

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

December 3, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS  
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 10/08/2024, 10/09/2024 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: 11/27/2024  
 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  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 08/31/1995 Issued By: Township of Middletown

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/09/2024

**Inspection Dates and Department Representative**

10/08/2024 - On-Site: [REDACTED]  
 10/09/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 76 Residents Served: 48  
 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: 48  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 48 Have Physical Disability: 0

**Inspections / Reviews**

10/08/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/05/2024

11/18/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/29/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/29/2024

Inspections / Reviews *(continued)*

12/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. 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 their 40th scheduled work hour by the end of July 2024. However, this staff person did not complete training in the following topics: emergency medical plan, and reporting of reportable incidents and conditions.*

*Repeat Violation: 07/24/23*

Plan of Correction

Accepted (████) - 11/18/2024)

*The staff development director audited all personal care employees hired within this year on 10/11 (see attached Audit). As of today, 10/28, no new employees have been employed in the Personal care unit, and the home complies with this regulation. To ensure this repeated violation does not occur again. The staff development director will change to a compliance management system, "Relias." This system will reduce risk and build a culture of compliance, allowing verification of the necessary orientation within 40 hours. The home will finalize the agreement with "Relias" on 11/29. The staff development director and the Personal care administrator will conduct monthly Reports/Audits electronically from the system and report them to the Quarterly Quality and Assurance meeting. Please take a look at the attachments.*

*Proposed Overall Completion Date: 11/29/2024*

**Licensee's Proposed Overall Completion Date: 11/29/2024**

Implemented (████) - 12/03/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

*Direct care staff person B received only 15 minutes of documented annual training in training year 2023.*

*The 2023 annual training documentation for staff persons C and D does not indicate the number of hours these direct care workers spent in training. Compliance with this regulation cannot be determined.*

65e 12 Hours Annual Training (continued)

**Plan of Correction**

Accept (█ - 11/18/2024)

*In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/14/2024 by the Director of Staff Development; an audit was completed on all Direct care staff for 2024, and the 12 hour training related to their job duties. Direct Care Staff will continue to be educated on their job duties for 2024. The Staff Development Director will change to a compliance management system, "Relias," ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. To enhance the currently compliant operations, on 11/25, the Relias system will be incorporated with a completion date of 11/29. Effective 11/29, the "Relias" system will maintain compliance by electronically monitoring training daily. Monthly reports extracted from the "Relias system" will be reviewed and reported to Quarterly Quality and Assurance meetings. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.*

*Proposed Overall Completion Date: 11/29/2024*

**Licensee's Proposed Overall Completion Date: 11/29/2024**

Implemented (█ - 12/03/2024)

65f - Training Topics

**3. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct care staff person B did not receive training in medication self administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques during training year 2023.*

*Direct care staff persons C and D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, during training year 2023.*

65f - Training Topics (continued)

**Plan of Correction**

Accept (█) - 11/18/2024)

*In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken 10/11/2024 by the Staff Development Director, and audits of training topics for the annual training for direct care staff persons were conducted. As of 10/11, all 2024 Direct staff training is compliant and complete. To enhance the currently compliant operations, on 11/29, Riddle Village will partner with a compliance management system, "Relias," which will maintain and organize all Training information and reduce the risk of violating 65f. Audits/reports from this system will be reviewed monthly and presented at quarterly quality assurance meetings.*

*Proposed Overall Completion Date: 11/29/2024*

**Licensee's Proposed Overall Completion Date: 11/29/2024**

Implemented (█) 12/03/2024)

65g - Annual Training Content

**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, falls and accident prevention during training year 2023.*

*Staff person C and D did not receive training in falls and accident prevention during training year 2023.*

**Plan of Correction**

Accept (█) - 11/18/2024)

*In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/14/2024 by the Staff Development Director, and an Audit on 65g was conducted on the current employees for 2024. The staff development director and personal care administrator have collaborated to establish an improved training program. Riddle Village will partner with the compliance management system " Relias" on 11/29. This program will maintain a checklist of employees' annual training; the staff development director and Personal care administrator will extract monthly data/Audits from this system review and report information to the quarterly Quality and assurance meeting. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.*

*Proposed Overall Completion Date: 11/29/2024*

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] - 12/03/2024)

65i - Training Record

5. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

*The home's record of direct care staff training does not include the training source or length of each course.*

Plan of Correction

Accept [REDACTED] - 11/18/2024)

*In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/11/2024 by the Staff development director; an Audit was completed on 65. i. Also, education was given to employees via "on-shift" ( the communication system) about the importance of filling in the information correctly on staff training forms. Currently, there are no additional findings. To enhance the currently compliant operations, on 11/29, The Personal Care Administrator will Partner with a company management company "Relias." This program will keep records of direct staff training, including the training source with lengths; this information will be collected/extracted monthly and reviewed, then reported to the quarterly quality and assurance meetings for continuous improvement purposes.*

Proposed Overall Completion Date: 11/29/2024

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] - 12/03/2024)

66b - Training Plan Content

6. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

*The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.*

Plan of Correction

Accept [REDACTED] - 11/18/2024)

*In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2024 by the Personal care administrator. On 10/11/2024, the PCA converted the staff training plan form to an electronic form, including dates, times, and locations of the scheduled training for each staff person for the upcoming year (please see attached).*

66b - Training Plan Content (continued)

Effective 10/11, the Personal care administrator will add reminders to the Microsoft calendar Annually to maintain ongoing compliance with 66 b. Any deficiencies noted will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 11/05/2024

Licensee's Proposed Overall Completion Date: 11/05/2024

Implemented (████) - 12/03/2024)

81a - Accomodation

7. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The home has not developed procedures to ensure that all Bedside Mobility Devices are periodically assessed for proper installation and maintenance and that they remain appropriate for any residents that utilize them.

Plan of Correction

Accept (████) 11/18/2024)

The Personal Care Administrator developed an "enabler policy" on 10/10/28 to ensure the resident's safety using Bedside Mobility devices (see attached policy). The Personal care administrator conducted an audit on 10/10/2024 to ensure that all bed mobility devices were safe and properly used; no additional findings were noted. (see completed Audit). The Personal Care Administration educated the current staff on 10/28/2024 on the policy "Use of Bedside Mobility Devices" 81a.

The Personal Care Administrator will audit residents with Bed mobility devices monthly to ensure staff accurately follows the "Bedside Mobility Device" policy and procedure.

Proposed Overall Completion Date: 10/29/2024

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented (████) - 12/03/2024)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 has █████ medical diagnoses listed in "Section (2) - Medical Diagnoses, Physical/Mental" on their medical evaluation dated █████. "Section (3) - Medical Information Pertinent to Diagnosis and Treatment, if Applicable" lists various comments like; █████ however, no

**227d - Support Plan Medical/Dental (continued)**

medications are prescribed for these diagnoses. Resident #1's Support plan, dated [REDACTED], under Section 2: Medical, Dental, Dietary and Sensory Needs" has the "None" box marked under Medical Diagnoses - Physical and the "Plan to Meet Medical Need" section simply lists "on no medication".

Resident #2 has 5 medical diagnoses listed in "Section (2) - Medical Diagnoses, Physical/Mental" on their medical evaluation dated [REDACTED]. Resident #2's Support Plan, dated [REDACTED], under Section 2: Medical, Dental, Dietary and Sensory Needs" on page 6 of 12 and Section 3: Mental Health, Behavioral Health, and Cognitive Functioning Needs on page 8 of 12 lists "see pg. 6" and "see pg. 6 attach" respectively under Plan to Meet Medical/Psychological Need. A list of medications is inserted after pg. 6 of 12; however, the medications do not address all of resident #2's diagnoses. The home also uses a "Plan of Care" form but this form does not address all the resident's diagnoses or the diagnoses not listed on the medication list.

The assessment for resident #3 dated [REDACTED], indicates B (Prompting/Cueing) under the Personal Care Needs and Degree column for Transferring in/out of bed/chair however, "DCS will monitor, Bed can[e] used to assist resident out of bed" is listed under the Plan to Meet Service Need column. Under the Turning and positioning in bed/chair need the resident is assessed as A (independent). The Resident Support Plan does not indicate the following:

- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

**Plan of Correction**

**Accept ( [REDACTED] - 11/18/2024)**

In response to the violation on 10/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2024 by the Supervisor of the Personal Home; an audit was conducted on 10/11 with two additional findings. These findings were also corrected. The current Senior nursing staff was educated by the PCA on 11/04 on 227d. "Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for these medical and behavioral care services." All RASP will adhere to 227d by 11/29. To enhance the currently compliant operations, the PCA has updated the nightly chart review/checklist to reflect the review of the RASP, particularly 227d. This checklist will be reviewed monthly and then quarterly at the quarterly Quality and Assurance for continuous improvement.

Proposed Overall Completion Date: 11/29/2024

Licensee's Proposed Overall Completion Date: 11/29/2024

**Implemented ( [REDACTED] - 12/03/2024)**