

Department of Human Services
Bureau of Human Service Licensing

August 25, 2021

[REDACTED], ADMINISTRATOR
RIDDLE VILLAGE INC
1048 WEST BALTIMORE PIKE
MEDIA, PA 19063

RE: INNE AT RIDDLE VILLAGE, THE
1048 WEST BALTIMORE PIKE
MONTICELLO BLDG. FLOORS 1-3
MEDIA, PA, 19063
LICENSE/COC#: 19251

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/22/2021, 07/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *INNE AT RIDDLE VILLAGE, THE* License #: *19251* License Expiration Date: *11/27/2021*
Address: *1048 WEST BALTIMORE PIKE, MONTICELLO BLDG. FLOORS 1-3, MEDIA, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6108913777* Email: [REDACTED]

Legal Entity

Name: *RIDDLE VILLAGE INC*
Address: *1048 WEST BALTIMORE PIKE, MEDIA, PA, 19063*
Phone: *6108913777* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/24/2008* Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/23/2021*

Inspection Dates and Department Representative

07/22/2021 - On-Site: [REDACTED]
07/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *34*

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: *34*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

07/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2021*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #3 expired on [REDACTED], however the invoice to issue a refund was not until [REDACTED], more than 30 days later.

Plan of Correction

Accept

When the billing department requests a refund for a health care resident the "Date of invoice" on this request will be filled in with the date of termination. Additionally, a note on the AP request form will also be added bringing attention that this request must be paid within 30days of the date of invoice. I have attached an example of said form.

The correction plan will be implemented immediately and will be monitored by our controller. The controller will report any findings to the quarterly, quality and assurance meetings.

Completion Date: 08/18/2021

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 7/22/21 at 2:00pm, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 3rd floor personal care kitchen and resident room 325.

Plan of Correction

Accept

Facility will follow their policy "Emergency Preparedness "and make sure Emergency Telephone numbers will be posted on each Telephone. On 07/22/21, The DOHS inspector observed there were no emergency telephone numbers on 3rd floor personal care kitchen and resident room 325. Immediately the PCA corrected this violation. To ensure the violation does not occur again the staff has been in serviced, and given checklist to sign off on daily, as part of their daily assignment.

Completion Date: 08/20/2021

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 7/22/21 at 1:30pm, in the walk in fridge in the main kitchen there was a large container of chicken salad dated use by 7/21/21, mint jello cups dated use by 7/19/21, and three bean salad dated use by 7/17/21.

103i - Outdated Food (continued)

Plan of Correction

Accept

The facility will follow its policy "Labeling, Dating and Storage of Food." On 7/22/21 in the walk-in refrigerator in the main kitchen, DOHS found a large container of chicken salad, mint jelly, and three bean salads were dated incorrectly. Immediately the mislabeled food was removed from the refrigerator. To ensure this violation does not occur again. All back of the house/culinary personnel will be in serviced on labeling, dating/food rotation by 8/30. Starting 8/15/21, Walk-in refrigerator audits will be performed 3 times a week by a cook supervisor or executive chef. Items that are none compliant will be addressed immediately by cook supervisor or designee. Copies of audits will be kept on file in the dining director's office. Audits will be brought to quarterly Quality and Assurance meetings.

Completion Date: 08/30/2021

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 1/24/2020.

Plan of Correction

Accept

The facility will follow its policy for Emergency Preparedness. On 07/22/21 DOHS inspector observed the written emergency letter was not sent to the local emergency management agency. The written emergency letter was sent immediately on 07/23/2021. To ensure this violation does not occur again. The Personal Care Administrator will set reminders via Outlook Calendar to make sure this letter is disseminated correctly to the proper emergency management agency. The Personal Care Administrator will report any findings concerning violation 107 to the Monthly Safety Risk Management Committee.

Completion Date: 08/20/2021

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 7/24/21 to 7/31/21 was not posted.

162c - Menus Posted (*continued*)

Plan of Correction

Accept

The Facility will Post Menus in a Conspicuous public place. On 07/22/21 the DOHS inspector observed the homes menu for the week of 07/24 to 07/31 was not posted. Immediately the menus were posted 1 week in advance in a conspicuous public place. To ensure this violation does not occur again. Dietary staff have been in serviced about one week in advance posting of menus in a conspicuous public area. The Diet manager and Lead Diet aides will assure the postings of the week menus. Implementation began on 07/23/21. The diet manager and Lead diet aides will follow up weekly to make sure the correct weeks are posted in the kitchen and on the bulletin boards in the home. The Dietary Manager will report any findings to the Quarterly Quality and Assurance Meeting.

Completion Date: 08/20/2021

184a - Labeling OTC/CAM

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] every 12 hours as needed for fever, however the medication label reads give 2 tablets by mouth every 4 hours as needed.

Plan of Correction

Accept

The facility will follow its policy for Medication Administration when administering medication. On 07/22 the DOHS inspector found medication that was labeled incorrectly. Immediately the home called the Pharmacy to correct the labeling issue and All medication carts were checked for labeling issues. To ensure that this violation does not occur again. The entire nursing team is in the process of being in serviced on medication administration procedure. The Personal Care Director will audit carts monthly and then report findings to the quarterly, Quality and Assurance meeting.

Completion Date: 08/25/2021

185a - Implement Storage Procedures

1. Requirements

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 Repeat Violation

Resident #2 is prescribed [REDACTED] take 2 tablets by mouth every 4 hours as needed. On 7/23/21 this medication was not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

The facility will follow its policy Medications- Accountability and Storage. On 07/22 the DOHS inspector observed one resident medication missing. The home immediately called the pharmacy to replace the missing medication and Medication carts were inspected to make sure no other residents were affected. To ensure that this violation does not occur again. The entire nursing staff is in the process of being retrained on the procedure of managing accountability and storage related to medications. This training will be finished by 08/25. The Personal Care Administrator will audit carts monthly and report findings to the Quarterly Quality and Assurance meeting.

Completion Date: 08/25/2021

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed [redacted] 3 times daily for pain. [redacted] was documented as given at 8:00am on the electronic MAR. However, during a med audit, it was determined that [redacted] was not given and not recorded in the controlled substance log. [redacted] was observed being given during a 10:50am med pass.

Plan of Correction

Accept

The home will follow its policy Medication Administration. On 07/22 the DOHS inspector observed a medication not being given at the appropriate time. However, once this issue was brought to the nurse's attention the nurse immediately administered the medication. To ensure this violation does not occur again. The entire nursing staff were in serviced on the policy Medication Administration. Specifically paying attention too: After administering medication to each resident the home will initial and pay close attention to the date and time on the EMAR. The nursing staff of the personal care home has been in serviced by the administrator on proper technique of medication administration. The administrator and personal care manager will incorporate proper medication techniques into staff meetings to ensure routine instruction. The home will utilize the Pharmacy audit as a tool to help prevent any medication occurrences. The administrator and personal care manager will audit medication passes monthly. These findings will be reported to the Quarterly, Quality Assurance Meeting.

Completion Date: 08/25/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] by mouth every other day. However, it was not administered on 7/4/21

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

The facility will follow its policy Medication Administration. On 07/22 the DOHS inspector observed a missing initial on the EMAR system. Immediately all medications were checked for availability. All medications are currently in the cart. To ensure this violation does not occur again the entire nursing staff was in serviced on Medication Administration. The night charge nurse will check the EMAR modules for proficiency to make sure nurses continue to use the electronic system correctly, these findings will be reported to the quarterly, Quality and Assurance Meetings.

Completion Date: 08/25/2021

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] by mouth at bedtime. However, this medication was not administered to resident #1 on 7/22/21 because the medication was not available in the home.

Plan of Correction**Accept**

The facility will follow its policy Medication administration. On 07/22 the DOHS inspector observed a medication missing that was not supposed to be given until the evening of 07/22. The medication had already been ordered by the nurse. However, the inspector did not acknowledge our rationale. Immediately all medications were checked for availability. All medications are currently in the cart. To ensure this violation does not occur again the entire nursing staff was in serviced on Medication administration. The night charge nurse will check the medication carts to ensure all medications are available. The personal care administrator will audit carts Monthly, the Personal Care Administrator will report any findings to the quarterly, Quality Assurance Meeting.

Completion Date: 08/20/2021

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration annual practicum since 12/2019, administered medications to the following residents:

Resident #1 on 7/1/21, 7/6/21, 7/7/21, 7/8/21, 7/9/21, 7/12/21, 7/13/21, 7/14/21, 7/15/21, 7/16/21, 7/19/21, 7/20/21, and 7/22/21.

Resident #2 on 7/7/21, 7/8/21, 7/9/21, 7/13/21, 7/14/21, 7/20/21, 7/21/21, 7/22/21

Staff person B, who has not successfully completed the Department-approved medications administration annual practicum since 8/9/19, administered medications to the following residents:

Resident #1 on 7/21/21

190a - Completion Medication Course (*continued*)**Plan of Correction****Accept**

The facility will follow regulation 190a. On 07/22 the DOHS inspector observed that the Medication Techs had not been in serviced. This violation had a limited suspension for up to 90 days. The Personal Care administrator failed to restart the training process in a timely manner. Immediately the Medication Techs were taken off the medication cart until retesting can be administered. To ensure this violation does not occur again. The Personal Care Administrator will have the Medication Techs successfully pass the department approve testing and will continue with EMAR review and observation. The Personal Care home will report any findings to the Quarterly, Quality and Assurance Meeting.

Completion Date: 08/25/2021