



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2013

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 (Department) licensing inspection on February 6, 2013 and February 7, 2013, 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 Human Services 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: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600:
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident 1, admitted 1/9/13, did not have a resident-home contract completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1, admitted 1/9/13, did not have a resident home contract. This violation was corrected 02/8/2013 (Please see attached). All residents charts were reviewed to comply with 2600.25(a)(1) (The DRW contract) A copy will be given to All resident before admission the contract will be signed upon admission or within 24 hours. The Supervisor of PCU will make sure all contracts will be signed per regulation 2600.25(a)(1). This change will be made by March 1st 2013 To ensure this violation does not occur again an Audit will be done quarterly and reported in Q and A. Training of 2600.25(a)(1) was given to the Supervisor of PCU who is in direct charge of making sure the DRW contract is signed. The PCA will oversee progress with complying with DRW regulation

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/08/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Hisha L. Dennis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Hisha L. Dennis RN, PCA* Date *3/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/17/13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4/17/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600

2600.52 - 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 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

- Direct care staff member A, hired on 6/19/09, has a criminal history of Theft by Deception, Forgery, AND CRIMINAL Conspiracy/Theft by Unlawful Taking from 11/16/04. The dispositions for these charges is unreported and therefore it is not able to be determined if these charges are prohibited by the Older Adult Protective Services Act.

- Direct care staff member B, hired on 6/19/09, has a criminal history of three charges of Theft by Unlawful Taking and two charges of Receiving Stolen Property from 10/28/11. The dispositions for these charges is unreported and therefore it is not able to be determined if these charges are prohibited by the Older Adult Protective Services Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Human Resource Assistant will check all criminal background checks, on all new hires; all criminal background checks that read "request under review" will not be permitted to work until further information is obtained. Example: "Common Courts of Plea". In services given to Human Resource Director.

By March 1st all employees background checks have been reviewed, all are in compliance with OASPSA. In the future All background checks (criminal) will meet OASPSA guidelines N/A older Adult protective act will not be pre permitted to work. The Human Resource Director will oversee and Audit quarterly and report findings in Q and A to ensure this violation does not occur again.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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The above plan of correction is approved as of 4/17/13 (Date)

Plan of correction implementation status as of 4/13/13 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

Three containers of ice cream on the second floor of the home were opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All ice cream containers will be replaced with fitted white plastic lids; upon opening. The Dining staff will ensure all ice cream have fitted lids daily at the end of the shift; A checklist has been provided to staff; in service also given by Dietary Manager. This change was made on Feb 6, 2013 while DPW was present on site. To ensure this violation does not occur again an audit will be done quarterly, and reported in Q and A by the dining manager. ~~Staff in error.~~ As of March 1st this violation has been corrected. RPA will monitor to ensure violation does not occur again.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maria L. Dennis RPA, LPA* Date *3/8/2013*

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The above plan of correction is approved as of 4/17/13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4/17/13
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 - The second floor exit located near room 217 is locked and can only be opened by use of a keypad. The code to this keypad is not posted by the door.
 - The third floor exit located near room 327 is locked and can only be opened by use of a keypad. The code to this keypad is not posted by the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

* Addendum attached
 4/18/2013

The Code to all Key Pad Doors; are posted;
 The Maintenance Director will ensure all codes to the they pad on the doors are posted, clearly marked and visible to staff and residents. This change has been made to all doors that are locked with they pad. This change was made on March 1st. All doors including those with keypads will be checked daily during Maintenance rounds, during rounds all codes will be checked to ensure placement + visibility. All Maintenance staff trained as well as residents on how code is used. The PCA will monitor quarterly during Q and A to ensure violation will not occur again.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date

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The above plan of correction is approved as of 4/19/13
 (Date)

Plan of correction Implementation status as of 4/17/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

April 18, 2013

Addendum to Violation (page 5 of 7)

The initial Plan of Correction (POC) signed by [REDACTED] on 3/18/2013 indicated all codes would be posted. After further consideration and consultation with Northeast Protection Partners, Inc. (NEPP) doing such would compromise the integrity of the RoamAlert System and place some residents at serious risk. NEPP made corrections to the system that instead allows the locked exit doors near room 217 and 327 to be released after holding the panic bar or door opener for 15 seconds. A notice indicating this method is posted for residents, visitors and staff to see. In addition, as has always been the case, the entire RoamAlert System releases in case of an emergency thus allowing immediate egress for all residents, visitors and staff.



Ronald J. Waterman (on behalf of Kisha L. Dennis)
Chief Operating Officer
The Inne At Riddle Village (Riddle Village)

Violation Report: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

- The exit door on the second floor that is located by room 217 is equipped with a keypad. The home does not have written approval from the Department of Labor and Industry, Department of Health, or the local building authority for the locking device.
- The exit door on the third floor that is located by room 327 is equipped with a keypad. The home does not have written approval from the Department of Labor and Industry, Department of Health, or the local building authority for the locking device.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Waiver for key locking device is included with plan of correction.

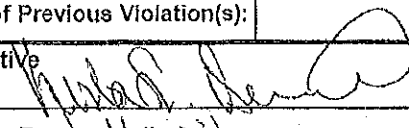
This Home has applied for a waiver for the locking device via DPW; The PCA will await approval from DPW. Once approval via DPW, the PCA will train staff and residents.

The administrator of the home will contact the Dept. of Labor + Industry as well as the local code enforcement to obtain written approval to use a delayed egress on the doors by 4/15/13. If approval is not obtained by 5/15/13, the home will remove the delayed locking mechanism on all doors immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Michael L. Dennis PCA

Date

3/8/2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

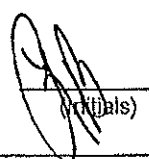
4/17/13
 (Date)

Plan of correction implementation status as of

4/17/13
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by



(Initials)

Violation Report: 19251 - 02/06/2013 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION

On 2/7/13, packets of aspirin, ibuprofen, and non-aspirin pain reliever were unlocked and accessible to residents in the first aid kit in the first floor laundry room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All meds are presently in an area or container that is locked. The Nursing staff checked all first aid kits in this home. The change was made 02/06/13 while DPO was onsite. ON March 1st the home was checked again and is in compliance with violation/regulation 183(B). An Quarterly Audit will be done by the Charge Nurse and reported in Quarterly Q Audit. All ^{Nursing} staff was instructed on violation 183(B). The PCA will monitor to ensure this violation does not occur again

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* PCA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Walter L. Dennis PCA, LPA* Date *2/5/2013*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>4/17/13</i> (Date)	Plan of correction implementation status as of <i>4/17/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented