



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 10, 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
326940

Dear Ms. Speece:

As a result of the Department of Public Welfare's licensing inspection on August 18, 2014 and August 19, 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.

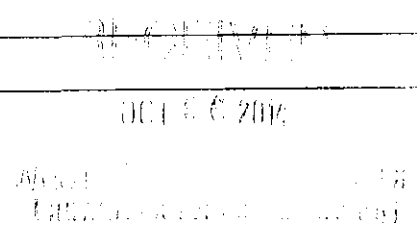
Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino" followed by a stylized flourish or initial.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing 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		
Certificate(s) of Occupancy C-2 LP 03/06/1998 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/18/2014: Williams, Jason; Mandock, Nancy 08/19/2014: Williams, Jason; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable 08/28/2014: Williams, Jason 08/29/2014: Williams, Jason 09/18/2014: Williams, Jason		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 58 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: 0		Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 49 Have Mental Illness: 17 Have an Intellectual Disability: 6 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 32694 - 08/18/2014 - Williams, Jason
 PCH Name: KNICKERBOCKER VILLA

OCT 06 2014

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 assessment, dated 3/17/14, for Resident #1, does not accurately reflect the resident's current behavioral and cognitive needs. The resident is assessed as having no problem with irritability and agitation. However, staff interviews indicate that the resident has verbal outbursts when in the dining room or when anxious about completing a daily living task without staff assistance. These outbursts have upset other residents in the home.

-The assessment, dated 5/5/14, for Resident #2, does not accurately reflect the resident's current supervision needs. The resident is assessed as needing supervision when outside the building at doctor's appointments or when in the shower only. However, staff interviews indicate that the resident requires supervision while ambulating due to an unsteady gait. The resident is assessed as needing only prompting or cuing to ambulate safely. However, staff interviews indicate that prompting and cuing were not effective and that some physical assistance is needed to safely ambulate. The resident had 11 falls in the last 12 months.

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.

proper assessment and documentation will be completed upon the residents increase and/or non-compliance of personal care services provided, before a 30 day notice is issued.

Training on how to assess residents needs and training on completing the RASP with all staff was reviewed immediately.

Administrator will perform monthly audits to ensure the same violation does not occur again.

Within 30 days of receipt of the approved plan of correction, the administration or designated staff persons will review all resident assessments for accuracy and completion including supervision needs, a mobility assessment and irritability and agitation needs. JJD 10-6-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Administrator Date 10/16/14

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

The above plan of correction is approved as of <u>10-16-14</u> (Date)	Plan of correction implementation status as of <u>10-16-14</u> (Date)
The above plan of correction was approved by <u>JJD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JJD</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32694 - 08/18/2014 - Williams, Jason
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
 The home issued a 30-day notice to Resident #1, dated 7/7/14, without a valid reason. The notice stated that the home could no longer meet the resident's needs due to the resident's increase in care to require total care with all aspects of the resident's activities of daily living. Staff and resident interviews indicate that there has been no increase in Resident #1's care needs. Additionally, the resident's signed contract, dated 10/26/10, states in section 2.1.3 that "The Community (Knickerbocker Villa) acknowledges that residents will require assistance with personal care services such as the following: Medications, Dressing, Bathing, Haircare, Mouth care, Toileting, Eating habits, Walking/Moving, Orienting, Redirecting, and Cuing." Resident #1's current needs do not exceed the home's services at this time.

Resident #1's 30 day notice was rescinded by the home on 8/18/14. JYP 10-6-14

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.

Proper assessment and documentation will be completed upon the resident's increase and/or non-compliance of personal care services provided, before a 30 day notice is issued. Training on how to assess resident's needs and training on completing the RASP with all staff was reviewed immediately. Administrator will perform monthly audits to ensure the same violation does not occur again. We have used only in-state discharge of a resident in accordance with regulation 2600.228h. JYP 10-6-14

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 Date
 (Required on EVERY Page) *Roxanne Sallurday, Administrator* *10/6/14*

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

The above plan of correction is approved as of <u>10-6-14</u> (Date)	Plan of correction implementation status as of <u>10-6-14</u> (Date)
The above plan of correction was approved by <u>JYP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JYP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented