



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
Toll Free: 1-888-322-3664  
Fax: (412) 565-5633/565-2840  
[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: JUL 27 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 July 3, 2012, 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 cursive script, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 32694 - 07/03/2012 - McConnell, Deb

001-24-2012

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. DESCRIPTION OF VIOLATION

On 6/24/12, an allegation of abuse against resident #1 was reported to the home. The home did not report the allegation to the local area agency on aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Due to the nature of the allegation the administrator did not realize that the incident had to be reported. (The resident was in the dining room at meal time with several witnesses who claimed that the allegation did not occur. When the administrator questioned the resident the resident stated that the allegation did not occur.) The administrator has since been inserviced by a DPW Licensing Representative on how to handle all allegations of abuse. All allegations will now be reported to the local Area Agency on Aging. All supervisors have been inserviced by the administrator on how to report any alleged abuse situations. If the administrator is not at the facility at the time of the allegation she will be contacted to ensure all reporting steps are followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Heather Test

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Heather Test

Date 7-20-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!


The above plan of correction is approved as of

7/24/12  
(Date)

Verification of Legal Entity Representative Signature

7/24/12  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32694 - 07/03/2012 - McConnell, Deb

7/24/2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2. DESCRIPTION OF VIOLATION

On 6/24/12, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop a plan of supervision or suspend staff person A.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A plan of supervision was not created because the resident was in the dining room at meal time at the time the alleged abuse occurred. Witnesses in the dining room at the time claim the abuse did not occur.

All allegations will now be reported to the proper authorities. Any staff members involved in an allegation of abuse will now be given a plan of supervision or suspension, depending on the severity of the allegation. This will stay in effect until the investigation is completed by the administrative staff, DPW, and AAA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Test* Date *7/20/12*

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The above plan of correction is approved as of 7/24/12 (Date)

Verification of Legal Entity Representative Signature 7/24/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32694 - 07/03/2012 - McConnell, Deb

07/24/2012

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2. DESCRIPTION OF VIOLATION

On 6/24/12, an allegation of abuse of resident #1 by staff person A was reported. The home did not report the allegation to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Due to the nature of the allegation the administrator did not realize that the incident had to be reported. (The resident was in the dining room at a meal time with several witnesses who claimed that the allegation did not occur. When the administrator questioned the resident the resident stated that the allegation did not occur.) The administrator has since been inserviced by a DPW Licensing Representative on how to handle all allegations of abuse. All allegations will now be reported to the Department.

All supervisors have been inserviced by the Administrator on reporting any alleged abuse situations. If the administrator is not at the facility at the time of the allegation she will be contacted to ensure all reporting steps are followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Test*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Heather Test

Date 7-20-12

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7/24/12  
(Date)

Verification of Legal Entity Representative Signature

7/24/12  
(Date)

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*HT*  
(Initials)

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Violation Report: 32694 - 07/03/2012 - McConnell, Deb

a. 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. DESCRIPTION OF VIOLATION

On 6/29/12, at 12:15pm, resident #2 became unconscious at the dining room table and was sent to the emergency room. The resident returned from the hospital with a discharge summary indicating that if symptoms worsen or concerns develop to seek medical attention immediately.

On 6/30/12, at 8:30am, resident #2 was found in his/her bedroom with blacked eyes and a cut on the left side of his/her nose. At approximately 9:00AM, the home's LPN directed staff to send the resident to the hospital for an evaluation. The resident was not sent to the hospital until approximately 10:30pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The acting supervisor (who the LPN gave the directive to send the resident to the ER to) was suspended while the administrative staff conducted their investigation. This person has since been brought back to work, however, will never work in a supervisors position again.

The remaining supervisors have been inserviced on the importance of following the LPN's directive. We reviewed weekend protocol if any unusual or reportable incidents should occur. All supervisors understand the importance of completing an initial report and communicating with the LPN of their decisions on how to handle a situation. The LPN will contact the administrator should a reportable incident occur. The supervisors are to contact the LPN in the event of any medical question, The supervisors are to contact the administrator regarding any nonmedical issues over a weekend.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Heather Test

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Heather Test

Date 7-20-12

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(Initials)