



Mailing Date: OCT 11 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 (Department) licensing inspection on August 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

Violation Report: 32694 - 08/03/2012 - Phillips, Joseph
 PCH Name: KNICKERBOCKER VILLA

SEP 27 2012

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 9/26/11, does not include a medication regimen.

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 copy of Resident #1's MAR was attached to, and filed with, the Medical Evaluation dated 9-26-11. However, this was not indicated on the med eval.

The 9-26-11 medical evaluation was the old form. Knickerbocker is now using the new DME form which lists all medication regimens.

The administrator, LPN, and Med-Tech supervisor will review all charts so any old medical evaluations still currently in use will reflect medication regimens.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/02/2011		
-----------------------	-----------------------------------	------------	--	--

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 9-26-12

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

The above plan of correction is approved as of 9-28-12
 (Date)

Plan of correction implementation status as of 9-28-12
 (Date)

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

- Fully Implemented 9-28-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32694 - 08/03/2012 - Phillips, Joseph
 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.

RECEIVED

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The July 2012 medication administration record for resident #1 does not include a purpose or diagnoses for following prescription medications: Lasix 40mg, Cephalaxin 500mg, and Lasix 20mg.

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.

When new medications are prescribed to residents during the month they must be handwritten onto the MAR. The med tech who added the information did not write the purpose or diagnosis. In order to prevent this error from occurring again the LAN has implemented a system to recheck all new medication orders that come in when she is off duty.

The correct information was added to the MAR for Aug. 2012.

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

9-26-12

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

The above plan of correction is approved as of

9-28-12
 (Date)

Plan of correction implementation status as of

9-28-12
 (Date)

- Fully Implemented 9-28-12g
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

g
 (Initials)

Violation Report: 32694 - 08/03/2012 - Phillips, Joseph
PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600
2600.202 - The following procedures are prohibited:
(1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
(2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
On 7/30/12 at about 4:20 p.m. resident #1, who has dementia, exited the home through the main entrance activating the wander guard alarm system. Direct care staff person A responded to the alarm and found the resident about sixty feet from the building. Direct care staff person A then wrapped both of his/her arms around the resident's torso from behind grabbing both ends of the resident's cane. Direct care staff person A maintained this manual restraint on the resident and pushed the resident back to home and into the resident's room.

Earlier on 7/30/12 during the 3:00 p.m. to 11:00 p.m. shift resident #1 exited the building activating the wander guard alarm system three times.

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 staff have been retrained in Resident Rights and the Older Adult Protective Services Act. The director of our local Protective Services reviewed the definitions of restraint and reinforced that any type of restraint are prohibited. Staff have been instructed to talk to, and stay with any resident who is or may become combative while trying to leave the facility.
Resident #1 has been transferred to a facility with a locked Dementia Unit.

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 *9-26-12*

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

The above plan of correction is approved as of 9-28-12 (Date) Plan of correction implementation status as of 9-18-12 (Date)
 Fully Implemented *9-28-12*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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

Violation Report: 32694 - 08/03/2012 - Phillips, Joseph

PCH Name: KNICKERBOCKER VILLA

RECEIVED

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/28/11, does not include the resident's problems with wandering and the use of the wander guard system, proper level of supervision needed to protect the resident or the resident's problems with agitation, irritability and aggression.

On 7/30/12 during the 3:00 p.m. to 11:00 p.m. shift resident #1 exited the building activating the wander guard alarm system four times.

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's Assessment was updated and now reflects the residents issues with wandering, and problems with agitation, irritability and aggression.
 All resident RASPs are now triple checked by the LPN, the administrator, and a med-tech supervisor.
 When a wander guard bracelet is placed on a residents ankle it will be documented on their assessment that day.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/30/2011	
-----------------------	-----------------------------------	------------	--

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 *9-26-12*

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

The above plan of correction is approved as of 9-28-12
(Date)

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

Plan of correction implementation status as of 9-28-12
(Date)

- Fully Implemented *9-28-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32694 - 08/03/2012 - Phillips, Joseph
 PCH Name: KNICKERBOCKER VILLA

SEP 27 2012

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 10/6/11, does not include the care and services related to the resident's problems with wandering and the use of the wander guard system, proper level of supervision needed to protect the resident or the resident's problems with agitation, irritability and aggression.

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 resident support plans are now triple checked by the LPN, administrator, and a med-tech supervisor.

The home is currently using the new RASP form so all updates will be reflected on one form.

Resident #1 has been transferred to a home with a secure dementia unit.

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

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

The above plan of correction is approved as of 9-28-12
 (Date)

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

Plan of correction implementation status as of 9-28-12
 (Date)

- Fully Implemented *9-28-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented