



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 July 18, 2017 until January 18, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 192511

Robert E. Robinson
ISSUING OFFICER

Jay Bank
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUL 18 2017

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

RE: Inne at Riddle Village, The
Monticello Building, Floors 1-3
License #: 192511

Dear Ms. Lester-Dennis:

As a result of the Department of Human Services' (Department) licensing inspections on April 3, 2017 and May 10, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #192510 dated June 20, 2017 to June 20, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 20, 2017 to June 20, 2018 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

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

Ms. Kisha Lester-Dennis

2

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: INNE AT RIDDLE VILLAGE THE		Licence Number: 19251
Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063		County: Delaware
Administrator: Kisha L. Dennis		Region: SOUTHEAST
Legal Entity Name: RIDDLE VILLAGE INC		
Legal Entity Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063		
Certificate(s) of Occupancy		
I-1 10/08/2008 Township of Middletown	I-2 10/08/2008 Township of Middletown	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Working Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/03/2017: Gray, Dean; Thomas, Tahesia		
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 who:	
Number of Residents Served: 44	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 44	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 19251 - 04/03/2017 - Gray, Dean
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa. Code §2800
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 04/03/17 at 2:15 PM, glucometer readings were checked for residents #1 and #2. The glucometer readings did not match the resident records. Staff person A decided to check all 6 resident's glucometer history readings and found that none of the readings matched the resident records. It was concluded between staff person A and inspectors that staff has been sharing the glucometers between residents.

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.

Sanitary conditions shall be maintained.

Six monitors were checked. The six glucose monitors did not have history of the resident readings. However, the one monitor in the nursing emergency bag had all correct readings. (Sharing)

Immediately in services were given by PCA to all professional nurses about the importance of Sanitary Conditions. Each professional nurse was given a final written warning R/T sanitary condition. All resident that require glucose monitoring will have individual glucose monitors. All nurses will use the individual glucose monitors to monitor residents' blood sugars as per the policy of Riddle Village.

Glucose monitors will be checked weekly for accuracy by the nurse supervisor. (Audit)
 Administrator will audit all glucometers 2 readings at least monthly for 6 months.
 The information reported from the nursing supervisor will be reviewed in the quarterly, quality and assurance meeting. If plan is not effective a new plan will be made to ensure ongoing compliance 85a. 7/13/17


This plan will be implemented by 04/28/2017.
 All staff will be trained on proper use of glucometers within 10 days of receipt of this plan of correction. 7/13/17

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: *04/25/2017*

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

The above plan of correction is approved as of <u>6/2/17</u> (Date)	Plan of correction implementation status as of <u>6/2/17</u> (Date)
The above plan of correction was approved by  (Signature)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19251 - 04/03/2017 - Gray, Dean
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The glucometer for Resident #2 was not calibrated to the correct date and time.

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 #2 glucometer was not calibrated. Immediately in-services were given to all professional nurses R/T calibration of all glucometers, specifically date and time.

All glucometers will be checked (audited) weekly by nursing supervisor; this information will be reported to the PCA. The PCA will report this information in the quarterly Q&A and performance improvement meeting to ensure effectiveness. If not effective, a new plan will be made to ensure ongoing compliance with regulation 185a

This plan will be implanted by 04/04/2017.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Dennis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas P. Dennis</i>	Date <i>4/03/2017</i>
---	-----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>6/1/17</i> (Date)	Plan of correction implementation status as of <i>6/1/17</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

Violation Report: 19251 - 04/03/2017 - Gray, Dean
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed to have blood sugar checks four times a day. The glucometer records do not indicate this order was being followed.

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 #2 Blood sugars were not found on glucometer.

A full review of all orders was done to ensure all directions are being followed by the prescriber.

The nursing supervisor will conduct a review of all orders twice a month to ensure all prescribers order is followed. In addition the pharmacy consultant will review prescribers' orders ~~annually~~ (Audit) Quarterly (Signature)

The nursing supervisor will report findings of orders review, to the PCA.

All audits will be reported to the Q & A to ensure effectiveness of violation 187d.

If not effective a new plan will be implanted.

This plan will be implanted by 04/24/2017.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Risha L. Dennis</i>	Date <i>4/25/2017</i>
--	-----------------------

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

The above plan of correction is approved as of <u>4/2/17</u> (Date)	Plan of correction implementation status as of <u>6/2/17</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19251 - 04/03/2017 - Gray, Dean
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 56 Pa.Code §2800

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 04/03/17 a bed rail was observed on resident #3's bed. The resident's support plan, dated 01/23/17, does not address this need.

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 family placed a bedrail on [redacted] bed on 04/02/2017 without notifying the personal care home.

The department of human servicing walked in on 04/3/2017. The resident support plan was not updated.

The resident bed rail was removed from [redacted] bed. The resident was not assessed for a bed rail.

Assessment was given by the physical therapy department and it was found that the resident was not in need of the bed rail.

The support plan was not updated, however if a change is needed the support plan will be updated.

In addition the staff nurse was in serviced on regulation 225c, an audited was done, on support plans by the PCA. All support plans are in compliance with regulation 225c. Support Plans will be audited quarterly. All audited information will be reported to the quarterly Q&A meeting to ensure effectiveness of this violation. In addition families are told via support care meetings, the importance of communicating, when assisted devices are brought in for their loved ones.

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) *Wanda L. Dennis* Date *04/25/2017*

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

The above plan of correction is approved as of <u>4/1/17</u> (Date)	Plan of correction implementation status as of <u>4/1/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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

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

PCH Name: INNE AT RIDDLE VILLAGE		License Number: 18251
Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063		County: Delaware
Administrator: KISHA LESTER - DENNIS		Region: SOUTHEAST
Legal Entity Name: RIDDLE VILLAGE INC		
Legal Entity Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063		
Certificate(s) of Occupancy I-1 07/24/2008 TOWNSHIP OF MIDDLETOWN		
Staffing Hours Resident Support: Total Daily Staff: 46 Waking Staff: 35		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2017: Braswell, Natasha		
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: 46 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: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 19251 - 05/10/2017 - Braswell, Natasha PCH Name: INNE AT RIDDLE VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 5/10/17, at 10:30, the glucometer readings were checked for resident #1 and # 2. The glucometer reading, did not match the numbers recorded on the medication administration record.	
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.	
Sanitary conditions shall be maintained All glucose monitors were changed on 05/24/2017. In-services given immediately again!!!! Professional nurse identified that was not following regulation. All resident that requires glucose monitoring will have individual glucose monitors. All nurses will use the individual glucose monitors to monitor residents' blood sugars as per the policy of Riddle Village. Glucose monitors will be checked weekly for accuracy by the nurse supervisor. <i>Administrators will audit all Glucometers 2 readings monthly for next 6 months. SA 7/19/17</i> Nursing supervisor will report these findings to the PCA. The PCA will counsel professional nurses thru the progressive counseling process if necessary. The information reported from the nursing supervisor will be reviewed quarterly, in the Quality and Assurance meeting. If plan is not effective a new plan will be made to ensure ongoing compliance of 85a The plan was implemented on 5/24/2017. <i>All staff will be trained on the proper use of glucometers within 10 days of receipt of this plan of correction. SA 6/20/17</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kisha L. Dennis</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kisha L. Dennis</i>	Date <i>5/26/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>6/2/17</i> (Date)	Plan of correction implementation status as of <i>6/2/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19261 - 05/10/2017 - Braswell, Nalasha
 PCH Name: INNE AT RIDDLE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- The glucometer readings for Resident # 1 on 5/5/17 at 5:53 am were 119 and 384 at 6:21 pm. The readings were recorded on the medication administration record as 129 at 6:30 am and 159 at 4:30 pm. Resident #1 is prescribed blood sugar testing daily at 6:30 am and at 4:30 pm. The 4:30 reading is more than one hour after the required testing.

- Resident # 2 is prescribed blood sugar testing daily before meals and at the hour of sleep. There is no indication testing was completed on 5/5/17 at 4:30 pm and at 9:00 pm.

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.

A full review of all orders was done to ensure all directions are being followed by the prescriber.

The nursing supervisor will conduct a review of all orders twice a month to ensure all prescribers order ^{are} followed. In addition the pharmacy consultant will review prescribers' orders ^{quarterly} annually. (Audit)

The nursing supervisor will report findings of orders review, to the PCA.

All audits will be reported to the Q & A to ensure effectiveness of violation 187d.

If not effective a new plan will be implanted.

This plan will be implanted by 05/31/2017

All staff administering medications will be trained on the proper use and documentation glucometer reading with 10 days receipt of POC ^{to}

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nona L. Debus* Date *5/26/17*

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

The above plan of correction is approved as of <u>4/2/17</u> (Date)	Plan of correction implementation status as of <u>6/2/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented