



**Sent via e-mail kisha@riddlevillage.com
April 21, 2020**

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 #: 192510

Dear Ms. Lester-Dennis:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 28, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *INNE AT RIDDLE VILLAGE, THE*

License Number: 19251

Address: *1048 WEST BALTIMORE PIKE,, MONTICELLO BLDG. FLOORS 1-3,, MEDIA, PA 19063*

County: *DELAWARE*

Region: *SOUTHEAST*

Administrator

Name: *Kisha Lester-Dennis*

Phone: *6108913777*

Email: *KISHA@RIDDLEVILLAGE.COM*

Legal Entity

Name: *RIDDLE VILLAGE INC*

Address: *1048 WEST BALTIMORE PIKE, MEDIA, PA, 19063*

Certificate(s) of Occupancy

Type: *I-7*

Date: *07/24/2008*

Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *74*

Waking Staff: *56*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/28/2020 - On-Site: Alexander Goldstein, Sandra Wooters

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76*

Residents Served: *37*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *37*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *37*

Have Physical Disability: *0*

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Staff Member A was hired on 10/29/2019 and their criminal history check was completed on 11/11/2019.

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.)

PLEASE SEE ATTACHED.....

Legal Entity Representative

Kisha L. Dennis
Signature

Kisha L. Dennis PCA 1/20/2020
Printed Name and Title Date

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The above plan of correction is approved as of	04-20-2020	Plan of correction implementation status as of	04*20*2020
	(Date)		(Date)
The above plan of correction was approved by	<i>SP</i>	<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	

2600.51

Facility will follow their policy for "The Hiring Process". All employees will have background checks. On 1/28/20 the DOHS inspector observed that Staff member A and B worked before background checks were completed. Immediately, the Human resource Director will conduct criminal background checks through the PATCH system before the new hire attends general orientation. The Payroll/HR Coordinator will double check the new hire personnel general orientation to ensure all required documentation, criminal background, pre-hire physical, PPD and licensure have been completed and provided. If any item is missing, the Payroll /HR Coordinator is responsible for researching and gathering missing information before the new hire is approved to begin orientation on the floor. To ensure this violation does not occur again. The facility will continue to follow the policy "The Hiring Process" In addition a checklist has been created that will be reviewed quarterly the findings of this check will be reviewed in the Q and A Meeting. Please see attached documentation.

85d - Trash Receptacles

Regulations

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 01-28-2020 at 3:04 pm, there were two trash cans without lids on them located in the kitchen of the home.

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.)

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2600.85.d.

Facility will follow its Policy” Trash removal and Dumpster Area”. On 1/28/2020 the DOHS observed that there were two trash cans without lids on them located in the Main Kitchen of the Home. Immediately, The Director of Dinning services corrected violation 85.d.by placing lids on both trash cans. All staff have been retrained on the importance of violation 85.d. To ensure this violation does not occur again, the dining manager and Assistant Director of Dinning will monitor trash cans daily throughout the day to make certain trash cans are covered.

The Dinning Manager and Assistant will report findings back to the Dinning Director. The Director of Dinning will report findings in Quarterly Q and A This plan will continue to be implemented until effective. If the plan is not effective after reviewing another plan will be made to ensure compliance.

Please see attached policy and procedure #2.

97 - Elevators/Lifting Devices

Regulations

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The homes elevator certificate expired on 7/2018. The elevators have been inspected and have an expiration date of 7/2020 but the current certificate does not reflect this date.

Plan of Correction (POC)

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Home verified elevator certificates were updated and inspection is good through 07-31-2020. Admin or designee will ensure elevators and stair glides are inspected in accordance with regulation and timeframes.

SP 04-20-2020

Legal Entity Representative

Hisha L. Dennis
Signature

Hisha L Dennis PCA
Printed Name and Title

2/20/2020
Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident bedroom # 205 has 2 bedside lamps in the room, but neither of them were operable.

Plan of Correction (POC)

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Legal Entity Representative

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Signature

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2600.101.j.

Facility will make sure each resident has an operable lamp or other source of lighting that can be turned on at bedside. On 1/28/2020. The DOHS inspector observed that the lamps in M205 were not working. Immediately the PCA went into room M205 and tighten the bulb in both lamps and the lamps worked. To ensure this violation does not occur again. The PCA in serviced staff members on the importance of violation 101.j. and daily checklist continue to be completed. The PCA will report any findings concerning violation 101.j. to the quarterly Q and A meeting. Please see attached in service sheet and Daily C.N.A. checklist.

105g - Lint Removal and Duct Cleaning

Regulations

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 10:15am, there was an accumulation of ¼ inches of lint in the dryer located in the 1st floor residents laundry room. (The dryer was not in use). At 3:15 Two industrial dryers contained at least ¼ inches of lint in the dryers located in the basement of the home.

Plan of Correction (POC)

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2600 105.g.

Facility will follow its policy for Lint removal. On 1/28/2020 the DOHS inspector observed there was an accumulation of ¼ inches of lint in the dryer located in the 1st floor resident's laundry room (the dryer was not in use). Also, two industrial dryers contained at least ¼ inches of lint in the dryers located in the basement.

Immediately the lint was removed from the 1st floor resident's dryer and the two industrial dryers. To ensure that this violation does not occur again. In-services was given by the PCA to environmental staff and nursing staff. In addition, a checklist was established to eliminate mistake. The Director of Environmental Services will report any findings concerning violation 105g to the Monthly Safety/Risk Management committee

131a - Fire Extinguisher

Regulations

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There were multiple fire extinguishers that were not operable throughout the home. The extinguishers indicating low pressure were located on the 1st floor Main entrance, 1st floor south stair tower and 3rd floor stair tower.

Plan of Correction (POC)

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2600.131.a.

The facility will have at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic. On 1/28/2020 the DOHS inspector observed that it was fire extinguishers not operable in the home. These extinguishers indicated low pressure. On 1/30/2020 the entire building was inspected; all fire extinguishers are within the green section for a normal charge and all the units have flags seals affixed to the pull pins this inspection was conducted by Keystone Fire Protection company. To ensure this violation does not happen again, The Director of Operations will report monthly to the Safety/Risk management Committee reporting any findings concerning violation 131. a.

Please see attached fire extinguisher pictures and attached is Keystone's Fire Company service ticket.

132h - Designated Meeting Place

Regulations

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 1/28/2020, residents did not evacuate during a fire drill on the 3rd floor, east of the nurses station. Residents stayed in their rooms during the entire sounding of the alarm.

Plan of Correction (POC)

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2600.132.h.

Facility will evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill. On 1/28/2020 the DOHS inspector observed a fire drill held on the 5th floor of our skilled nursing unit. The residents on third floor did not evacuate. Immediately the direct care staff was in serviced and another fire drill was conducted on 02/23/2020 in the Personal Care Home. All 37 residents were evacuated to the fire safe area. To ensure this violation does not occur again the monthly fire drills will continue in PCU, and all residents will be evacuated. The monthly fire drills will be monitored by Fire Life Safety Solutions. The findings from the monthly fire drills will be reported by the Director of Operations in the monthly Safety/Risk Management committee meeting to ensure violation 132 h does not occur again.

Please see attached fire alarm report and Inservice sheet.

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The Glucometer reading for Resident #2 on 1/27/20 at 6:30 am was 172 but was documented in the Medication Administration Record as 167.

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.)

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01/28/2020

2600.185.a.

The facility will follow its policy "Glucose Monitoring by fingerstick". On 1/28/2020 the DOHS inspector observed the glucometer reading for resident #2 on 1/27/2020 at 6:30 am was 172 but was documented in the medication Administration Record as 167. Immediately on 1/29/2020 all Full time and Part time Nurses and MedTech's were in serviced on Glucose monitoring, specifically on documentation. To ensure this violation does not occur again. All nurses and MedTech's will be evaluated monthly by the PCA. The Administrator will report this information in quarterly Quality and Assurance meeting to ensure effectiveness. If not effective, a new plan will be implemented to continue with ongoing compliance.

Please see attached Inservice sheet and Checklist for each licensed nurse and Medication technician.

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #3, Resident #4 and Resident #5's records do not include hair or eye color. Resident #6's record does not include hair color.

Plan of Correction (POC)

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Legal Entity Representative

Hrista L. Dennis
Signature

Hrista L. Dennis PCA 2/20/2020
Printed Name and Title Date

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2600.252.

Facility will continue to follow its policy "Resident Clinical Records".

On 1/28/2020 the DOHS inspector observed Resident #3, Resident #4, Resident #5 records do not include hair or eye color and resident #6 did not include hair color. PLEASE NOTE THAT RESIDENT # 5 WAS DISCHARGED ON 1/27/2020 BEFORE THIS UNANNOUNCED INSPECTION TOOK PLACE.

Immediately violation 252 was corrected, all resident charts now have their eye color and hair color on them. All full time and part time Nurses and MedTech's were in serviced on violation 252, specifically eye and hair color documentation. To ensure this violation does not occur again, Eye color and Hair color have been added to the Electronic Face Sheet. Daily chart checks will continue on night shift. Quarterly Chart reviews will be done by the PCA, the findings of this audited will be reported to the quarterly Q and A meeting.

Please see attached in service sheet and last four Resident's Admission Face Sheet.