



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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 November 27, 2017 until November 27, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **192510**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 27 2017

Ms. Kisha Lester-Dennis
Administrator
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' Personal Care Homes annual licensing inspections on September 6, 2017 and October 13, 2017 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Ms. Kisha Lester-Dennis

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

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

PCH Name: INNE AT RIDDLE VILLAGE THE		License Number: 19251
Address: 1048 WEST BALTIMORE PIKE, MEDIA, PA 19063		County: Delaware
Administrator: Kisha 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: 42 Total Daily Staff: 84 Working Staff: 63		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/08/2017: Parker, Shawn; 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 Served: 42 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: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19251 - 09/06/2017 - Parker, Shawn
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 09-02-17 at 6:00am resident # 1's accucheck was taken on resident # 2's glucometer

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.

2600.85(a)

Facility will maintain sanitary conditions. On 9/2/2017, the 7-3 charge nurse's audit found that the 11-7 charge nurse had shared a glucometer for Resident #1 and #2's accuchecks. The 7-3 charge nurse immediately notified the Personal Care Administrator of this finding. The 7-3 charge nurse also pulled the glucometer that was shared and replaced it with a new glucometer thus eliminating any risk of contamination. The 11-7 charge nurse had been trained as to the proper protocol but still shared the glucometer. The implemented system effectively worked. Due to this, the charge nurse was terminated for this infraction. Subsequent to this event, all staff have been retrained on the proper use of glucometers. Please see attached. Resident #1 and Resident #2 Primary Physicians' were notified; both residents' Primary Physician confirmed there is no evidence of communicable disease or concern for transmission of blood borne pathogens at this time. Please see attached.

Glucometers will be audited weekly for accuracy by the Personal Care Administrator. The information obtained from the weekly audit will be reviewed quarterly in the Quality and Assurance meeting. If this plan is not effective a new plan will be made to ensure ongoing compliance of 85a. This plan continues to be implemented since 5/26/2017.

Repeat Violation: Yes 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, PCA* Date *9/28/2017*

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

The above plan of correction is approved as of *9/29/17*
 (Date)

Plan of correction implementation status as of *10/12/17*
 (Date)

The above plan of correction was approved by *MD*
 (Initials)

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

Violation Report: 19251 - 09/06/2017 - Parker, Shawn
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 09-06-17 multiple dented cans were found in the kitchen pantry. 1 can of vanilla pudding, 2 cans of olives, 1 can of cucumber chips all had dents.

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.

2600.103(i)

Facility will follow their policy to provide, prepare and distribute wholesome food free of hazard or potential contamination by inspecting canned items upon delivery. On 9/6/17, four dented cans were found in the kitchen pantry. The four cans were immediately removed from food inventory and placed on the dented can rack for proper disposal. All staff responsible for receiving food inventory were trained. Please see attached.

The Dining Director will implement a monitoring tool to ensure compliance with regulation 103i. The Dining Director will report findings to the quarterly Quality assurance meeting. The issue was immediately corrected and training has been completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nisha L. Dennis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nisha L. Dennis, PCA</i>	Date <i>9/18/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>9/29/17</i> (Date)	Plan of correction implementation status as of <i>10/17/17</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 - 09/06/2017 - Parker, Shawn
 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
 Staff member A did not apply the homes procedures for the safe use of medical equipment. Staff member A used Resident # 2's glucometer to take resident # 1's accucheck

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.

2600.185(a)

Facility will continue to follow their policy for glucose monitoring by finger stick. On 9/2/2017, the 7-3 charge nurse's audit found that the 11-7 charge nurse (Staff member A) had shared a glucometer for Resident #1 and #2's accuchecks. The 7-3 charge nurse immediately notified the Personal Care Administrator of this finding. The 7-3 charge nurse also pulled the glucometer that was shared and replaced it with a new glucometer thus eliminating any risk of contamination. Staff member A had been trained as to the proper protocol but still shared the glucometer. The implemented system effectively worked, however, Staff member A did not follow the homes procedure for the safe use of medical equipment. The home quickly identified this error through the existing auditing process. Staff member A was terminated.

All staff was retrained on proper use of medical equipment, specifically glucometers. Glucometers will continue to be audited weekly by the Personal Care Administrator. The Administrator will report this information at quarterly Quality and Assurance meeting to ensure effectiveness. If system is deemed ineffective, a new plan will be implemented to continue with ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Risha L. Dennis, PCA* Date *9/28/2017*

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The above plan of correction is approved as of <i>9/28/17</i> (Date)	Plan of correction implementation status as of <i>10/17/17</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 - 09/06/2017 - Parker, Shawn
PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
(1) Documentation of the receipt of controlled substances and prescription medications.
(2) A process to investigate and account for missing medications and medication errors.
(3) Limited access to medication storage areas.
(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION
Resident # 3 has an order for Temazepam 15 mg, one capsule at bedtime. The medication was not signed out of the Narcotic record book on 09-05-17. Staff member B did not follow instructions for documentation of receipt of a controlled substance.

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.

2600.185(b)

Facility will continue to follow the homes policy for controlled drugs. Please see attached. All nursing staff will be retrained on strict control of narcotics, including Staff member B. The narcotic count will be audited daily by the nursing supervisor; this information will be reported to the Personal Care Administrator. The Administrator will report findings to the Quality and Assurance meeting. If plan is ineffective, a new plan will be made to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nisha L. Dennis, PCA* Date *9/28/2017*

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The above plan of correction is approved as of *9/29/17*
(Date)

Plan of correction implementation status as of *10/17/17*
(Date)

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

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 19251 - 09/05/2017 - Parker, Shawn
 PCH Name: INNE AT RIDDLE VILLAGE THE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 09-02-19 at 6:00am an error in resident # 1's medication administration occurred involving a shared glucometer with resident # 2. The error was not reported to DHS.

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.

2600.188(b)

Facility will follow their policy for reportable incidents and conditions. On 9/2/2017, the 7-3 charge nurse's audit found that the 11-7 charge nurse had shared a glucometer for Resident #1 and #2's accuchecks. The 7-3 charge nurse immediately notified the Personal Care Administrator of this finding. The 7-3 charge nurse also pulled the glucometer that was shared and replaced it with a new glucometer thus eliminating any risk of contamination. The 11-7 charge nurse had been trained as to the proper protocol but still shared the glucometer. The home failed to report the findings to the Department of Human Services. To avoid reoccurrence of the violation, the home will report all incidents and medication errors to Department of Human Services, as per policy of the home. The home will audit all reported medication errors and report them to quality and assurance meeting quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Misha L. Dennis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Misha L. Dennis, PCA* Date *9/28/2017*

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

The above plan of correction is approved as of <i>9/28/17</i> (Date)	Plan of correction implementation status as of <i>10/17/17</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