



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

ADULT RESIDENTIAL LICENSING

MAR 22 2012

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

Ms. Kisha Lester-Dennis, Personal Care 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 8, 2012 and February 9, 2012 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME INNE AT RIDDLE VILLAGE THE, 1048 WEST BALTIMORE PIKE MEDIA, PA 19063		CURRENT LICENSE NUMBER 192510	
INSPECTION DATES (Include all dates of the inspection) 02/08/2012		REGIONAL REPRESENTATIVE Kimberli Foulkes, Amy Scharpf	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nisha L. Dennis, PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Nisha L. Dennis, PCA</i>	DATE <i>02/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn E. Smith</i>	DATE <i>3-5-12</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
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	-Resident #1, admitted 6/29/11, did not have a resident-home contract completed until 8/5/11. -Resident #2, admitted 10/17/11, did not have a resident -home contract completed until 11/17/11.	<i>02/24/2012</i> <i>Ongoing</i>	25a1 Prior to admission or within 24 hours a written resident home contract shall be signed. On 02/08/2012 department of welfare regional representative reviewed charts from resident #1 and #2 when reviewing these charts their findings were that the home contracts were not signed in 24 hours. These resident are on a life care contract and refused to sign any financial documents with out their family members notification. All future contracts will be signed within 24 hours. If a resident refuses to sign a notation will be made on the contract. In addition an audit will be done on all new admission within 24 hours of an entrance date, this audit will be done by the 11 7 charge nurse and reported to the PCA, the PCA will then report it to the quarterly QA.	Steps have been taken to correct violation; full compliance is not verifiable <i>3-5-12 EE</i> Date Initials (DPW)

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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>02/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SE</i>	DATE <i>3-5-12</i>

REGULATION 55 Pa.Code §2600 and conditions.	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
			<i>Contd.</i>	

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Wisha J. Dennis, PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Wisha J. Dennis</i>	DATE <i>2/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloss Ernst</i>	DATE <i>3-7-12</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
<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 D did not receive training in emergency preparedness and recognition and response to crises and emergency situations, residents rights, falls and accident prevention and new population groups that are being served at the home that were not previously served during training year 2011.</p> <p>Ancillary Staff Person E did not receive training in fire safety completed by a fire safety expert, emergency preparedness and recognition and response to crises and emergency situations, residents rights, falls and accident prevention and new population groups that are being served at the home that were not previously served during training year 2011.</p> <p>Repeated Violations: 02/16/2011</p>	<p><i>02/1/2012</i> <i>Ongoing</i></p>	<p>65g Ancillary staff person D and E did not receiving annual Training. Presently D and E have been trained, on their annual in service's. In the future all departments directors will be trained on the train the trainer for annual in-services. The Department directors will be responsible for all annual training for ancillary staff. In addition the Human Resource Director will audit each department quarterly to ensure compliance. The audit will be reported to the quarterly QA meeting.</p> <p><i>Documentation of staff training will be kept.</i> <i>-82</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>3-7-12</i> Date <i>3-7-12</i> Initials (DPW) <i>82</i></p>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nisha L Dennis, PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Nisha L Dennis, PCA</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BE</i>	DATE <i>3-7-12</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
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.			<i>Contd.</i>	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nisha L. Demas PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Nisha L. Demas PCA</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE <i>3-7-12</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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home's record of ancillary staff training does not include length and content of each course.	<i>02/24/2012</i> <i>Ongoing</i>	65i The home's record of ancillary staff does not include length and content of each course. In the future all in-services will include the length of each course and content. All department directors will review all staff training to make sure the length of time is documented and content is included. All directors will report to Human Resource Director quarterly, Human Resource will report the finding to quarterly QA.		
Steps have been taken to correct violation; full compliance is not verifiable <i>3-7-12 G.E.</i>					
					Date
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michael J. Dennis / Kisha J. Dennis</i>			
SIGNATURE OF LEGAL ENTITY <i>Michael J. Dennis / Kisha J. Dennis</i>	DATE <i>02/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE <i>3-7-12</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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Sunshine Simple Green Clean Building Glass Cleaner and Sunshine Simple Green Clean Building Carpet Cleaner, with a manufacture's label indicating "If ingested: Do not induce vomiting. Drink plenty of water to dilute. Seek Medical Attention", was unlocked and accessible to residents on an unattended cleaning cart on the second floor hallway to the right of room M211. Residents of the home have not been assessed capable of recognizing and using poisons safely.	<i>02/24/2012</i> + <i>Ongoing</i>	82c Poisonous material shall be kept locked and inaccessible to residents. Posinuous materials were found in a hallway unattended on a cleaning cart. In the future all ancillary (environmental staff) will be in serviced on the potential risk of poisonous material and how poisonous materials puts our resident at risk. In addition an assessment form will be added to the admission/entrance processes to ensure the resident has the capabilities to recognizing and using poison safely. <i>The identified materials were immediately removed and locked. -SE</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3-7-12</i> Date <i>SE</i> Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Misha L. Dennis, PCA</i>	DATE <i>02/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE <i>3-7-12</i>

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85a Sanitary conditions shall be maintained.	The home uses one glucometer for all residents receiving blood glucose monitoring.	<i>02/24/2012</i>	85a Sanitary conditions shall be maintained. The home uses one glucometer for all residents receiving blood glucose monitoring and uses a cleaning process after each use. Presently, the home has ordered a glucose monitor for each resident that receives glucose monitoring to comply with regulation 85a	<i>3-7-12 SE</i>

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SIGNATURE OF LEGAL ENTITY <i>Wishard Dennis, PCA</i>	DATE <i>02/04/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ewert</i>	DATE <i>3-7-12</i>

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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 designated evacuation time from [REDACTED] NFPA Fire Inspector, Croker Fire Safety Corporation is nine minutes and thirty seconds. The home's fire drill evacuation times are: 9 minutes and 48 seconds on 3/30/11 at 1:10am and 9 minutes and 40 seconds on 12/15/11 at 11:48pm.	<i>04/20/2012</i> <i>+ ongoing</i>	132d The home designated evacuation time from Croker fire Safety Corporation was nine minutes and thirty seconds. The fire drills evacuation times on at least two fire drills exceeded the time limit given in the yearly fire letter. In the future the home will send The PCA to a fire safety and emergency response train the trainer, the PCA will then supervise the Crocker fire safety Cooperation to ensure that the home complies with regulation 132d. In addition the home will also in cooperate using their own staff for the fire drill and filling out proper DPW documentation . All fire drills are reported in our quarterly safety committee. <i>All staff and residents will be trained in evacuating safely + within time limits set by fire safety expert. If fire drills exceed safe evacuation time recommended, home will assess residents + mobility issues. -SE</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3-7-12 SE</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Nisha L. Dennis, RPA</i>	DATE <i>02/07/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SE</i>	DATE <i>3-7-12</i>

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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/03/2011</td><td>05:34 PM</td><td>9 min 10 sec</td><td>Yes</td></tr> <tr><td>Feb</td><td>02/10/2011</td><td>01:35 PM</td><td>8 min 59 sec</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>01:10 AM</td><td>9 min 48 sec</td><td>Yes</td></tr> <tr><td>Apr</td><td>04/15/2011</td><td>08:15 AM</td><td>7 min</td><td>Yes</td></tr> <tr><td>May</td><td>05/26/2011</td><td>04:30 PM</td><td>6 min 41 sec</td><td>Yes</td></tr> <tr><td>Jun</td><td>06/10/2011</td><td>05:16 AM</td><td>8 min 49 sec</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/18/2011</td><td>10:15 AM</td><td>7 min</td><td>Yes</td></tr> <tr><td>Aug</td><td>08/15/2011</td><td>07:39 PM</td><td>7 im 15 sec</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/30/2011</td><td>03:45 AM</td><td>9 min</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/11/2011</td><td>01:20 PM</td><td>3 min 42 sec</td><td>Yes</td></tr> <tr><td>Nov</td><td>11/25/2011</td><td>03:01 AM</td><td>7 min</td><td>Yes</td></tr> <tr><td>Dec</td><td>12/15/2011</td><td>11:48 PM</td><td>9 min 40 sec</td><td>Yes</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/03/2011	05:34 PM	9 min 10 sec	Yes	Feb	02/10/2011	01:35 PM	8 min 59 sec	Yes	Mar	03/30/2011	01:10 AM	9 min 48 sec	Yes	Apr	04/15/2011	08:15 AM	7 min	Yes	May	05/26/2011	04:30 PM	6 min 41 sec	Yes	Jun	06/10/2011	05:16 AM	8 min 49 sec	Yes	Jul	07/18/2011	10:15 AM	7 min	Yes	Aug	08/15/2011	07:39 PM	7 im 15 sec	Yes	Sep	09/30/2011	03:45 AM	9 min	Yes	Oct	10/11/2011	01:20 PM	3 min 42 sec	Yes	Nov	11/25/2011	03:01 AM	7 min	Yes	Dec	12/15/2011	11:48 PM	9 min 40 sec	Yes		<i>Cont'd.</i>	
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SIGNATURE OF LEGAL ENTITY <i>Nisha L. Dennis, PCA</i>	DATE <i>02/24/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blain Ermit</i>	DATE <i>3-7-12</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
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 services provided by the home.	The pre-admission screening form for Resident #1, admitted 6/29/11 was dated 5/25/11.	<i>02/24/2012</i> <i>ongoing</i>	224a A determination shall be made within 30 days prior to admission and documented on the departments preadmission screening. The preadmission screening form for resident #1, admitted 06/29/11 was dated 05/25/11. The home will assure all preadmission screens are done within the time limit given by DPW. Presently on 11-7, the charge nurse has audited all new charts to comply with regulation 224a. In addition all new residents will be interviewed within 30 days of admission to comply with regulations 224a. All pre admission screening will be done by the PCA or designee.	<div style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</div> <div style="text-align: right;"> <i>3-7-12</i> Date Initials (DPW) </div>