



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

MAY 04 2018

RE: Knickerbocker Villa
304 South Second Street
Clearfield, Pennsylvania 16830
Certificate #: 448700

Dear Ms. Speece:

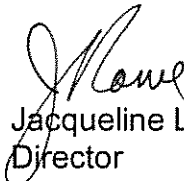
As a result of the Department of Human Services' Licensing annual licensing inspection on February 8, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: KNICKERBOCKER VILLA		License Number: 44870
Address: 304 SOUTH SECOND STREET, CLEARFIELD, PA 16830		County: Clearfield
Administrator: Roxanne Sullerday		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 Dept of L and I		RECEIVED MAR 28 2018 WEST MONTGOMERY COUNTY OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/08/2018: Grace, Desmond; Park, Beth		
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 who:	
Number of Residents Served: 39	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 37	
Area: Memory Care	Have Mental Illness: 5	
Secured Dementia Unit Capacity, if Applicable: 17	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 9	Have a Mobility Need: 11	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 7		

Roxanne Sullerday 3/28/18

MAR 28 2018

Violation Report: 44870 - 02/08/2018 - Grace, Desmond
PCH Name: KNICKERBOCKER VILLA

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/8/18, the home's license inspection summary, dated 2/7/17, was posted on the bulletin board next to the administrator's office. However, the licensing inspection summary contained the privacy coding which included the names of residents #1, #2, and #3.

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

SEE PAGES 2A-4G

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallurby, Administrator* Date *3/28/18*

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

The above plan of correction is approved as of 3-28-18 (Date)

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

Plan of correction implementation status as of 3-28-18 (Date)

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

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MAR 28 2018

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Page 2 of 18

Knickerbocker Villa
License# 448700

Regulation Cited: 2600.17- Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, and individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Plan of Correction: Immediately, the listed names of residents #1, #2, and #3 were blacked out on the home's license inspection summary that is posted. The Administrator will print the home's inspection summary from the BHS website, where the staff and residents names are already blacked out, and not visible, before posting on the bulletin board.

Person responsible for preventing future violations: Administrator

Date Corrected: February 8, 2018

Rhonda Kelly 3/28/18
Administrator/Date

Immediately: The administrator or designated staff person shall check the home weekly to ensure resident information is maintained in a confidential manner. 3-29-18

3-29-18 ✓

Violation Report: 44870 - 02/08/2018 - Grace, Desmond
PCH Name: KNICKERBOCKER 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

On 2/8/18 at 10:10 a.m., the upright freezer in the kitchen, containing food products, measured 6 degrees Fahrenheit.

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

592 PAGE 3 of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kokanne Sallu

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

Kokanne Sallu, Administrator

Date 3/28/18

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

The above plan of correction is approved as of 3-28-18
(Date)

Plan of correction implementation status as of 3-28-18
(Date)

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

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

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PAP 2/28/18

MAR 28 2018

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Knickerbocker Villa
License#448700

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. Temperatures were checked twice a day for one week. Temperatures are monitored daily by Dietary staff. Documentation will be kept. Temperature Log is attached.

Person responsible for preventing future violations: Dietary Staff/Administrator

Date Corrected: February 8, 2018

Roxanna Sallee 3/28/18
Administrator/Date

3-28-18

Violation Report: 44870 - 02/08/2018 - Grace, Desmond
PCH Name: KNICKERBOCKER VILLA

WEST VIRGINIA STATE DEPARTMENT
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #4 had a medical evaluation completed on 5/20/16. However, the residents next medical evaluation was not completed until 6/15/17.

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

See Page 4 of 6

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kovanne Salby, Administrator* Date *3/28/18*

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

The above plan of correction is approved as of 3-28-18
(Date)

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

Plan of correction implementation status as of 3-28-18
(Date)

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

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MAR 23 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 4 of 6

Knickerbocker Villa
License# 448700

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, After the Clinical Coordinator completes the RASP. The Administrator will review the DME and the RASP to ensure all needs are assessed for all diagnoses listed by Physician. Documentation will be kept. The DME checklist is attached.

Person responsible for preventing future violations: Clinical Coordinator/Administrator

Date Corrected: February 8, 2018

Roxanne Sully 3/28/18
Administrator/Date

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a medical evaluation completed within the past year. 3-28-18

3-28-18

Violation Report: 44870 - 02/08/2018 - Grace, Desmond

PCH Name: KNICKERBOCKER VILLA

WEST PENNSYLVANIA FIELD OFFICE
Lancaster, Pennsylvania

1. REGULATION 65 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 #4's annual assessment was completed on 6/20/17. However, the resident's needs were not assessed for the medical diagnoses depression and mild mental retardation as stated on the resident's medical evaluation completed on 6/15/17.

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

SEE PAGE 5 OF 6

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>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Roxanne Sallurday, Administrator</i>	<i>3/28/18</i>

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

The above plan of correction is approved as of <u>3-28-18</u> (Date)	Plan of correction implementation status as of <u>3-28-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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Page 5 of 6

MAR 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Knickerbocker Villa
License# 448700

Regulation Cited: 2600.141(b) (1) - A resident shall have a medical evaluation at least annually.

Plan of Correction: Immediately, The Administrator will review monthly, all DME's that are due for annual evaluations, to ensure they are completed upon required dates. Documentation will be kept. The monthly log is attached.

Person responsible for preventing future violations: Clinical Coordinator/Administrator

Date Corrected: February 8, 2018

Rochanne Sally 3/28/18
Administrator/Date

Resident #4's assessment was update on the day of inspection.

2-28-18

3-28-18

Violation Report: 44870 - 02/08/2018 - Grace, Desmond
PCH Name: KNICKERBOCKER VILLA

WEST VIRGINIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #5's initial support plan was completed on [redacted] 17. However the resident's support plan for bladder management does not indicate the frequency and responsible party.

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

See page 6 of 6

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 Date 3/28/18

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

The above plan of correction is approved as of 3-28-18
(Date)

Plan of correction implementation status as of 3-28-18
(Date)

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

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

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MAR 08 2018

Page 6 of 6

WEST VIRGINIA HEAD OFFICE
Nursing Services Licensing

Knickerbocker Villa
License# 448700

Regulation Cited: 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home.
The support plan shall be documented on the Department's support plan form.

Plan of Correction: Immediately, After the Clinical Coordinator completes a resident's support plan. The Administrator will review the RASP with a checklist to ensure all sections of personal care services are completed before filed in residents record. Documentation will be kept. The RASP checklist is attached.

Person responsible for preventing future violations: Clinical Coordinator/Administrator

Date Corrected: February 8, 2018

Roxanne Sallee 3/28/18

Administrator/Date

Resident #5's assessment was updated on the day of inspection.

3-28-18

3-28-18