requirements

2800.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in room [redacted]

Plan of Correction

Accept [redacted] - 02/03/2026)

In order to satisfy regulation 2800.91 resident phones are each tagged with emergency phone numbers reflecting numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline. Resident at room #108 newly admitted brought in personal phone, unknown to facility. The phone in room #108 has been retagged to include the required numbers noted in 2800.91

To prevent this from happening again staff were re-in serviced on regulation 2800.91. Staff members [redacted] Life Enrichment, [redacted] Admissions, [redacted] Business Office will check resident's room on admission and will continue to check that the resident phones have included the emergency numbers.

Phone number(s) were added to resident phone in Room [redacted] by [redacted] the date of inspection when inspector pointed out the issue (1/06/2026). Re-Inservice training relating to 2800.91 was held/completed on 1/27/2026. (Attached contains re-in-service education/signature sheet).

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 02/03/2026)

184a Resident meds labeled

3. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], instilling one drop in each eye at bedtime. The pharmacy label indicates to instill two drops into each eye at bedtime.

Plan of Correction

Accept [REDACTED] - 02/03/2026)

Resident [REDACTED] has PRN order to instill 2 drops in both eyes x3 a day as needed. Resident [REDACTED] also has a straight order to instill 1 drop in both eyes at bedtime. At time of inspection the order in EMAR was correct, and the physician order was correct to reflect x1 drop at bedtime. Pharmacy label was incorrect and read to instill 2 drops at bedtime. Pharmacy label has since been corrected to match the EMAR, and physician order. Document reflecting correction was submitted to inspector. Can be provided again if requested.

To prevent this from happening again staff members have been re-in serviced on regulation 2800.184a4.

Additionally on-going monitoring will be completed by Director of Nursing [REDACTED] and LPN [REDACTED]

-Label on eye drops were corrected with change of direction order note on 1/06/2026 was completed by DON [REDACTED]

[REDACTED] which was day of inspection at the time inspector pointed out the noted label. Additionally, by pharmacy accordingly to match the physician order on 1/27/2026. In-service training was completed 1/27/2026. (Attached).

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/03/2026)

187a Medication record

4. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take one 325mg tablet orally with supper. The medication administration record indicates iron administer one 325mg tablet orally with supper. The name on the medication administration record does not match the medication label.

Plan of Correction

Accept [REDACTED] - 02/03/2026)

Ferrous Sulfate is Iron. Iron yields to Ferrous sulfate. Verified with pharmacy that ferrous sulfate is iron, and iron is ferrous sulfate. Document from pharmacy obtained and can be provided. EMAR has been corrected to read ferrous sulfate tablet;325 mg(iron) correction can be provided if requested.

To prevent this from happening again and to satisfy compliance of 2800.187a3 staff have been re in serviced on 2800.187a3. Additionally, ongoing monitoring will be completed by Director of Nursing [REDACTED] and LPN [REDACTED]

-After consulting with physician, and pharmacy in review of medication iron vs. ferrous sulfate to ensure correct terminology is noted on the label and EMAR both iron and ferrous sulfate have been added to EMAR/med on 1/09/2026. Re-Inservice training was conducted 1/27/2026 (Attached).

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] 02/03/2026)

## 224a5 Written initial assessment

**5. Requirements**

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- v. The individual's need for supplemental health care services.

**Description of Violation**

Resident [REDACTED] has a need for a catheter to be changed monthly by a home health agency. The Assessment dated [REDACTED] does not identify the Home Health Agency and contact information, that provides the care to the resident.

**Plan of Correction****Accept [REDACTED] - 02/03/2026)**

Resident [REDACTED] Written Initial Assessment has been corrected to reflect and identify the home health agency contact information that provides the care to the resident for monthly catheter need. The correction can be provided on request to show compliance with 2800.224a5.

To prevent this from happening again staff responsible for the completion of the written initial assessments have been re-in serviced. Additionally, Director of Nursing [REDACTED] and [REDACTED] Administrator will review the written initial assessments for compliance measures relating to 2800.224.a5

-Date of In-service was held 1/27/2026(attached).

-Initial Assessment corrected to reflect the home health agency and contact information on 1/27/2026 by [REDACTED] DON.

Licensee's Proposed Overall Completion Date: 02/06/2026

**Implemented (CP - 02/03/2026)**