

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 11, 2011 until May 11, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 192510

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 29 2011

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 February 16, 2011 and February 17, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

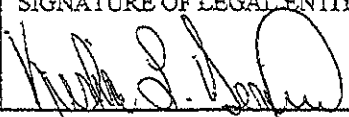
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monticello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011 & 2/17/11		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hisha L. Dennis PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Hisha L. Dennis</i>	DATE <i>3/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>4/22/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #2 had not been signed by the administrator or designee. The contracts for residents #3 and #6 had not been signed by the residents.	<i>3/25/11</i>	25b The contract for resident #2 has been signed by the PCA. The contracts for residents #3 and #6 have been signed by the residents. All the contracts in the home have been reviewed. All the contracts are in compliance with regulation 25b. The homes contracts will be reviewed quarterly by the nursing home supervisor. The home supervisor will then report the findings to The PCA in the quarterly Q and A meetings.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/22/11</i> Date Initials (DPW)


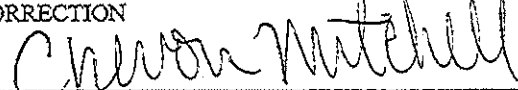
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monticello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Krista L. Dennis</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>3/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>4/23/11</i>


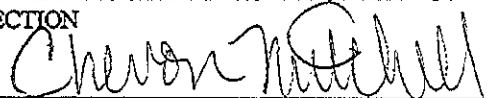
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #3 had not signed a statement acknowledging receipt of resident rights and complaint procedures.	<i>3/25/11</i>	41e Resident # 3, resident rights statement was not signed by resident but signed by POA. The resident rights for resident # 3 has been signed. All resident rights statements in the home have been reviewed to ensure compliance with regulation 41e. The supervisor of the home will check the resident rights statement monthly to ensure that all resident have a signed resident statement in the medical chart. The homes, supervisor will report these findings to the PCA quarterly in Q and A.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/23/11</i> Date <span style="float: right;">Initials (DPW)</span> 

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monticello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
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SIGNATURE OF LEGAL ENTITY 	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11



REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>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</p>	<p>Ancillary staff person A lacked annual fire safety training by a fire safety expert, resident rights, and falls and accident prevention.</p> <p>Repeated Violations: 01/21/2010</p>	<p>3/25/11</p>	<p>65g Ancillary staff A, lacked annual fire safety training by a fire safety expert, resident rights, and falls and accident prevention. Ancillary staff A has been in serviced on Fire safety by the PCA who has been trained by an fire safety expert. In Addition the PCA also trained ancillary staff A, on residents rights and falls and accidental prevention. The home has implemented an in-service spread sheet to give to all department heads. The departments heads will be responsible for training all of their staff. The department heads will then report back to the PCA quarterly in the Q and A meetings.</p>	<p>Steps have been taken to correct violation; full compliance is now verifiable 4/22/11 Date Initials (DPW)</p>


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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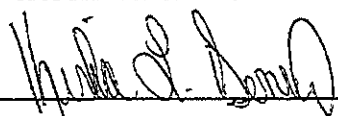
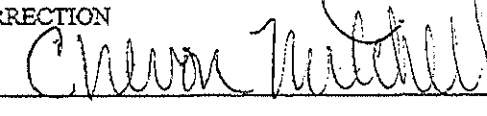
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services 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.		3/25/11		



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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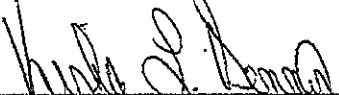

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The door leading to the fire tower across from room M109 on the first floor, the door leading to the fire tower across from room M217 on the second floor, and the door leading to the fire tower on the third floor across from room M327 were locked by a magnetic locking system. At the time of the initial inspection of these doors on 2/17/2011 they could not be opened even when a code was entered into the keypad by each door.	3/23/11	121A The Fire towers door in the home were locked by a magnetic locking system. The fire towers doors are unlocked on all units for resident egress, this was done by the maintenance department. The doors will remain unlocked at all times. The fire tower doors will be checked daily by the maintenance department to ensure egress is maintained. The maintenance department head will keep a log to ensure compliance and report the findings to the quarterly Q and A meetings.	4/22/11 

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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.	Fire drill records did not list the exit route(s) used during fire drills. The record for each drill stated "per policy horizontal."  Repeated Violations: 01/21/2010	3/25/11	132c The fire Drill records did not record the alternate routes. Riddle Village PCA has sat and met with their fire contracted fire expert and given him instruction on how to fill out the DPW fire drill record with great emphasis placed on exit routes. Starting with the next fire drill Crocker fire Drill cooperation will record the alternate roots as written in 132c. The department head will review the fire drill form monthly and report this to the quartley Q and A.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Initials (DPW)</p> <p> Date</p>

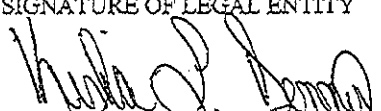
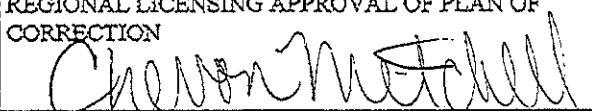
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monticello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monnicello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Medical evaluations for residents #1, 2, 4, and 5 had attachments that included the residents' medication regimen. These attachments were not completed on the same dates as the medical evaluations.	3/25/11	141a The medical evaluations for 1,2,4 and 5 have all been corrected by the nursing supervisor. A review of all charts have been done. All charts are presently in compliance with regulation 141a. The medical evaluation will be checked along with any attachments monthly by the home's supervisor. This information will be given to the PCA quarterly at the Q and A meetings.	<p>Steps have been taken to correct violation; full compliance is not available</p> <p>4/22/11 Date</p> <p> Initials (DPW)</p>

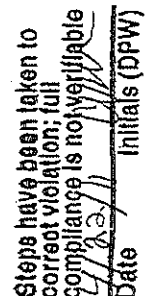
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

NAME AND ADDRESS OF PERSONAL CARE HOME The Inne at Riddle Village, Monticello Bldg. Floors 1-3, 1048 West Baltimore Pike Media, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Theresa J. Demaris</i>	DATE <i>3/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE <i>4/22/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		<i>3/25/11</i>		

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	It could not be determined if the support plan for resident #6 had been completed within 30 days after admission to the home. The resident was admitted on 11/16/2010 and the support plan was dated 1/16/10.	3/25/11	227a The resident support plan # 6 has been corrected and a review of all charts has been completed by the nursing supervisor. The nursing supervisor will check the support plan monthly. She will then report her findings to the PCA in the quarterly Q and A meetings.	Steps have been taken to correct violation; full compliance is not verifiable  Date: 4/23/11 Initials (DPW)