



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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

\_\_\_\_\_  
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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 May 4, 2016 until May 4, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 326940

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 04 2016

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 Human Services' licensing inspection on January 12, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

  
Jay Bausch  
Deputy Secretary

Enclosures  
License  
License Inspection Summary

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

PCH Name: KICKERBOCKER VILLA		License Number: 32694
Address: 304 SECOND STREET, CLEARFIELD, PA		County: Clearfield
Administrator: Roxanne Sallurday		Region: WEST
Legal Entity Name: Ms. Amy Speece, Partner		
Legal Entity Address: Kickerbaucker Aqusistions,LLC, Hummelstown, PA 17036		
<b>Certificate(s) of Occupancy</b>		
I-1 02/25/2015 Clearfield Borough L&I	C-2 LP 03/06/1988 PA L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/12/2016: OHaire, Anne; Yellenic, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 50 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: 4 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 46 Have Mental Illness: 7 Have an Intellectual Disability: 3 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 and Resident #10, have had a balance greater than \$200.00 in their accounts at the home for more than two consecutive months. The residents have not been given the option to put the money into an interest bearing account.

**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.*

See attached

CONT →

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, Executive Director* Date *4/11/16*

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

The above plan of correction is approved as of <u>4/11/16</u> (Date)	Plan of correction implementation status as of <u>4/11/16</u> (Date)
The above plan of correction was approved by <u>M</u> (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

Knickerbocker Villa  
License# 326940

**Regulation Cited:** 2600.20(b)(6)- If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**Plan of Correction:** Immediately Resident #1 and Resident #10 were offered assistance with the opportunity to open an interest bearing account. The home will make the offer to all Residents in writing upon deposit of finances handled within the Business Office. Attached is the form. Documentation will be kept.

\* **Person responsible for preventing future violations:** Administrator/ Administrative Assistant

Date Corrected: January 13, 2016

Roanne Salby 4/11/16  
Administrator/Date

✓ 4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

**1. REGULATION 55 Pa.Code §2600**

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #11, discharge date [redacted] 5, did not receive an itemized written account of the resident's funds at the time they were discharged, and notification if the home owed them any money.  
 Resident #12, discharge date [redacted] 15, did not receive an itemized written account of the resident's funds at the time they were discharged, and notification if the home owed them any money.

**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.*

See attached

Cont →

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

Printed Name and Title of Legal Entity Representative *Roxanne Sallioy, Executive Director* Date *4/11/16*  
 (Required on EVERY Page)

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The above plan of correction is approved as of <u>4/11/16</u> (Date)	Plan of correction implementation status as of <u>4/11/16</u> (Date)
The above plan of correction was approved by <u>m</u> (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

**Knickerbocker Villa**  
**License#326940**

**Regulation Cited:** 2600.28(f)(1)- Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's fund, including notification of the funds still owed the home by the resident or a refund owed the resident by the home.

**Plan of Correction:** Immediately a copy of an itemized bill was filed in Resident #11 and Resident #12 discharge files. The balances owed were zero. Upon all Resident discharges, an itemized bill will be signed and dated by the Resident/ responsible party, within 30 days. Attached is the form. Documentation will be kept.

\* **Person responsible for preventing future violations:** Administrative Assistant

**Date Corrected:** January 12, 2016

Rosaline Salley 4/11/16  
Administrator/Date

[Signature]  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

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

2a. DESCRIPTION OF VIOLATION  
 Resident #1's glucometer had dried blood on it.

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.

See attached

Cont →

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Salby, Executive Director</i>	Date <i>4/11/16</i>
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The above plan of correction was approved by <u>M</u> (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

Knickerbocker Villa  
License# 326940

Regulation Cited: 2600.85(a) - Sanitary conditions shall be maintained.

Plan of Correction: Immediately, the personal Blood Glucometer for Resident #1 was sanitized. All staff were re-educated on sanitary conditions. All personal Blood Glucometers will be sanitized after each use. Attached is the form. Documentation will be kept.

\* Person responsible for preventing future violations: Clinical Coordinator/Administrator

Date Corrected: January 12, 2016

Roseanne Sallby 4/11/16  
Administrator/Date

 4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

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  
 The General Electric brand Freezer located in the pantry of the home had a temperature reading of 10 degrees Fahrenheit when taken at 3:00PM & 6:00PM on the date of inspection.

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.

See attached

Cont →

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Roxanne Sallucky, Executive Director*      Date *4/11/16*

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

The above plan of correction is approved as of *4/11/16*  
 (Date)

Plan of correction implementation status as of *4/11/16*  
 (Date)

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

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

Knickerbocker Villa  
License# 326940

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

**Plan of Correction:** Immediately, a new thermometer was placed in the freezer, after regular monitoring, temperature was not at requirements. Freezer was replaced with a new one. Dietary staff monitors temperatures daily. Documentation is kept.

**Person responsible for preventing future violations:** Dietary Coordinator

\* → The administrator shall monitor for ongoing compliance.  
Date Corrected: January 12, 2016

Robynne Selby 4/11/16  
Administrator/Date

M  
4/11/16

M  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

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

2a. DESCRIPTION OF VIOLATION

The home's Hotpoint brand freezer located in the main kitchen had an opened package of sausage patties that were not labeled or dated.

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.

See attached

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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 *4/11/16*

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Knickerbocker Villa  
License# 326940

Regulation Cited: 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Plan of Correction: Immediately, the unlabeled food was removed from the freezer. All staff were re-educated on proper food storage with dates and labels. All Dietary staff will monitor that all food is labeled and dated at the beginning of each shift. Documentation will be kept.

\* Person responsible for preventing future violations: Dietary Coordinator

(The Administrator shall monitor for ongoing compliance

Date Corrected: January 12, 2016

Rosanne Salby 4/11/16  
Administrator/Date

M.  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
PCH Name: KICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
The door leading to the home's courtyard, located across from the home's laundry area, did not have a sign stating it was not an exit.

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.

See attached

Cont →

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Roanne Sallurday, Executive Director*      Date *4/11/16*

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

The above plan of correction is approved as of 4/11/16  
(Date)

Plan of correction implementation status as of 4/11/16  
(Date)

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

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

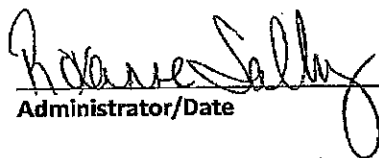
Knickerbocker Villa  
License# 326940

**Regulation Cited:** 2600.121(a)- Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

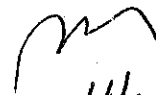
**Plan of Correction:** Immediately, a sign was placed at the door entrance to the courtyard area, stating this is not an exit. Maintenance will monitor daily to ensure signs remain in place. Documentation will be kept.

\* **Person responsible for preventing future violations:** Maintenance Director/Administrator

**Date Corrected:** January 12, 2016

  
\_\_\_\_\_  
Administrator/Date

4/11/16

  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION  
 Resident #2, date of admission 6-27-13, was placed under hospice care due to a significant change in health status. A new DME was not completed.  
 Resident #3, date of admission 10-22-12, had a significant change in health status and a new DME was not completed. The resident was listed as a limited immobile on their last DME, dated 9-15-15 and as of 10/13/15, the resident #3 is totally immobile. A new DME was not completed for the resident.

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.

See attached

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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) *Roxanne Sallurday*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Roxanne Sallurday, Executive Director* Date *4/11/16*

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**Knickerbocker Villa**  
**License# 326940**

**Regulation Cited:** 2600.141(b)(2)- A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

**Plan of Correction:** Immediately, the Physician was notified to have the DME updated for Resident #2 and Resident #3, to include significant change. Physicians will be notified and documented on the DME immediately upon significant medical changes. Documentation will be kept.

\* **Person responsible for preventing future violations:** Clinical Coordinator/Administrator

**Date Corrected:** January 20, 2016 and January 29, 2016

  
\_\_\_\_\_  
Administrator/Date

4/11/16

  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The homes current menu was posted in the home and dated 01-10-16 thru 01-16-16. The menu's for the homes upcoming week was not posted in a public and conspicuous area of the home.

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.

See attached

Cont →

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Roxanne Sallucky, Executive Director*      Date *4/11/16*

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Knickerbocker Villa  
License# 326940

**Regulation Cited:** 2600.162(c)- Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Plan of Correction:** Immediately, the following week menu was taken from behind the current week menu and placed visibly on the bulletin board in the Dining Room. Dietary staff will ensure rotation of the current week menu and the following week menu is both visible at the beginning of each week.

**Person responsible for preventing future violations:** Dietary Coordinator

\* The administrator shall monitor for ongoing compliance.

Date Corrected: January 12, 2016

Rosanne Salley 4/11/16  
Administrator/Date

ms  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

There was a bottle of Aspirin in the medication cart for Resident #8 that expired 7/2014.  
 There was a bottle of Centrum Chewable Vitamins in the medication cart for Resident #9 that expired 12/2015.

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.*

See attached

Cart 7

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Salubry, Executive Director* Date *4/11/16*

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

The above plan of correction is approved as of 4/11/16  
 (Date)

Plan of correction implementation status as of 4/11/16  
 (Date)

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

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

**Knickerbocker Villa**  
**License# 326940**

**Regulation Cited:** 2600.183(d)- Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Plan of Correction:** Immediately expired medications were removed from the med cart for Resident #8 and Resident #9. All Med-Techs were re-educated that expired medications are not permitted to remain the med carts. A weekly med cart audit was implemented for each shift to ensure expired medications are not in the carts. Attached is the form. Documentation will be kept.

\* **Person responsible for preventing future violations:** Clinical Coordinator/Administrator

**Date Corrected:** January 12, 2016

Robynne Selby 4/11/16  
Administrator/Date

[Signature]  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

**1. REGULATION 55 Pa.Code §2600**  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The following resident's records did not indicate the residents were educated on his/her right to question or refuse medications if they believed there was a error: Resident #5, admitted [redacted] 15, Resident #6, admitted [redacted] 15, and Resident #7, admitted [redacted] 15.

**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.

See attached

Cont →

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Roxanne Silurday, Executive Director*      Date *4/11/16*

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

The above plan of correction is approved as of 4/11/16  
 (Date)

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

Plan of correction implementation status as of 4/11/16  
 (Date)

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

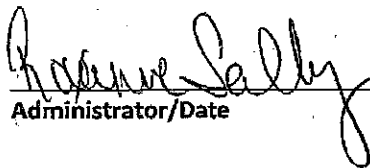
**Knickerbocker Villa**  
**License# 326940**

**Violation Cited:** 2600.191- The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of the resident education shall be kept.

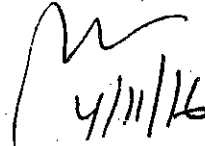
**Plan of Correction:** Immediately, the medication education procedure with the right to question or refuse medications was reviewed with all Residents. All Residents signed that they fully understand the right. Upon all new admissions, the medication education procedure will be completed with the homes contract. Attached is the form. Documentation will be kept.

**Date Corrected:** January 13, 2016

\* **Person responsible for preventing future violation: Administrator**

  
\_\_\_\_\_  
Administrator/Date

4/11/16

  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER 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**

Resident #2, date of admission [redacted] 13, had a significant change in health status and a new RASP was not completed. The annual RASP was completed on 2-4-15 and the significant change was happened on 7-23-15.  
 Resident #3, date of admission [redacted] 12, had a significant change in health status and a new RASP was not completed. The resident was listed as being limited immobile on their RASP dated 9-28-15. Staff changed the RASP to reflect that Resident #3 is now a total immobile resident effective 10-13-15. A new RASP was not completed for the resident.

**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.

See attached

Cont. →

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Suzanne Sallurday, Executive Director* Date *4/11/16*

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

The above plan of correction is approved as of <u>4/11/16</u> (Date)	Plan of correction implementation status as of <u>4/11/16</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (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

Knickerbocker Villa  
License# 326940

Regulation Cited: 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.

Plan of Correction: Immediately, a new assessment was started and the RASP was updated by Clinical Coordinator for resident #2 and resident #3, to include significant change. The RASP will be updated immediately upon significant medical and health changes prior to the annual assessment. Documentation will be kept.



Person responsible for preventing future violations: Clinical Coordinator/Administrator

Date Corrected: January 24, 2016 and February 2, 2016

Robynne Salley 4/11/16  
Administrator/Date

[Signature]  
4/11/16

Violation Report: 32694 - 01/12/2016 - O'Haire, Anne  
 PCH Name: KICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's RASP, dated 2-4-15 was not signed by the resident. The home did not make a notation regarding the resident's inability or refusal to sign the document.

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.

See attached

Cont 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Roxanne Salazar

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Roxanne Salazar, Executive Director Date 4/11/16

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

The above plan of correction is approved as of <u>4/11/16</u> (Date)	Plan of correction implementation status as of <u>4/11/16</u> (Date)
The above plan of correction was approved by <u>M</u> (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

**Knickerbocker Villa**  
**License# 326940**

**Regulation Cited:** 2600.227(h)- If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Plan of Correction:** Immediately, the notation of the inability for Resident #2 to sign the support plan was documented. A check list was implemented to ensure all required documentation is notated upon completion of the support plan. Attached is the form. Documentation will be kept.

**Person responsible for preventing future violations:** Clinical Coordinator

- The administrator shall monitor for ongoing compliance

Date Corrected: January 12, 2016

Roxanne Salley 4/11/16  
Administrator/Date

[Signature]  
4/11/16