



pennsylvania

DEPARTMENT OF HUMAN SERVICES

JUL 17 2015

Ms. Kisha Lester-Dennis, PCA
Riddle Village, Inc.
1048 West Baltimore Pike
Media, Pennsylvania 19063

RE: Inne at Riddle Village, The
Monticello Building, Floors 1-3
License #: 192510

Dear Ms. Lester-Dennis:

As a result of the Department of Human Services' licensing inspection on April 22, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 20, 2015 to June 20, 2016 was issued on March 25, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: INNE AT RIDDLE VILLAGE THE		License Number: 19261
Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19083		County: Delaware
Administrator: Kisha Lester-Dennis		Region: SOUTHEAST
Legal Entity Name: RIDDLE VILLAGE INC		
Legal Entity Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19083		
Certificate(s) of Occupancy I-1 07/24/2008 Township of Middletown		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/22/2015: McHale, Christine; Colon, Lissette		
Off-Site Inspection Dates and Inspectors, If Applicable 		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 76 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 19261 - 04/22/2015 - McHale, Christine
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 56 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment dated 1/29/15 identifies that the resident requires total physical assistance with managing and securing healthcare, shopping, securing and using transportation, managing finances, making and keeping appointments, and writing correspondence. It was also documented on the assessment that the resident has needs associated with their diet, vision, and social/recreation time. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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's RASP did not identify or address how the home will assist the resident needs.

The nursing supervisor failed to identify or addresses how the home will assist the resident needs.

This violation was fixed immediately when human service's was on site; all others RASP were also checked for error. In-service was given to the nursing supervisor and her designee on regulation 2600.27(d)

This home has in cooperated audits on all charts/RASP. This audit will be done quarterly by the Nursing supervisor and reported to the Quality Assurance Team.

The Personal Care Administrator will oversee progress with 2600.27(D) by checking the quarterly audits; also a mock survey will be in cooperated annually or as needed.

This plan will be in cooperated by June 1st.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle L. Dennis

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

Michelle L. Dennis

Date

5/18/2015

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

The above plan of correction is approved as of

4/8/15
 (Date)

Plan of correction implementation status as of

6/8/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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