

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RIDDLE VILLAGE, INC.

LEGAL ENTITY

To operate INNE AT RIDDLE VILLAGE, THE

NAME OF FACILITY OR AGENCY

Located at MONTICELLO BLDG. FLOORS 1-3, 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 76  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 10, 2010 until May 10, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 192510

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 11 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Kisha Lester-Dennis, Administrator  
Riddle Village, Inc.  
The Inne at Riddle Village  
Monticello Building, Floors 1-3  
1048 West Baltimore Pike  
Media, Pennsylvania 19063

Dear Ms. Lester-Dennis:

As a result of the Department of Public Welfare's licensing inspection on January 21, 2010 and January 22, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


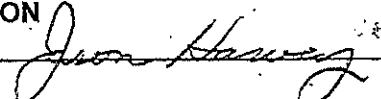
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary


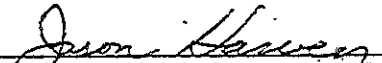
Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Inne at Riddle Village 1048 West Baltimore Pike, Media, PA 19063		<b>CURRENT LICENSE NUMBER</b> 192510	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> January 21, 2010 and January 22, 2010		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams and Michelle Morton	
<b>SIGNATURE OF LEGAL ENTRY</b> 	<b>DATE</b> 4/27/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4-29-10



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1, 224a  22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.  224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the	- The preadmission screening for resident # 2, admitted 7/20/09, was not in the resident's record.  - The preadmission screening for resident #3, dated 5/3/09 did not indicate whether the needs of this individual can be met by the services provided by this personal care home.  - The preadmission screening for resident #16, dated 10/1/09 did not indicate whether the needs of this individual can be met by the services provided by this personal care home.	1/23/2010	22A1. The preadmission screening for the resident #2 was not presently in the clinical record. However, the preadmission screening was found in the thin file of the resident active thin file and placed back on the chart on January 23rd (see attached) Once the pre admission screening was placed on the chart, All preadmission screening forms were checked by the nursing supervisor and the PCA to ensure this violation will not occur again. The nursing supervisor will also do a quarterly check and report findings at the quarterly Q and A.	5-3-10 <i>HL</i>

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4/22/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4-29-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
services provided by the home.		1/23/2010	224a. The preadmission screening for resident # 3 did not indicate whether the need for resident could be meet by the services provided by the home. Resident #3 and #6 pre admission assessment have been corrected. All of the pre admission screening in the clinical records in the home were checked by the nursing home PCA and the nursing supervisor. The home will monitor all in coming move ins along with present residents that live in the home by checking quarterly and reporting this information to <del>our</del> quarterly. Q and A to help ensure this violations will not occur again.	5-3-10AH


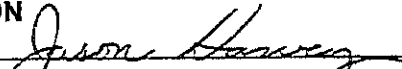
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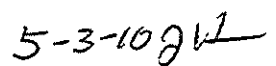
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22a3, 225a  22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.  225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee,	- The assessment, dated 7/25/09, for resident #2 does not include high risk for falls, as recorded on the 7/30/09 support plan.  - The assessment for resident #3, dated 6/21/09, did not include body positioning every 2 hours or a diet of nectar thick liquids and soft foods as stated on the medical evaluation dated 4/13/09.	1/23/2010	22a3 The DPW Representative suggest that resident # 2 did not include high risk for falls for the assessment dated 07/25/09 as written on support plan 07/30/09.( Please see attached) The clinical record has been checked by the PCA and the findings were inaccurate. However the PCA checked all support plans and assessments to make sure that history of falls and safety issues have been addressed. The nursing supervisor and nursing staff have been in serviced on how to fill out the support plan and assessment form paying close attention to falls and safety issues. The nursing supervisor will check the charts quarterly than report findings thru QandA	5-3-10 JH



*In addition the 11-7 charge nurse will check the clinical record nightly on chart check.*

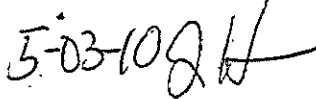
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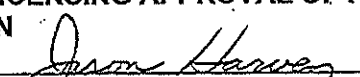
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or a human service agency may complete the initial assessment.		4/13/2010	Resident #3 medical evaluation, support plan and assessment all coincide. resident #3 is not in need of positioning every two hours or does the resident require nectar thick liquids. see attached). However all support plans and assessments were checked against the ma-51 to ensure all information is correct and matches. The PCA and nursing supervisor will audited the assessments and support plans along with the MA-51 quarterly to make sure all information coincide. This information will be reported quarterly to make sure this violation will not be repeated.	5-3-10 

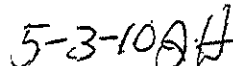
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25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	- The most current personal needs allowance is \$85. This amount was not specified in Resident #3's 6/16/09 contract.  - The most current personal needs allowance is \$85. This amount was not specified in Resident #16's 6/16/09 contract.	1/23/2010	25c1 Riddle Village is a non profit private facility. We do not accept SSI benefits. In Resident # 3 contract it is clearly marked Non applicable. However all contracts in the home were checked By PCA to make sure that the Non applicable notation will be clear to all persons reviewing the contract.	5-03-10 

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25c4 The contract shall specify the party responsible for payment.	Resident #4's contract, dated 12/19/09, did not specify the payer.	1/23/2010	Resident # 4 contract dated 12/19/09, did not specify the payer. All contracts were reviewed by PCA to ensure compliance with 25c4. In addition the nursing supervisor will continue to check quarterly and report findings at the quarterly Q and A.	5-3-10 

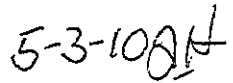
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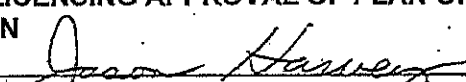
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25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	Resident #16's contract, dated 6/09, did not indicate whether or not the home collected any portion of rent rebate.	1/23/2010	25d-1 Resident # 16 contract dated 06/09 did not indicate whether or not the home collected any portion of the rent rebate. The contract for resident #16 was corrected. The PCA reviewed all contracts to make sure all rent rebates were properly completed. At this time the home is in compliance with 25d-1. In addition to make sure this violation does not occur the contract will be checked quarterly to make sure this violation does not occur.	5-3-10 JH

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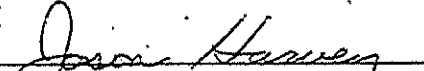
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51, 52  51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).  52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15	Criminal background checks were missing for agency personnel providing services to the home's residents.	4/26/2010	All agency providing service will have background checks. The PCA will make sure all supporting agency background checks will be received before services are provided to the home residents. In order for this violation not to occur again no agency will be allowed into the home until a copy is obtained and placed on file in the PCA office.	5-3-10 

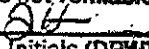
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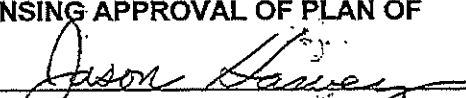
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(protective services for older adults) and other applicable regulations.				5-3-10QH

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	- Ancillary staff persons, A, B, C, D, E, F, G, H and I did not receive orientation that included Emergency medical plan and Reporting of reportable incidents and conditions.  - Direct care staff persons J, K, L, M and N did not receive orientation that included Emergency medical plan and Reporting of reportable incidents and conditions.	5/1/2010	Ancillary staff person did not receive orientation that included Emergency medical plan and reporting of reportable incidents and conditions. All in-services for ancillary staff will be given to department heads By the PCA. This will be monitored by department heads to make sure the ancillary staff will be in serviced according to regulation 65b.	Steps have been taken to correct violation; full compliance is not verifiable 5-3-10  Date Initials (DPW)

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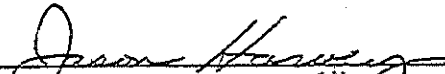
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult	- Ancillary staff persons O and P did not receive annual training in Fire Safety by a fire safety expert and Falls and accident prevention.  - Direct care staff person N did not receive annual training in Fire Safety by a fire safety expert, Emergency preparedness procedures, Resident rights and Falls and accident prevention.	5/1/2010	65b Direct care staff persons J, K, L, M and N did not receive orientation that included Emergency medical Plan and reportable incidents and conditions. Direct care staff L, M are no longer with the home they have been terminated r/t failure to report for mandatory in-services. employees N, K, J have been in serviced on emergency medical plan and reporting of reportable incidents and conditions. In addition the homes in process of hiring a new staff development Manager, the main purpose of this manager will be to focus on in-service and staff training and education of all employees at riddle village.	5-3-10QH

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Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

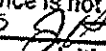
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103g Food shall be stored in closed or sealed containers.	A box of frozen steaks and a box containing a bag of whole kernel corn was observed unsealed in the freezer, located in the main kitchen, on 1/22/10.  Repeated Violation – 12/1/08	4/29/2010	A box of frozen steaks and a box containing a bag of whole kernel corn was observed unsealed in the freezer. Located in the main kitchen, on 1/22/2010. All food are stored in closed containers. The department head for dining service will check freezers and refrigerators quarterly to comply with regulation 103, the findings will be reported in Q and A meeting.	5-3-10 JH

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Inne at Riddle Village 1048 West Baltimore Pike, Media, PA 19063		<b>CURRENT LICENSE NUMBER</b> 192510	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) January 21, 2010 and January 22, 2010		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams and Michelle Morton	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 05/03/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 5-3-10



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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The number of residents in the home was not recorded on fire drill records for drills held on 12/28/08, 1/30/09, 2/28/09, 3/31/09, 4/28/09, 5/28/09, 6/25/09, 6/26/09, 7/30/09, 8/31/09 and 9/29/09.  The alternate routes were not recorded on the home's written fire drill records held on 5/28/09, 6/25/09, 6/26/09, 7/30/09, 8/31/09, 9/29/09, 10/09/09, 11/24/09, 12/29/09, 1/8/10, 2/18/10, and 3/22/10.  Repeated Violation – 12/1/08, et al	5/3/2010	132c The Fire Drills form did not record the Alternate routes. At the present time Riddle Village has contracted Crocker Fire Drill corporation to assist with fire drills. The fire safety regulations have been given to Crocker fire Cooperation along with DPW form for fire drills to make sure we are in compliance with regulation 132c. Starting with the next fire drill Riddle Village will record the alternate routes as written in 132c. To make sure this violation will not occur the administrator will make sure the DPW fire drill record is used.	Steps have been taken to correct violation; full compliance is not verifiable. 5-3-10  Date Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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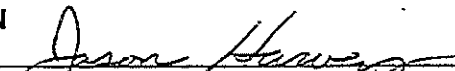
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire drill log indicates that only a small number of the home's residents are evacuated during fire drills, as follows: <table border="1" data-bbox="451 876 756 1266"> <thead> <tr> <th>Date</th> <th># Residents Evacuated</th> </tr> </thead> <tbody> <tr><td>12/28/08</td><td>2</td></tr> <tr><td>1/30/09</td><td>5</td></tr> <tr><td>2/28/09</td><td>3</td></tr> <tr><td>3/31/09</td><td>2</td></tr> <tr><td>4/28/09</td><td>12</td></tr> <tr><td>5/28/09</td><td>12</td></tr> <tr><td>6/26/09</td><td>4</td></tr> <tr><td>8/31/09</td><td>2</td></tr> <tr><td>9/29/09</td><td>5</td></tr> </tbody> </table>	Date	# Residents Evacuated	12/28/08	2	1/30/09	5	2/28/09	3	3/31/09	2	4/28/09	12	5/28/09	12	6/26/09	4	8/31/09	2	9/29/09	5	1/23/2010	132d The home frill drill log indicated that only a small number of residents were evacuated. Presently the home has contracted Croker fire Corporations. Presently all resident are evacuated in each fire drill. Attach you will find the fire drills from 10/09 until present. Fire Crocker cooperation was also sent all fire safety regulations under 2600 LMI to ensure that this violation will not occur again.	5-3-10 QH
Date	# Residents Evacuated																							
12/28/08	2																							
1/30/09	5																							
2/28/09	3																							
3/31/09	2																							
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132i A fire alarm or smoke detector shall be set off during each fire drill.	The home did not set off fire alarm or smoke detector on 12/28/08, 2/28/09, 3/31/09, 6/26/09, 9/29/09 and 12/29/09	0/23/2010	132i The home did not set off the fire alarm or smoke detector. The home did not set off fire alarm because it was during sleeping hours on 12/29/09. However the home will set off fire alarms during each fire drill to comply with regulations 132i The home has also contracted Crocker fire Cooperation's. Attach you will find the home fire drill forms from 1/10/10 to present.	5-03-10 JH

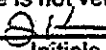
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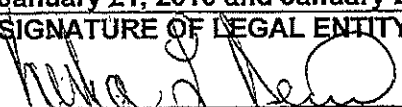
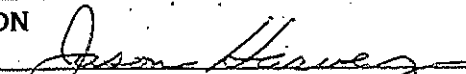
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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	- The first aid kit in the home's van was missing goggles.  - The first aid kit in the home's vehicle had a tube of antiseptic that expired 9/09.  <b>Repeated Violation- 12/1/08</b>	1/23/2010	171b5 The first aide kit in the transportation vehicles were missing items also expired antiseptic was found in the first aide kit. The first aide kit were checked by The PCA, the first aide kit in the facility are know in compliance with regulation 171b5. all The first aide kits will be checked quarterly and the findings will be reported in the quarterly Q an A meeting.	5-3-10 JH


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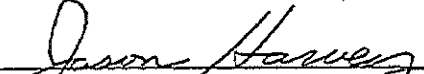
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	- A plastic bottle of chewable Tums was observed on top of the kitchen table in room #207 on 1/22/10. The resident does not self-administer medications.  - A jar of Lantiseptic Ointment was observed in resident room #309. The resident does not self-administer medications.	1/23/2010	All rooms were checked to ensure compliance with regulations 183b by the PCA and nursing staff. A daily check will be done by nursing staff when rounds are done on the unit. The nursing supervisor will do a monthly check and the PCA will do a quarterly check. The findings will be reported quarterly check in Q and A meeting.	Steps have been taken to correct violation; full compliance is not verifiable 5-3-10 Date  Initials (DPW)

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186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	- Tylenol 325 mg was observed in the medication cart for residents #1 and #2. The medication was not listed on the medication administration record and the home did not know who ordered the medication or why it was ordered.  - Xalatan 0.005% was observed in the medication cart for resident #6. The home did not know who ordered the medication or why it was ordered.	1/23/2010	186a Medication was observed in the medication cart without being prescribed. The nursing staff reviewed all Mar's to ensure compliance with regulation 186a. All medication in the medication cart are prescribed in writing by an authorized prescriber. The medication cart and Mar were reviewed by nursing staff and nursing supervisor. A monthly audit will be done with nursing staff and pharmacy to make sure that this violation will not occur.	5-3-10 


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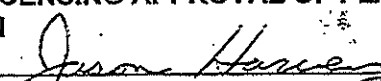
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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	- The medication administration record for resident #5 did not include a diagnosis for Zefia 10mg.	1/23/2010	A medication did not have a diagnosis. The nursing staff along with the nursing supervisor checked all Mar's to ensure compliance with regulation 187a. All medication have diagnosis. To ensure that this violation will not occur the nursing supervisor and the staff will check monthly along with the pharmacy to make sure this violation will not occur.	5-3-10 JH

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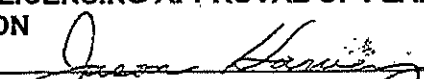
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187d The home shall follow the directions of the prescriber.	- On 1/22/10, Imodium 7.5 ml, PRN, was not available for administration to resident #3.  - On 1/22/10, Acetaminophen DPL was not available for administration to resident #4.  - The prescription label for Seroquel 25 mg, 1 tablet at bedtime, for resident #4, did not match the prescribers orders listed on the medication administration record. The prescriber ordered Seroquel 50 mg, 1 tablet at bedtime and Seroquel 25 mg, 1 tablet in am and pm.	1/23/2010	Medication For resident #3 and #4 were un available. Resident #3 and #4 receive there medication from the family. The family did not bring the medication in a timely manner. However all medication was checked for availability by the nursing staff and nursing supervisor. All meds are presently in the cart and accounted for. The home has communicated to all families that when a medication is unavailable and not brought in a timely manner than that medication will be ordered by the in house pharmacy. The home will ensure that this violation will not occur by checking the MAR nightly .The 11-7 charge nurse will be in charge of the audit and report	5-3-10 

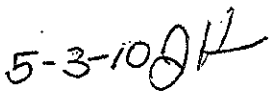
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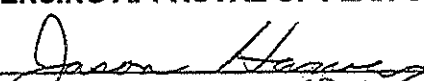
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home did not have written documentation of residents #1, #2 and #7 being educated on their right to question or refuse medication if believed to be in error, in their resident record.	1/23/2010	191-2010 The resident did have a record of the resident rights on all charts. At times the information in the clinical record can be thinned or placed in another section in the clinical record. Resident #1,#2 and #3 all had a copy of the resident right placed in the chart. please see attached.) However all charts were checked to make sure the resident right form was visible for DPW to identify quickly. The charts will be checked nightly to ensure visibility of resident right and to make sure it is filed in the right section.	5-3-10 JH

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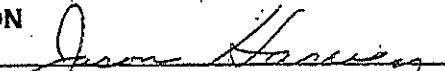
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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<ul style="list-style-type: none"> <li>- Resident #2 was sent to Riddle Memorial Hospital Emergency Room on 10/18/09 and discharged to the Skilled Nursing Facility on the 4<sup>th</sup> floor at Riddle Village. The resident was readmitted to the home on 11/21/09 because the resident refused to stay in the Nursing Facility. The support plan, dated 7/30/09, was not updated to reflect the changes.</li> <li>- The support plan for resident #8, dated 7/31/09, was not updated to address falls on 10/1/09, 10/21/09, 11/2/09, 11/9/09, 11/11/09 and 12/23/09.</li> <li>- The support plan for resident #16, dated 5/12/09, was not</li> </ul>	1/30/2010	227c The support plan was not revised or updated for resident #2, #8, #16. The support plan has been updated for resident #2, #8 and #16 to reflect their current care. In addition all support plans were checked by The PCA and nursing supervisor to make sure the all support plans are in compliance with regulations 227c. The home will conduct quarterly audit on support plans. this will be done by the nursing supervisor. the findings from the quarterly audit will be reported in a Quarterly Q and A to ensure this violation will not occur again.	5-3-10 

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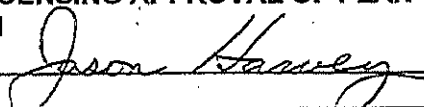
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	updated to address falls on 7/8/09 and 9/1/09. The resident sustained a head injury as a result of the 9/1/09 fall; was admitted to the hospital and discharged back to the home 10/2/09.			5-3-10 JH

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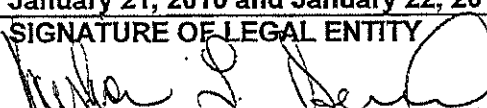

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	- The support plan for resident #3, dated 6/26/09, did not include body positioning every 2 hours or a diet of nectar thick liquids and soft foods as stated on the medical evaluation dated 4/13/09.  - The 6/26/09 support plan for resident #3 did not include information about the hospice services the resident was receiving.  - The support plan for resident #5, dated 5/22/09, lists "appointments as needed" to address the diagnosis of dementia with behavioral disturbances.	1/30/2010	The support Plan did not have accurate or updated information. Resident #3 and #5 are in compliance with regulation 227d. The PCA has checked all support plans to make sure the home is in compliance with regulations 227d. The nursing supervisor will do a quarterly check to make sure all support plan follow regulations 227d. In addition the home will send the nursing supervisor and charge nurse to training on how to properly fill out the support plan and personal care assessment. All findings from support plan audits will be reported in Quarterly Q and A to make sure this violation does not occur again.	5-3-10 JH

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Inne at Riddle Village 1048 West Baltimore Pike, Media, PA 19063		<b>CURRENT LICENSE NUMBER</b> 192510
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> January 21, 2010 and January 22, 2010		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams and Michelle Morton
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 1/21/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 4-29-10


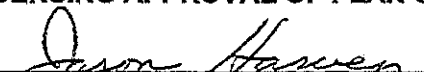
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	- White out was used to alter the room rate in resident #1's contract dated 6/09.  - Resident #5's assessment dated 5/22/09 was altered using white out, on page #4 under the section titled "Special health or dietary needs".  - Resident #5's support plan dated 5/22/09 was altered using white out, under the section titled "Dental and Vision".  - Resident #7's assessment, dated 10/10/09, was altered using white out, on page #4 to change the designation under	1/23/2010	251b White out was used to cover mistakes of dates and misspelled names. The entries in the resident clinical record for #1, #5, #4, #7 were not corrected R/T another violation that could occur with altering this legal document however, all white out was thrown out. The staff was also serviced on how to correct mistakes. In the future the home will cross out any error and place their initial by that error with an date. The PCA will also ensure that white out is not ordered and that white out not on the unit. The PCA will monitor this daily to ensure that this violation does not occur again.	5-3-10 JH

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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	the 'Cognitive' subheading 'Wandering'.			

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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252 Each resident's record shall include the following information:  (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping.	The resident record for resident # 3 did not contain an inventory.	4/13/2010	Resident #3 medical evaluation support plan and assessment all coincide. resident #3 is not in need of positioning every two hours or does the resident require nectar thick liquids. see attached). However all support plans and assessments were checked against the ma-51 to ensure all information is correct and matches. The PCA and nursing supervisor will audited the assessments and support plans along with the MA-51 quarterly to make sure all information coincide. This information will be reported quarterly to make sure this violation will not be repeated.	5-3-10 JH

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	- Resident records, for residents #7, #9, #10, #11, #12, #13, #14 and #15 were left unattended and unsecured at the 3 <sup>rd</sup> floor nursing station on 1/21/10.  - Resident information including a list of doctor's appointments and a listing of those residents needing bed pads was posted on a wall and left unattended and unsecured at the 3 <sup>rd</sup> floor nursing station on 1/21/10.	1/23/2010	Resident records were found unattended at the nurses station. The clinical record will be locked in an enclosed secure location to comply with 254c. The PCA checked the nursing station area to make sure all charts were secured. The nursing supervisor will check the nursing station area daily to make sure this violation will not occur. In addition information that was posted at the nurse station was taken down and not replaced back. The PCA will inspect the nursing station area daily to make sure we comply with regulation 254c. All information and clinical records are locked.	5-3-10 JH