STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395067	A. BLDG: 00 B. WING:	01/14/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREEN RIDGE CARE CENTER STATE LICENSE NUMBER: **332302**	**2741 BOULEVARD AVENUE** **SCRANTON, PA 18509**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an abbreviated complaint survey and revisit survey completed on January 14, 2025, at Green Ridge Care Center, it was determined there were no federal deficiencies identified under 42 CFR Part 483 Subpart B requirements for Long Term Care as they relate to the health portion of the survey process however the facility remained out of compliance under the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This statement applies to all observations listed below. The facility is unable to retroactively correct the cited issue. Staffing meetings will be held 5 days a week with the scheduler, Director of Nursing and Nursing Home Administrator, to review the current day CNA staffing ratios and upcoming days of the week and following week to ensure appropriate staffing levels for CNA staffing ratios for each shift. The facility is focusing on retention of existing nurse aides and recruitment of new nurse aides through the efforts of the Human	Completion Date: **04/14/2025** Status: **APPROVED** Date: **01/27/2025**

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P 5520	Continued from page 2	P 5520	Resources manager and the Administrator working on facility recruitment and retention plan to maintain required state ratios. If the projected staffing ratios do not meet minimum, then the facility will reach out to current staff and staffing agency using as needed bonuses to enlist staff or agency staff to meet the minimum requirement. The facility will continue to recruit staff through all platforms. Daily audits of the schedules will be conducted for 7 days and weekly for 2 weeks. The results will be reviewed at Quality Assurance and Performance Improvement meetings until substantial compliance of the state ratio can be met through the hiring and retention plan over the next 90 days.	

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P 5520	Continued from page 3 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 14 shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the night shift based on the facility's census. January 07, 2025 - 8.00 nurse aides on the day shift, versus the required 8.90 for a census of 89. January 07, 2025 - 4.69 nurse aides on the night shift, versus the required 5.93 for a census of 89. January 08, 2025 - 4.69 nurse aides on the night shift, versus the required 5.93 for a census of 89. January 09, 2025 - 7.20 nurse aides on the evening shift, versus the required 8.00 for a census of 88. January 09, 2025 - 4.77 nurse aides on the night	P 5520		

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P 5520	Continued from page 4 shift, versus the required 5.87 for a census of 88. January 10, 2025 - 7.77 nurse aides on the day shift, versus the required 9.00 for a census of 90. January 10, 2025 - 6.80 nurse aides on the evening shift, versus the required 8.18 for a census of 90. January 10, 2025 - 4.30 nurse aides on the night shift, versus the required 6.00 for a census of 90. January 11, 2025 - 7.17 nurse aides on the day shift, versus the required 9.00 for a census of 90. January 11, 2025 - 5.13 nurse aides on the night shift, versus the required 6.00 for a census of 90. January 12, 2025 - 7.70 nurse aides on the day shift, versus the required 9.00 for a census of 90. January 12, 2025 - 6.80 nurse aides on the evening shift, versus the required 8.18 for a census of 90. January 13, 2025 -6.63 nurse aides on the evening shift, versus the required 8.27 for a census of 91. January 13, 2025 - 5.93 nurse aides on the night shift, versus the required 6.07 for a census of 91. On the above dates mentioned, no additional excess higher-level staff were available to compensate this deficiency.	P 5520		

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P 5520	Continued from page 5 An interview with the Nursing Home Administrator on January 14, 2025, at approximately 2:00 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 6 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility cannot retroactively correct the nursing care state minimum hours. Staffing meetings will be held 5 days a week with the scheduler, Director of Nursing and Nursing Home Administrator, to review the current day nursing of minimum care state hours each day of 3.20 and review the upcoming days of the week and following week to ensure appropriate nursing minimum care state hours each day of 3.20. The facility is focusing on retention of existing nurse aides and recruitment of new nurse aides through the efforts of the Human Resources manager and the Administrator working on facility recruitment and retention plan to maintain required minimum state daily nursing hours of 3.2 PPD. If the projected daily state minimum staffing ratios do not meet minimum, then the facility will reach out to current staff and staffing agency using as needed bonuses to enlist	Completion Date: **04/14/2025** Status: **APPROVED** Date: **01/27/2025**

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P 5640	Continued from page 7	P 5640	staff or agency staff to meet the state minimum hours required. The facility will continue to recruit staff through all platforms over the next 90 days to hire and retain staff to meet the state daily nursing care hours of 3.2. Daily audits by the NHA or designee of the daily minimum state nursing care hours will be conducted for 7 days and weekly for 2 weeks. The results will be reviewed at Quality Assurance and Performance Improvement meetings until substantial compliance of the state minimum general nursing care hours can be met through the hiring and retention plan over the next 90 days.	

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P 5640	Continued from page 8 Based on a review of nurse staffing, state regulation, and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily. Findings include: A review of the facility's staffing levels revealed on the following dates the facility failed to provide minimum nurse staffing of 3.20 hours of general nursing care to each resident: January 7, 2025 - 3.08 direct care nursing hours per resident. January 9, 2025 - 3.16 direct care nursing hours per resident. January 10, 2025 - 2.95 direct care nursing hours per resident. January 11, 2025 - 2.99 direct care nursing hours per resident. January 12, 2025 - 2.98 direct care nursing hours per resident. January 13, 2025 - 3.10 direct care nursing hours	P 5640		

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P 5640	Continued from page 9 per resident. The facility's general nursing hours were below minimum required levels on the dates noted above. An interview with the Nursing Home Administrator on January 14, 2025, at approximately 2:00 PM, confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640		

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
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