

Department of Human Services
Bureau of Human Service Licensing

September 12, 2022

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

RE: INNE AT RIDDLE VILLAGE, THE
1048 WEST BALTIMORE PIKE
MEDIA, PA, 19063
LICENSE/COC#: 19251

Dear [REDACTED]s,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *11/27/2022*
Address: *1048 WEST BALTIMORE PIKE, MEDIA, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *RIDDLE VILLAGE INC*
Address: *1048 WEST BALTIMORE PIKE, MEDIA, PA, 19063*
[REDACTED] [REDACTED] [REDACTED] [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: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/15/2022*

Inspection Dates and Department Representative

08/15/2022 - On-Site: [REDACTED]

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: *0* Have Physical Disability: *0*

Inspections / Reviews

08/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/27/2022*

08/29/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/09/2022*

09/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling tile over the toilet in the bathroom in [REDACTED] has a brown stain that appears to be water damage.

The ceiling tile over the toilet in the bathroom in [REDACTED] has a brown stain that appears to be water damage.

The ceiling tile above the bathroom in [REDACTED] 5 door is buckling.

The ceiling tile at the far side of the bathroom in [REDACTED] is not properly fitted and an opening in the ceiling is exposed.

The ceiling tile over the toilet in the bathroom [REDACTED] 2 has a brown stain that appears to be water damage.

There are 4 ceiling tiles above the shower in [REDACTED] that have brown stains that appear to be water damage.

Plan of Correction

Directed

Facility will make sure floors, walls, ceilings, windows, doors and other surfaces will be clean, and in good repair and free of hazards. On 07/24/2022 the DOHS inspector observed water stained damaged ceiling tiles in three resident bathrooms [REDACTED]. The three rooms stained water damaged tiles were removed immediately by the maintenance department. The maintenance department supervisor will continue to monitor all tiles in bathrooms and surrounding areas to ensure all tiles are always clean and in good repair. The maintenance supervisor will monitor all tiles on daily rounds. The maintenance supervisor will report all findings to the Personal Care Administrator weekly. All findings will be reported to the Quarterly Quality Assurance meeting to ensure this violation will not occur again.

DPOC - SP - 08-29-2022

Within 10 days receipt of POC administrator will ensure all repairs are complete and all surfaces are clean and in good repair. Documentation or repairs and audits to be maintained for Department review.

Completion Date:

Document Submission

Implemented

Facility will make sure floors, walls, ceilings, windows, doors and other surfaces will be clean, and in good repair and free of hazards. On 07/24/2022 the DOHS inspector observed water stained damaged ceiling tiles in three resident bathrooms [REDACTED]. The three rooms stained water damaged tiles were removed immediately by the maintenance department. The maintenance department supervisor will continue to monitor all tiles in bathrooms and surrounding areas to ensure all tiles are always clean and in good repair. The maintenance supervisor will monitor all tiles on daily rounds. The maintenance supervisor will report all findings to the Personal Care Administrator weekly. All findings will be reported to the Quarterly Quality Assurance meeting to ensure this violation will not occur again.

DPOC - SP - 08-29-2022

Within 10 days receipt of POC administrator will ensure all repairs are complete and all surfaces are clean and in good repair. Documentation or repairs and audits to be maintained for Department review.

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

There are 2 ceiling tiles by the door in [REDACTED] that have brown stains that appear to be water damage.

Plan of Correction

Directed

Facility will make sure that bedrooms have walls, floors and ceilings, which are finished, clean and good repair. On 07/24/200 the DOHS inspector observed 2 ceiling tiles by the door [REDACTED] that had brown stains appearing to be water damage. The 2 ceiling tiles were immediately removed by the maintenance department. The maintenance department supervisor will continue to monitor all tiles in the resident independent apartments to ensure all tiles are always kept and in good repair. The maintenance Supervisor will inspect resident rooms weekly to make sure all floors, ceilings, which are finished, are clean and in good repair. The maintenance Supervisor will report findings to the Personal Care administrator. All findings will be reported to the quarterly Quality Assurance meeting.

DPOC - SP - 08-29-2022

Within 10 days receipt of POC administrator will ensure all repairs are complete and all surfaces are clean and in good repair. Documentation or repairs and audits to be maintained for Department review.

Completion Date:

Document Submission

Implemented

Facility will make sure that bedrooms have walls, floors and ceilings, which are finished, clean and good repair. On 07/24/200 the DOHS inspector observed 2 ceiling tiles by the door [REDACTED] that had brown stains appearing to be water damage. The 2 ceiling tiles were immediately removed by the maintenance department. The maintenance department supervisor will continue to monitor all tiles in the resident independent apartments to ensure all tiles are always kept and in good repair. The maintenance Supervisor will inspect resident rooms weekly to make sure all floors, ceilings, which are finished, are clean and in good repair. The maintenance Supervisor will report findings to the Personal Care administrator. All findings will be reported to the quarterly Quality Assurance meeting.

DPOC - SP - 08-29-2022

Within 10 days receipt of POC administrator will ensure all repairs are complete and all surfaces are clean and in good repair. Documentation or repairs and audits to be maintained for Department review.

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.

Plan of Correction

Accept

The facility will follow its policy for Emergency Preparedness. On 07/24/202, DOHS inspector observed the written emergency letter was not sent to the local emergency management agency. This written emergency letter was sent immediately on 08/19/2022. To ensure this violation does not occur again. The Personal Care Administrator will set reminders via outlook calendar to make sure this letter is completed and disseminated correctly to the proper

107d - Procedure Emergency Management Agency Submission (continued)

emergency agency. The Personal Care Administrator will report any findings concerning violation 107 to the Monthly Safety Risk Management Committee.

Completion Date: 09/09/2022

Document Submission**Implemented**

The facility will follow its policy for Emergency Preparedness. On 07/24/2022, DOHS inspector observed the written emergency letter was not sent to the local emergency management agency. This written emergency letter was sent immediately on 08/19/2022. To ensure this violation does not occur again. The Personal Care Administrator will set reminders via outlook calendar to make sure this letter is completed and disseminated correctly to the proper emergency agency. The Personal Care Administrator will report any findings concerning violation 107 to the Monthly Safety Risk Management Committee.

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection by a fire safety expert was conducted on 6/9/21.

Plan of Correction**Accept**

The facility will follow regulation 132b. On 07/24/2022, DOHS surveyor observed that the annual safety inspection had not been completed. On 8/19/2022 a complete full inspection of the home was finished by Fire and Life solutions. The summary and report is presently on file at the home and attached to this correction summary. To ensure this violation does not occur again the Director of Facility Operations will place a yearly reminder on his work calendar and report dates on when this inspection is needed to the quarterly Quality Assurance meeting.

Completion Date: 09/09/2022

Document Submission**Implemented**

The facility will follow regulation 132b. On 07/24/2022, DOHS surveyor observed that the annual safety inspection had not been completed. On 8/19/2022 a complete full inspection of the home was finished by Fire and Life solutions. The summary and report is presently on file at the home and attached to this correction summary. To ensure this violation does not occur again the Director of Facility Operations will place a yearly reminder on his work calendar and report dates on when this inspection is needed to the quarterly Quality Assurance meeting.

132h - Designated Meeting Place**1. Requirements**

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

During the fire drill on 2/25/22 at 6:17 am, residents did not evacuate to a designated meeting place away from the building. Residents evacuated to 3 different fire-safe areas. The amount of time taken to account for all residents was 5 minutes and 11 seconds.

During the fire drill on 3/23/22 at 1:21 pm, residents did not evacuate to a designated meeting place away from the building. Residents evacuated to 3 different fire-safe areas. The amount of time taken to account for all residents was 3

132h - Designated Meeting Place (continued)

minutes and 38 seconds.

During the fire drill on 4/28/22 at 8:48 pm, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 6/11/22 at 18:41 am, residents did not evacuate to a designated meeting place away from the building. Residents evacuated to 3 different fire-safe areas. The amount of time taken to account for all residents was 2 minutes and 31 seconds.

During the fire drill on 7/19/22 at 12:29 am, residents did not evacuate to a designated meeting place away from the building. Residents evacuated to 3 different fire-safe areas. The amount of time taken to account for all residents was 6 minutes and 15 seconds.

Plan of Correction

Accept

The home will evacuate to a designated meeting place away from the building or within the fire safe area during a fire drill. On 2/25/22 at 6:17 am, 3/23/22 at 1:21 pm, 4/28/22 at 8:48 pm, 6/11/22 at 18:41 am, and 7/19/22 at 12:29 am. The surveyors interpretation of Fire Alarm Report from Fire & life Safety Solutions was that evacuation did not occur.

On 8/19/2022 an unannounced fire drill was held. All 39 residents were evacuated to the fire safe area. To comply with violation 132h the home will continue to evacuate all residents to fire safe area, all monthly fire drills will continue and be monitored by Fire and Life Safety Solutions. All findings of the monthly fire drills will be reported by the Director of Operations in the monthly Safety/ Risk Management committee meeting to continue to comply with this regulations.

Completion Date: 08/27/2022

Document Submission

Implemented

The home will evacuate to a designated meeting place away from the building or within the fire safe area during a fire drill. On 2/25/22 at 6:17 am, 3/23/22 at 1:21 pm, 4/28/22 at 8:48 pm, 6/11/22 at 18:41 am, and 7/19/22 at 12:29 am. The surveyors interpretation of Fire Alarm Report from Fire & life Safety Solutions was that evacuation did not occur.

On 8/19/2022 an unannounced fire drill was held. All 39 residents were evacuated to the fire safe area. To comply with violation 132h the home will continue to evacuate all residents to fire safe area, all monthly fire drills will continue and be monitored by Fire and Life Safety Solutions. All findings of the monthly fire drills will be reported by the Director of Operations in the monthly Safety/ Risk Management committee meeting to continue to comply with this regulations.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #1 was not complete within 60 days prior to admission or within 30 days after

141a - Medical Evaluation (continued)

admission of the resident.

The medical evaluation for Resident #2 was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

The medication evaluation form for resident #1 and #2 had not been completed within 60 days prior to admission or within 30 days after admission. The Personal Care Supervisor will have the doctor fill out the Medical Evaluation for resident #1 and #2, and check all other forms to ensure they are done correctly and in within the time frame of regulation 141 a. To ensure that this violation does not occur again, an audit will be done quarterly and reported to the Quality Assurance meeting.

Completion Date: 08/27/2022

Document Submission

Implemented

The medication evaluation form for resident #1 and #2 had not been completed within 60 days prior to admission or within 30 days after admission. The Personal Care Supervisor will have the doctor fill out the Medical Evaluation for resident #1 and #2, and check all other forms to ensure they are done correctly and in within the time frame of regulation 141 a. To ensure that this violation does not occur again, an audit will be done quarterly and reported to the Quality Assurance meeting.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

The preadmission screening form for resident # [REDACTED] did not include a determination that the needs of the resident can be meet by the service provided by the home. To Comply with this regulation the Personal Care Supervisor was in- serviced about the necessary completion regarding pre admission screening. The personal care supervisor will be responsible for making sure that all pre admission screenings are thoroughly completed upon receiving the client from the community. The Personal Care Supervisor will also be responsible for completing an audit within 30 days of resident admission, using a checklist to verify that all necessary information is completed prior to admission. this audit will be reported to the quarterly Quality Assurance committee. An update screening form was obtained for resident #1.

Completion Date: 09/09/2022

Document Submission

Implemented

The preadmission screening form for resident #1, [REDACTED] did not include a determination that the needs of the resident can be meet by the service provided by the home. To Comply with this regulation the Personal Care Supervisor was in- serviced about the necessary completion regarding pre admission screening. The personal care supervisor will be responsible for making sure that all pre admission screenings are thoroughly completed upon receiving the client from the community. The Personal Care Supervisor will also be responsible for completing an audit within 30 days of resident admission, using a checklist to verify that all necessary information is completed prior to admission. this audit will be reported to the quarterly Quality Assurance committee. An update screening

224a - Preadmission Screen Form (continued)

form was obtained for resident #1.