

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

October 10, 2023

[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],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *INNE AT RIDDLE VILLAGE, THE* License #: *19251* License Expiration: *11/27/2023*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/31/1995* Issued By: *township of middleton*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/24/2023*

Inspection Dates and Department Representative

07/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *38*

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: *38*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

07/24/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/13/2023*

08/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/05/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2023*

Inspections / Reviews (*continued*)

09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/13/2023

09/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/05/2023

10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

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 person A's hire date was [REDACTED]/2022, their criminal background check was not completed until [REDACTED]/2022.

Plan of Correction

Accept ([REDACTED] - 09/19/2023)

On July 24th, it was found that the home failed to follow the "Criminal Background Checks" policy. On 7/25, the Human Resource Director audited Personal Care employees hired within the past two years. Presently, on 9/12, the home complies with this regulation. To ensure this violation does not occur again. The Human Resource Director will report to the quarterly Quality and Assurance meeting with her MONTHLY Audit results. (The human resource director, [REDACTED], will conduct monthly audits on the Personal Care new hires.) The next Quality and Assurance meeting will be held on 10/4.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented ([REDACTED] - 10/10/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED]/2022. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED] - 09/19/2023)

The home failed to follow policy and procedures for "Staff Training." The Staff Development Director audited all Personal Care employees hired within this year on 7/25. Currently, as of 09/12, the home complies with this regulation. To ensure this violation does not occur again, The Staff Development Director will change the new hire general orientation verification form to reflect what in-services are given within the first scheduled 40 hours. The Staff Development Director will report the monthly audit results to the Quality and Assurance meeting. (The staff development Director, [REDACTED] will report her Monthly Audits to the next Quarterly and Assurance meeting on October 4th.)

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented ([REDACTED] - 10/10/2023)

65b - Rights/Abuse 40 Hours (continued)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/24/2023, during the medication audit of the third floor medication cart, there were 8 loose pills observed in drawers 2 and 3 of the medication cart.

Plan of Correction

Accept (█ - 09/19/2023)

The home failed to keep medications under proper condition. The current medication packing system allows pills to be released quickly into the drawers in the medication cart. On 7/25, both medication carts were audited by the PCA. Currently, on 9/13, the medication cart is free from loose pills. To ensure this violation does occur again, a daily checklist has been initiated that nurses must fill out daily; the nursing Supervisor will present the daily audit findings to the quarterly Quality and Assurance Meeting. (Nursing Supervisor █ will report █ Daily Audits to the quarterly Quality and Assurance meeting. The next Quality Assurance meeting will be held on October 4th.)

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (█ - 10/10/2023)

185a - Implement Storage Procedures

4. 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 Violation

On 7/24/2023, the glucometer belonging to resident 1, displayed date as 8/24/23.

On 7/13/2023, resident 1 had a glucose reading of 196 documented on the Medication Administration record, this reading was not located in the glucometer.

Plan of Correction

Accept (█ - 09/19/2023)

The home failed to follow its procedure of "Glucose Monitoring by Finger Stick." On 7/24, it was observed that documentation on resident 1's MAR was not found on the Glucometer; also, upon turning on the Glucometer, the wrong date was noted as 8/24 instead of 7/24. On 07/25, all glucometers were audited by the PCA and collaborated correctly, and all readings were accurate. As of today, 09/13, all glucometers continue to be collaborated, and all readings are accurate. To ensure this violation does not occur again. All nurses will be evaluated monthly by the PCA. TO ENSURE COMPLIANCE, the PCA will report this monthly information to the quarterly Quality and Assurance meetings. (The next quality and assurance meeting is October 4th.) If not effective, a new plan will be implemented to continue with ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (█ - 10/10/2023)

185a - Implement Storage Procedures (*continued*)