



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 02 2014

Ms. Amy Speece, Partner
Knickerbocker Acquisition, LLC
P.O. Box 761
Hummelstown, Pennsylvania 17036

RE: Knickerbocker Villa
304 South Second Street
Clearfield, Pennsylvania 16830
License #: 326940

Dear Ms. Speece:

As a result of the Department of Public Welfare's licensing inspection on July 23, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 18, 2014 to September 18, 2015 was issued on June 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

| | | |
|---|--|---|
| PCH Name: KNICKERBOCKER VILLA | | License Number: 32694 |
| Address: 304 SOUTH SECOND STREET, CLEARFIELD, PA 16830 | | County: Clearfield |
| Administrator: Roxanne Sallurday | | Region: WEST |
| Legal Entity Name: KNICKERBOCKER ACQUISITION LLC | | |
| Legal Entity Address: PO BOX 761, HUMMELSTOWN, PA 17036 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 03/06/1998 L&I | | SEP 17 2014 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 58 | Waking Staff: 44 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 07/23/2014: Miller-Linhart, Alden; McConnell, Deb | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 70 Number of Residents Served: 55 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4 | Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 48 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0 | |

Violation Report: 32594 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

- 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
- (1) An orientation program approved and administered by the Department.
 - (2) A 100-hour standardized Department-approved administrator training course.
 - (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, did not complete the Department's orientation program.

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 eight hour orientation was completed in 2011 at Blair Senior Services, Altoona PA. contacted [REDACTED], Regional Licensing Administrator for a copy. DPW has no record of a sign-in sheet for the training. To prevent this violation from occurring again, The Administrator scheduled to attend another orientation at Blair Senior Services in Altoona on Dec. 15, 2014, 9am-4pm, and will keep record in personnel file.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

| | |
|--|-------------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Roxanne Saturday</i> |
|--|-------------------------|

| | | | |
|---|--|------|----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | <i>Roxanne Saturday Executive Director</i> | Date | <i>9/15/14</i> |
|---|--|------|----------------|

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

The above plan of correction is approved as of 9/17/14
(Date)

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

Plan of correction implementation status as of 9/18/14
(Date)

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

RECEIVED

SEP 17 2014

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At 8:25 a.m. and 4:35 p.m., the dumpster in the rear of the building was filled to the top with garbage, and the dumpster lids were open.

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 were re-educated & reminded that the dumpster lid must be closed at all times, and an extra day of garbage removal was scheduled ~~with~~ with the garbage company immediately. To prevent this violation from occurring again, the Maintenance Director will monitor daily.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallurday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallurday Executive Director* Date *9/15/14*

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The above plan of correction is approved as of 9/17/14 (Date)

Plan of correction implementation status as of 9/17/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

SEP 17 2014

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

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 telephone in the kitchen does not have the emergency service numbers 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.

All staff were re-educated & reminded that emergency service numbers must be posted near the telephone at all times. Emergency numbers were posted near phone immediately. To prevent this violation from occurring again, each Dietary staff will assure numbers are posted at the beginning of each shift. Dietary coordinator will monitor daily.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Roxanne Sallurday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne Sallurday, Executive Director Date 9/15/14

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Plan of correction implementation status as of 9/17/14 (Date)

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

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

SEP 17 2014

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The two bedside lamps for the beds in room #11 were inoperable. One lamp was unplugged and the other had a burned out lightbulb.

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 were re-educated and reminded that all lamps in resident rooms must be operable. A new bulb was placed in the lamp & the other lamp was plugged in immediately. To prevent this violation from occurring again, the Maintenance Director will monitor each room daily.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallurday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallurday Executive Director* Date *9/15/14*

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Plan of correction implementation status as of 9/17/14 (Date)

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- Not Implemented

RECEIVED

SEP 17 2014

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in freezer #4.

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 were re-educated + reminded that all freezers must have a thermometer. A thermometer was placed in freezer #4 immediately. To prevent this violation from occurring again, each Dietary staff will assure each freezer has a thermometer. Dietary Coordinator will monitor temperatures daily + document.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Salliday

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

Roxanne Salliday Executive Director

Date 9/15/14

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


The above plan of correction is approved as of

9/17/14
(Date)

Plan of correction implementation status as of

9/17/14
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden
PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
There was an undated bag of frozen fish fillets in freezer #7.

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 were re-educated + reminded that all food must be labeled and dated. Bag was labeled and dated immediately. To prevent this violation from occurring again, each Dietary staff will assure all bags of food are labeled and dated at the beginning of each shift. Dietary Coordinator will monitor daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Sallurday

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

Roxanne Sallurday, Executive Director

Date 9/15/14

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

The above plan of correction is approved as of


9/17/14
(Date)

Plan of correction implementation status as of

9/17/14
(Date)

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

The above plan of correction was approved by


(Initials)

RECEIVED

SEP 17 2014

Violation Report: 32694 - 07/23/2014 - Miller-Linhart, Alden

PCH Name: KNICKERBOCKER VILLA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B has not had a annual medication administration practicum since 2012. However, according to the medication administration record, staff person B administered medications to residents of at 8 p.m. on 7/1/14, 7/3/14, 7/9/14, 7/10/14, 7/12/14, 7/17/14, and 7/21/14.

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 B was re-trained and tested in the medication administration course on 7/24/14. To prevent this violation from occurring again, the Administrator will assure that an annual medication administration ~~over~~ observation is completed, and recorded.

By 9/30/14 - The administrator will review staff training at least quarterly, as part of the homes quality management program, to ensure all staff training is current.

2/2/14

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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|--|--------------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Roxanne Sallurday</i> |
|--|--------------------------|

| | | | |
|---|---|------|----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | <i>Roxanne Sallurday Executive Director</i> | Date | <i>9/15/14</i> |
|---|---|------|----------------|

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|--|---|
| The above plan of correction is approved as of <u>9/17/14</u> (Date) | Plan of correction implementation status as of <u>9/17/14</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>or</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |