



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

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

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

Dear Ms. Speece:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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 Sallurday		Region: WEST
Legal Entity Name: KNICKERBOCKER ACQUISITION LLC		
Legal Entity Address: PO BOX 761, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy I-1 07/10/2015 Clearfield Borough		RECEIVED APRIL 9 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/23/2019: McConnell, Deb; Pfaff, Vicki		
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: 41 ✓ Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 17 ✓ Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 ✓ Number of Current Hospice Residents: 1 ✓ Number of Hospice Residents in past year: 7 ✓	Number of Residents who: Receive Supplemental Security Income: 6 ✓ Are 60 Years of Age or Older: 40 ✓ Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 0	

Roxanne Sallurday 4/9/19

Violation Report: 44870 - 01/23/2019 - McConnell, Deb
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/23/19, at 11:00 a.m., there was a approximately 1"-2" of snow and ice on the ground beyond the sidewalk, leading from emergency exit #6 to a safe distance from the facility in the event of an emergency, posing a fall hazard.

On 1/23/19, at 11:15 a.m., there was approximately 1"-2" of snow and slush on the ground beyond the sidewalk, leading from emergency exit #3 to a safe distance from the facility in the event of an emergency, posing a fall hazard.

There is no interior safe area established within the home by a fire safety expert.

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

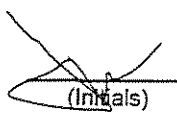
Page 2A of 4

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Sallie, Administrator* Date *4/9/19*

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

The above plan of correction is approved as of <u>4/10/19</u> (Date)	Plan of correction implementation status as of <u>4/10/19</u> (Date)
The above plan of correction was approved by  (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#44870

Regulation Cited: 2600.100(a) – The exterior of the building and the building grounds or yard must be in good repair and free of hazards.


Plan of Correction: Immediately, maintenance removed the snow and slush and salted beyond the sidewalks of exits #3 and #6 to a safe distance to prevent a fall hazard in the event of an emergency. Maintenance was educated that all exits must be free of hazards beyond just the sidewalks to prevent fall hazards during an emergency evacuation. To prevent another occurrence, the Maintenance Director will monitor all exits daily. Documentation will be kept.

Person responsible for preventing future violations: Maintenance/Administrator

The administrator or designee will monitor exits at least weekly. -- JRW 4/10/19

Date Corrected: January 23, 2019

Roxanne Sallie 4/9/19
Administrator/Date

 4/10/19

Violation Report: 44870 - 01/23/2019 - McConnell, Deb
 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.

2a. DESCRIPTION OF VIOLATION

On 1/8/19 through 1/14/19, resident #1 was prescribed Basaglar, 38 units daily; however, the January 2019 medication administration record (MAR) indicates 30 units daily.

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

Page 3A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Roxanne Sallurthy

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

Roxanne Sallurthy, Administrator Date *4/9/19*

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The above plan of correction is approved as of 4/10/19
 (Date)

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

Plan of correction implementation status as of 4/10/19
 (Date)

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

Knickerbocker Villa
License# 44870

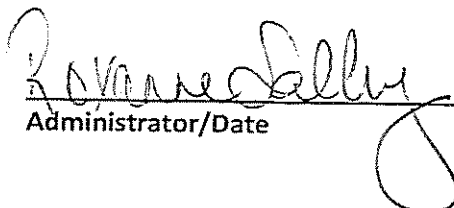
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- (7) Rout of administration
- (8) Frequency of administration
- (9) Administration times
- (10)Duration of therapy, if applicable
- (11)Special precautions, if applicable
- (12)Diagnosis or purpose for the medication, including pro re nata (PRN)
- (13)Date and time of medication administration
- (14)Name and initials of the staff person administering the medication

Plan of Correction: Immediately, the Pharmacy was contacted to inform them of manually editing a medication order in the electronic MAR, instead of discontinuing the Physicians order, and adding a new order, when resident #1 was prescribed 30 units daily from a previous order prescribed for 38 units daily. The Pharmacy educated their staff on entering orders properly. To prevent another occurrence, the Care Coordinator will follow-up with the Pharmacy daily, to ensure new order changes are in the MAR correctly. Attached is the Pharmacy's internal memo and corrections. Documentation will be kept.

Person responsible for preventing future violations: Care Coordinator/Administrator

Date Corrected: January 23, 2019



Administrator/Date

4/9/19



4/10/19

Violation Report: 44870 - 01/23/2019 - McConnell, Deb
 PCH Name: KNICKERBOCKER VILLA

1. REGULATION 55 Pa.Code §2600

2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
- (2) Power failure to the home.
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION

Emergency exit doors #4 and #5 in the secured dementia care unit (SDCU) do not have a means of overriding the magnetic locking system. There is no way to override the system, as the doors do not have a key pad or other lock-release device, and the door's push bar does not have a delayed release.

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 Page 4A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

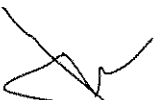
Roxanne Salluby

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

Roxanne Salluby, Administrator Date *4/9/19*

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4/10/19
 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Knickerbocker Villa
License# 44870

Regulation Cited: 2600.233(b) - A home shall have a statement from the manufacturer, specific to the home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:


- (1) Upon a signal from an activated fire alarm system, heat or smoke detector
- (2) Power failure to the home
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device

Plan of Correction: Immediately, the home scheduled installation of keypads to the emergency exit doors #4 and #5, to override the magnetic locking system. To prevent another occurrence, the Maintenance Director will monitor the exits daily to ensure the lock-release engages when entering the keypad codes, which are posted conspicuously near the device. Attached is the approved electrical proposal. Documentation will be kept.

Person responsible for preventing future violations: Maintenance/Administrator

Date Corrected:

Roxanne Belluf 4/9/19
Administrator/Date

 4/10/19