



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

**Phone: (412) 565-5616/5614
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www.dpw.state.pa.us**

Mailing Date: **MAY 3 2012**

Ms. Heather Test, Administrator
Knickerbocker Acquisition, LLC
1116 Stone Creek Drive
Hummelstown, Pennsylvania 17036

RE: Knickerbocker Villa
304 South Second Street
Clearfield, Pennsylvania 16830

Dear Ms. Test:

As a result of the Department of Public Welfare's licensing inspection on September 30, 2011 and October 3, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KNICKERBOCKER VILLA, 304 SOUTH SECOND STREET CLEARFIELD, PA 16830		CURRENT LICENSE NUMBER 326940	
INSPECTION DATES (Include all dates of the inspection) 09/30/2011, 10/3/11		REGIONAL REPRESENTATIVE Joseph Phillips, Carole Perry, Joseph Phillips, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Heather Test</i>			
SIGNATURE OF LEGAL ENTITY <i>Heather Test</i>	DATE 4-16-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe B. Wood</i>	DATE 5-2-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	Resident #10's assessment dated 5/12/11, indicates the resident requires 24 hour supervision. The resident's support plan, dated 5/13/11, indicates the resident requires "24 hour supervision" for behavioral care and services. The resident did not receive 24 hour supervision. On 9/28/11 resident #10 allegedly pinched the left [REDACTED] of resident #9. On 9/30/11 and 10/3/11 the resident was observed unsupervised in the home by Adult Residential Licensing Staff.	4-16-12	Resident #10 has since been discharged to a skilled facility. Our facility will no longer be able to accommodate residents who need 24 hr supervision.	Steps have been taken to correct violation; full compliance is not verifiable <i>5-2-12</i> Date <i>U</i> Initials (DPW)
RECEIVED		5-20-12	The Administrator or designated staff person will review all resident assessments and support plans to determine the proper level of staffing in order to meet resident needs. 5-2-12	
		5-20-12	Based on resident needs identified in resident assessments and support plans the administrator will develop and implement a weekly staffing schedule to meet the needs of the residents. 5-2-12	

5-20-12 The Administrator will conduct a weekly review of regular staffing levels determined by resident assessments and support plans and actual hours of staffing provided to ensure the proper level of staffing has been provided. 5-2-12

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185a 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.	<p>On 9/26/11 the following medications were unaccounted for:</p> <ul style="list-style-type: none"> • Resident #1 is prescribed Tramadol PRN. The prescription of 32 pills was filled on 9/6/11. On 9/26/11 only 16 pills were left in the home and none of the medication was recorded as being administered. • Resident #2 is prescribed Tramadol PRN. The prescription of 16 pills was filled on 8/4/11. On 9/26/11 only one pill was left in the home and none of the medication was recorded as being administered. • Resident #3 is prescribed Tramadol PRN. The prescription of 32 pills was filled on 9/22/11. On 9/26/11 only 16 pills were left in the home and none of the medication was recorded as being administered. • Resident #4 is prescribed Tramadol PRN. The prescription of 32 pills was filled on 9/22/11. On 9/26/11 only 16 pills were in the home. The resident's medication administration record (MAR) indicates that only two pills were administered. • Resident #5 is prescribed Hydrocone PRN. The prescription of 20 pills was filled on 9/15/11. None of the pills were in the home. None of the 	4-16-12	<p>Upon finding that medications were missing a complete investigation was begun, including contacting the FBI who then turned the investigation over to our local police. AAA Act-13's were filed for all drug diversion incidents. Two employees were put on suspension pending further investigation. To date one supervisor was cleared of suspicion by the local authorities. No charges could be brought against the other supervisor, however, she has not been asked back to work. New forms have been implemented: Reorder forms for meds, an overflow sheet which requires 2 people to sign in or out extra nares which are now kept locked in the main office.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5-2-12 Date Initials (DPW)</p>

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<div style="border: 1px solid black; padding: 5px; width: fit-content;">RECEIVED</div>	<p>pills were returned to the pharmacy or indicated as administered on the resident's MAR.</p> <p>Resident #6 is prescribed Ritalin 10mg 1 tab daily. One of the resident's medication cassettes contained a Lasix 40mg pill in place of a Ritalin pill. Another one of the resident's medication cassettes contained two Lasix 40mg pills in place of the Ritalin pills. There were 3 unidentifiable white pills unpackaged in the resident's drawer.</p> <p>Resident #7 is prescribed Oxycodone/APAP 10-325mg. The resident's prescription of 120 pills was filled on 8/31/11. On 9/26/11 it was determined that all 120 pills of Oxycodone/APAP 10-325mg had been replaced with Tylenol 500mg.</p> <p>Resident #8 is prescribed Oxycodone PRN. The resident's medication cassette was to have 16 pills of Oxycodone. On 9/26/11 it was determined that 16 pills were replaced with Tylenol 500mg.</p>	4-16-12	<p>All narcotics that are delivered are in sealed plastic bags and must match the pharmacy sheet enclosed. The pharmacy no longer leaves replacement tabs for the medication cassettes. If a tab is lifted in error it must be recorded on a separate form.</p> <p>Two supervisor meetings have been held to train Supervisors on all new forms and policies. These meetings were held on 9-30-11 and 10-4-11.</p>	

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #2 was completed on 2/2/11. The assessment identifies the resident as having no dietary needs. The resident's medical evaluation dated 1/26/11 states the resident is ordered a low cholesterol and limited sodium diet. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; margin: 5px 0;">8</div> <div style="text-align: center; font-size: 0.8em; margin-top: 10px;">Western Field Office Adult Residential Licensing</div>	4-16-12	The new RASP form has been completed and the dietary issues have been addressed. All RASPs are now being double checked against the DME by the dayshift Supervisor for errors and omissions.	5-2-12

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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.	Resident #9's support plan, dated 8/3/11, does not address the behavioral care and services the home will provide for the resident's problems with judgment, anxiety, and depression identified in the resident's assessment dated 8/3/11. Resident #10's support plan, dated 5/13/11, does not address the behavioral care and services the home will provide for the resident's problems with irritability, judgment, aggression, agitation and depression identified in the resident's assessment dated 5/12/11. Resident #11's support plan, dated 5/26/11, does not address the behavioral care and services the home will provide for the resident's problems with irritability, judgment, aggression, and agitation identified in the resident's assessment dated 5/26/11. On 5/26/11 the resident had an outburst and struck another resident. The support plan does not address the proper level of supervision, care or services related to the resident's specific problem of agitation with others going into his/her room or are around the resident's dining table, identified in the resident's assessment dated 5/26/11.	4-16-12	Support plan was updated to show the problems with judgement anxiety and depression. Resident #10 was given a 30 day written notice to evacuate due to [redacted] irritability, judgement, aggression, and agitation. D/C 12-30-11 Resident #11's Support plan has been updated to show problems with irritability judgement, aggression, and agitation. All new completed RASP forms will be double checked by the first shift supervisor for errors. #12 received a 30 day written notice due to [redacted] aggressive behavior. Was D/C 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable 5-2-12 Date Initials (DPW)