



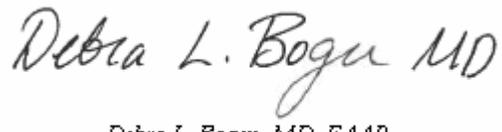


# Certified End Page

**GREEN RIDGE CARE CENTER**  
**STATE LICENSE NUMBER: 332302**  
**SURVEY EXIT DATE: 01/14/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania**  
**Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395067</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>03</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>GREEN RIDGE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2741 BOULEVARD AVENUE SCRANTON, PA 18509</b>		
STATE LICENSE NUMBER: <b>332302</b>				
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K 0000	INITIAL COMMENT  Facility ID# 332302 Component 03 Main Building  Based on a Medicare/Medicaid recertification survey completed on January 14, 2025, it was determined that Green Ridge Care Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.70(a)  This is a one story, Type V (111), protected, wood frame building, that is fully sprinklered.	K 0000		
K 0321 SS=E		K 0321		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



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K 0321  SS=E	Continued from page 2  This REQUIREMENT is not met as evidenced by:	K 0321		

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K 0321  SS=E	Continued from page 3  Based on observation and interview, it was determined the facility failed to maintain one hazardous area enclosure, affecting one of one floor.  Findings include:  1. Observation on January 14, 2025, at 11:29 a.m., 400 Hall, Storage Room near Resident Room 406, revealed the following:  a. Storage room door failed to latch into frame when tested. b. Storage room door had an unsealed penetration of the door around the latching hardware.  Exit interview with the Facility Administrator and the Facilities Manager on January 14, 2025, at 12:00 p.m., confirmed the hazardous area enclosure deficiencies.	K 0321		

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K 0353  SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>The 4 unsealed penetrations of the entrance canopy at the main entrance were sealed.</p> <p>Other areas outside with sprinklers will be checked for any unsealed penetrations.</p> <p>Maintenance Director was educated on if contractors do repairs or installations the area worked on will be checked to assure no penetrations.</p> <p>The maintenance director will add a contractor log to verify areas worked on by contractors has no penetration areas when work is completed.</p>	<p>Completion Date: <b>02/21/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/24/2025</b></p>

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K 0353  SS=E	Continued from page 5  Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one location, affecting one of one floor.  Findings include:  1. Observation on January 14, 2025, at 10:50 a.m., revealed 4 unsealed penetrations of the Entrance canopy, due to the relocation of 4 out of 6 sprinkler heads.  Exit interview with the Facility Administrator and the Facilities Manager on January 14, 2025, at 12:00 p.m., confirmed the automatic sprinkler system deficiency.	K 0353		
K 0363  SS=E		K 0363		

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K 0363  SS=E	Continued from page 6  NFPA 101 Corridor - Doors  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 0363	Resident door room 307 and lounge door in hallway 100 were adjusted to fully close into frame.  Other resident doors and lounge doors will be checked to assure doors fully close into frame.  The Maintenance Director/designee will continue to monitor doors on daily rounds.  The Maintenance Director will add doors on preventive schedule to assure doors fully close into frame.	Completion Date: <b>02/21/2025</b> Status: <b>APPROVED</b> Date: <b>01/24/2025</b>

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K 0363  SS=E	Continued from page 7  19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.  This REQUIREMENT is not met as evidenced by:	K 0363		

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K 0363  SS=E	Continued from page 8  Based on observation and interview, it was determined the facility failed to maintain two corridor openings, affecting one of one floor.  Findings include:  1. Observation on January 14, 2025, between 11:09 a.m., and 11:23 a.m., revealed the following:  a. At 11:09 a.m., 300 Hall, Resident Room door 307, needs adjustment to fully close into frame. b. At 11:23 a.m., 100 Hall, Lounge door, needs adjustment to fully close into frame.  Exit interview with the Facility Administrator and the Facilities Manager on January 14, 2025, at 12:00 p.m., confirmed the corridor opening deficiencies.	K 0363		
K 0372  SS=E		K 0372		

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K 0372  SS=E	Continued from page 9  NFPA 101 Subdivision of Building Spaces - Smoke Barrie  Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.  This REQUIREMENT is not met as evidenced by:	K 0372	Unsealed penetration around orange pvc sprinkling piping and around the red fire alarm wire were fire caulk to provide at least a two-hour fire resistance.  Other hallways will have sprinklers checked for any penetrations and repaired.  Maintenance Director was educated on if contractors do repairs or installations the area worked on will be checked to assure no penetrations.  The Maintenance Director will add a contractor log to verify areas worked on by contractors has no penetration areas when work is completed.	Completion Date: <b>02/21/2025</b> Status: <b>APPROVED</b> Date: <b>01/24/2025</b>

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K 0372  SS=E	Continued from page 10  Based on observation and interview, it was determined the facility failed to maintain smoke barrier walls to provide at least a two-hour fire resistance rating, affecting two of six smoke compartments.  Findings include:  1. Observation on January 14, 2025, at 11:43 a.m., 500 Hall, revealed 2 unsealed penetrations of the two-hour fire/smoke wall, above the ceiling near Resident Room 512.  a. Unsealed penetration around orange pvc sprinkler piping. b. Unsealed penetration around red fire alarm wire.  Exit interview with the Facility Administrator and the Facilities Manager on January 14, 2025, at 12:00 p.m., confirmed the unsealed penetrations.	K 0372		

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K 0372  SS=E	Continued from page 11	K 0372		
K 0712  SS=E	<p>NFPA 101 Fire Drills</p> <p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0712	<p>Cannot correct fire drill not completed on 2nd shift for 2nd quarter and the 3rd shift drill for the 4th quarter.</p> <p>Current fire drills were checked for 1st quarter of 2025 and in compliance.</p> <p>Maintenance Director was educated on regulation that fire drills are held expected or unexpected times under varying conditions, at least quarterly on each shift.</p> <p>The Administrator / designee will review fire drill documentation monthly to assure each shift is completed in each quarter.</p>	<p>Completion Date: <b>02/21/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/24/2025</b></p>

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K 0712  SS=E	Continued from page 12  Based on documentation review and interview, it was determined the facility failed to perform the required quarterly fire drills for staff.  Findings include:  1. Review of documentation on January 14, 2025, at 10:45 a.m., revealed the facility did not perform the following quarterly fire drills:  a. 2nd Shift drill for the 2nd quarter of 2024. b. 3rd Shift drill for the 4th quarter of 2024.  Exit interview with the Facility Administrator and the Facilities Manager on January 14, 2025, at 12:00 p.m., confirmed that two quarterly fire drills were not conducted as required.	K 0712		

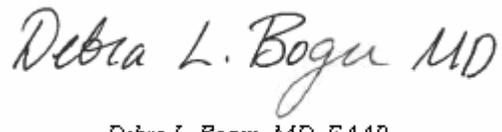


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