

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KNICKERBOCKER ACQUISITION, LLC

LEGAL ENTITY

To operate KNICKERBOCKER VILLA

NAME OF FACILITY OR AGENCY

Located at 304 SOUTH SECOND STREET, CLEARFIELD, PA 16830

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 18, 2012 until September 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 326940

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 28 2012

Ms. Amy J. Speece, Partner
Knickerbocker Acquisition, LLC
1116 Stone Creek Drive
Hummelstown, Pennsylvania 17036

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

Dear Ms. Speece:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 24, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

BEP 5 2012

1. REGULATION 55 Pa.Code §2600
 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). 9/18/12

2a. DESCRIPTION OF VIOLATION
 Resident #1 was administered 1/2 tab of Digoxin 0.125 mg daily instead of 1 tab daily from 3/28/12 until 7/24/12. The home did not report the medication error 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.

Resident #1 did receive the correct dosage of 1 tab daily of Digoxin 0.125 from 3/28/12 until 7/24/12. The correct instructions and dosage were written on the MAR. The MedTechs followed the instructions on the MAR.

Resident #1 receives prescriptions thru a mail order company. receives a 90 day supply that family is responsible for ordering. The mail order company sent refills with the old dosage instruction of 1/2 tab, however the MAR stated the new instructions of 1 whole tab. The LPN at Knickerbocker is now using a label on these pill bottles which reads "Directions Changed Refer To Chart".

WTTD/12/12/12
 skln

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 - Administrator Date 9-7-12

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

The above plan of correction is approved as of _____ (Date)
 The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

Date: 9/20/12

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 7/8/12, staff person A attempted to restrict resident #2 from obtaining additional beverages, as indicated in the resident's support plan. Resident #2 told staff person A to "Go to hell". Staff person A responded by stating, "I've been there and back and you're the devil".

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.

Staff person A was given a written warning concerning this incident. Staff person A will be terminated if she ever again speaks to a resident in this manner.

8/22/12 - All staff persons were retrained on the subject of Resident Rights and the Older Adult Protective Services Act. The training was given by our local Agency on Aging Long Term Care Ombudsman and the director of our local Protective Services.

Immediately - The administrator will ensure that all residents are treated with dignity and respect.

By 10/31/12 - The administrator will interview at least one resident per week, for 6 months, in private, to ensure residents' rights are being respected.

J 9/18/12

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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of 9/18/12 (Date)

Plan of correction implementation status as of 9/18/12 (Date)

The above plan of correction was approved by *J* (Initials)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

A can of corrosive oven and grill cleaner and a box of spray bottles of oven cleaner were located on a shelf next to water bottles in the kitchen.

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.

Corrected at time of inspection. Grill cleaner was moved to a bottom shelf away from food. Kitchen staff was informed that all cleansing chemicals must be stored away from food.

Administrator will do weekly inspections of the storage pantry to ensure chemicals are stored properly.

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 - Administrator

Date

9-7-12

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

The above plan of correction is approved as of

9/10/12
 (Date)

Plan of correction implementation status as of

9/10/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

9/2012

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The shared bathroom between bedrooms 17 & 19 contained an unlabeled shower brush and an unlabeled shower sponge on a handle.

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.

Housekeeping and Direct Care Staff have been informed that all personal hygiene products must be labeled with the individual residents name. This is to include brushes and sponges.

Administrator or Administrative Assistant will do weekly inspections of resident restrooms to ensure products are being labeled, and stored in a sanitary manner.

J 9/10/12

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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of 9/10/12 (Date)

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

Plan of correction implementation status as of 9/18/12 (Date)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephones in the dining room and living room do not have the current number to the personal care home complaint hotline posted nearby.

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.

Corrected at the time of inspection. All phones now have the updated phone numbers attached to, or hanging near, the phone. A monthly check will be made by Administrator or designee to ensure telephone numbers remain posted.
If phone numbers change in the future than new information labels will be made.

9/18/12

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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of 9/10/12 (Date) Plan of correction implementation status as of 9/18/12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

9/10/12

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

The home does not follow medication administration procedures for resident #2. The pills are not removed from the original container, placed in a cup or in resident's hand. Rather, resident is asked if he/she is going to take the pills and the resident refused medications since 7/19/12. All of the medications from 7/19/12 - 7/24/12 were the original packaging.

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.

Resident #2 had been refusing to take medications. The physician was notified each time. All med techs have been instructed by the LPN to offer all medications to the resident. The med techs were retrained in that for every situation they are to remove the medication from the cassette. If the resident refuses the medication the med techs are to waste the medication, mark refusal on the back of the MAR, and notify the resident's physician.

We have numerous refusal forms for resident #2. The med techs are continuing to fill out the refusal of medication form, however physician stated he no longer needed faxed these refusals.

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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of 9/10/12 (Date)

Plan of correction implementation status as of 9/10/12 (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 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 An Ipratropium Bromide inhaler in the medication cart did not have a label with a resident's name, date the prescription was issued, the prescribed dosage and instructions for administration, or the name and title of the prescriber.
 The pharmacy label for resident #1's Digoxin has the incorrect dosage. The resident is ordered Digoxin 125 mg tab, 1 tab daily. The pharmacy label indicates indicates Digoxin 125.mg 1/2 tab daily.
 The pharmacy label for resident #4's Pantoprazole has the incorrect dosage. The resident is ordered Pantoprazole 10 mg EC, 1 tablet daily. The pharmacy label indicates indicates Pantoprazole 40 mg EC, 1 tablet daily.
W/VT W/DRAW

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.
 Please see attached sheet.

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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of *9/18/12* (Date)
 The above plan of correction was approved by *[Signature]* (Initials)
 Plan of correction implementation status as of *9/18/12* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RE: Page 8 of 16

2600.184(a)

POC-

The inhaler belonged to resident #4. [redacted] was an emergency placement by Protective Services on 7-13-12. [redacted] receives [redacted] medications thru the VA. [redacted] our local Protective Services Supervisor, was working with [redacted] an RN with the Altoona VA, to clarify resident #4's medications and prescriptions. This process was ongoing at the time of the inspection and was resolved by 8-1-12. The resident needed to use this inhaler until [redacted] new labeled prescriptions arrived. In the future if this should be an issue with another resident it will be documented that unmarked medications were brought the day of move in. The PS representative will sign the documentation and the resident's name will be written on the inhaler.

Resident #1 receives [redacted] medications thru a mail order company. The family controls the reordering of [redacted] medications. The family has been made aware that the prescription label does not match the prescription. The resident is receiving the proper dosage according to [redacted] prescription each time. Stickers are now in place to signify that "Directions Changed Refer to Chart"

When Resident #4's medications were handwritten in the MARS there was a misprint. The MAR should have read 40mg. The correction was made and the new MAR reflects this correction. All new handwritten MARS will be checked by 2 med techs to avoid typos. The resident received the correct dosage of 40mg.

Heather Test

Heather Test - Administrator

9-7-12

 9/10/12

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis or purpose for resident's Bactrin ointment, Bactrim DS tablet; or Prednisone 20 mg. The Prednisone 20 mg, use "for 3 days" does not include a start date for the medication.

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.

Resident #1 receives all medications thru a mail order company, therefore MAR must be handwritten each month. The med tech was uncertain of the dates and diagnosis so did not write them on the MAR. The LPN instructed the med tech that in these situations must contact the resident's physician for proper instructions and add those to the MAR. The LPN has developed a new system to recheck all new medication orders that come in when she is off duty. The LPN made a MAR with the added information. Resident #1 is no longer using these medications. The Prednisone was given upon arrival and the proper dosages were given until the prescription was over.

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 - Administrator

Date *9-7-12*

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

The above plan of correction is approved as of

9/8/12
 (Date)

Plan of correction implementation status as of

9/12/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda

PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 7/24/12 at approximately 8:00 am, resident #3 was administered Senna Lax 50 mg, Bethanechol 25 mg, Omeprazole 20 mg, Tamoxifen Cit 20 mg, and Levothyroxine OD 100 mg. At approximately 9:30 am, the administrations had not been recorded.

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.

All MARs are to be double checked for completeness ^{daily - June 9/18/12}. If a MAR is not signed it needs to be listed on the back of the MAR. If it is considered a medication error than an unusual incident report shall be filed.

Knickerbocker is in the process of changing from the paper MAR system to a "Quick MAR" system. Quick MAR is an electronic MAR system with built in safeguards to eliminate unsigned MAR spots.

By 10/15/12 - All staff persons who administer medications will be re-educated on MAR completion at the time of administration.

J. Orme

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/05/2011
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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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of <u>9/18/12</u> (Date)	Plan of correction implementation status as of <u>9/18/12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Digoxin 0.125 mg, 1 tab daily. The resident was administered 1/2 tab daily from 3/28/12 through 7/24/12.

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.

For Resident #1 the label on the prescription bottle did not match the MAR. The resident receives medications thru a mail order company. The family is responsible for the medication reorders. Although the prescription bottle said 1/2 tab, the resident did receive 1 tab daily according to physician's instructions. This is reflected on the MAR.

The LPN and medication technicians are now using a sticker which reads "Directions Changed Refer to Chart".

By 10/1/12 - The administrator or designee will ensure that all medication labels match the medication administration record by completing a medication audit at least monthly.

Jr 9/18/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/02/2011
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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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of *9/18/12*
 (Date)

Plan of correction implementation status as of *9/18/12*
 (Date)

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

The above plan of correction was approved by *Jr*
 (Initials)

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was administered 1/2 tab of Digoxin 0.125 mg instead of 1 tab from 3/28/12 until 7/24/12. The medication error was not reported to the resident, the resident's designated person or the prescriber until 7/24/12.

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.

There was no medication error. The correct dose was given to the resident since discharge from the hospital on 1-30-12. Resident #1 receives prescriptions thru a mail order company. receives a 90 day supply that family is responsible for ordering. The mail order company sent refills with the old dosage instruction of 1/2 tab however the MAR showed the updated instructions of 1 tab daily. The LPN at Knickerbocker is now using a label on these pills which reads "Directions Changed Refer to Chart"

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 - Administrator

Date

9-7-12

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (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 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The preadmission screens for residents #1, admitted 2/1/12 and resident #4 admitted 7/13/12 were not dated when completed.

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 preadmission screens for residents #1 and #4 were dated when completed.

The pre-screen for #1 is the new form and the date is located on the page 1 of 2. The pre-screen for #4 is the old form and the date is located on page 3 of 3.

I do not feel there was a violation. Please see the attached copies of these pre-screens with the highlighted dates.

By 10/1/12 - The administrator will ensure that all preadmission screening forms are complete.

Heather Test
 9/10/12

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 - Administrator

Date 9-7-12

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

The above plan of correction is approved as of

9/10/12
 (Date)

Plan of correction implementation status as of

9/10/12
 (Date)

The above plan of correction was approved by

J
 (Initials)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

The 2/5/12 assessment for resident #1 has not been updated to address diagnosis' from a 7/13/12 ophthalmology visit of : phthisis bulbi; glaucoma; corneal ulcer; and corneal edema.

Resident #3 did not have a new assessment completed for admission to hospice services on 12/21/11.

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.

Updated RASPs have been completed for both residents #1 & #3.
 A letter was signed and dated by all supervisors that all discharges and doctor appointments are to be copied and put in a file for the LPN to look over. The LPN will then update any changes in the residents' condition on their RASP. All significant changes, including hospice, will be updated on a new RASP.

By 10/30/12 - The administrator or designee will review all assessments of all current residents to ensure they are complete and updated where necessary.

J. G. 12/12

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) <i>Heather Test - Administrator</i>	Date <i>9-7-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/10/12
 (Date)

Plan of correction implementation status as of 9/10/12
 (Date)

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

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 7/13/12, resident #1's, ophthalmologist determined that the resident needs treatment for phthisis bulbi; glaucoma; corneal ulcer and corneal edema. The resident's support plan does not address how the home will assist the resident in meeting these needs.

The 11/25/11 support plan for resident #2 does not address how the home will meet the needs related to the resident's diagnosis of Dementia of Alzheimer's with psychosis and agitation and major depression disorder, recurrent.

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.

An updated RASP has been completed for Resident #1. A letter was signed and dated by all supervisors that all discharges and Doctor appointments are to be copied and put in a file for the LPN to look over. The LPN will then update any changes in the resident's condition on their RASP. All significant changes will be updated on a new RASP.

All RASPs will be completed and updated by the LPN. Every RASP will be proof read by the 1st shift Med Tech. All new and updated RASPs will then be turned over to the Administrator for final proofing.

Resident #2 had a revised RASP completed.

By 10/18/12 - The administrator or designee will review all support plans for all current residents to ensure they are complete and updated where necessary. *Dr. 9/18/12*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/30/2011
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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 - Administrator* Date *9-7-12*

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

The above plan of correction is approved as of 9/18/12
 (Date)

Plan of correction implementation status as of 9/18/12
 (Date)

The above plan of correction was approved by *HT*
 (Initials)

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

Violation Report: 32694 - 07/24/2012 - Orme, Melinda
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION

On 6/5/12 a physician determined resident #2 required a higher level of care and the home issued the resident a 30 day notice on 7/10/12. The home has not assisted the resident with a plan for placement.

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.

Please see attached

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 - Administrator

Date *9-7-12*

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

The above plan of correction is approved as of *9/18/12*
 (Date)

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

Plan of correction implementation status as of *9/18/12*
 (Date)

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

Regulation 2600.228(h)

POC-

Resident #2 was not discharged due to needing a higher level of care. Resident #2 was discharged for failure to comply with the house rules.

On 6/7/12 a psychiatrist documented on an MA-51 that felt Resident #2 needed a higher level of care. This was not primary care physician, nor was it a DPW Medical Evaluation form. The DPW Medical Evaluation which was completed by Primary Care Physician on 7/13/11 recommends that resident #2 live in a Personal Care Home. The Documentation of Medical Evaluation (DME) which was completed by this resident's Primary Care Physician on 11/22/11 states that the resident can self-administer medications – with assistance in offering medications at prescribed times. The resident is also listed as being Independent and Mobile.

Regulation 2600.228(h) lists the only grounds acceptable for discharge or transfer of a resident. For reason (3) it does state a plan for other placement shall be made by the administrator. However, it does not state that this is a requirement for the other 6 grounds for discharge. Resident #2 was discharged for reason (7) Documented, repeated violation of the home rules.

I do not feel that there is a violation.

The administrator has made herself available to resident #2's POA to assist with placement. The administrator contacted the local ombudsman who generated a list of local PCHs which the administrator sent to resident #2's POA. The administrator frequently calls the POA for updates on placement. The POA has not requested further assistance.

Dr. A. A. A.

Heather Test

*Heather Test - Administrator
9-7-12*