

Department of Human Services
Bureau of Human Service Licensing

April 8, 2021

██████████ PARTNER
KNICKERBOCKER ACQUISITION, LLC
PO BOX 761
HUMMELSTOWN, PA 17036

RE: KNICKERBOCKER VILLA
304 SOUTH SECOND STREET
CLEARFIELD, PA, 16830
LICENSE/COC#: 44870

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

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PO BOX 761
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RE: KNICKERBOCKER VILLA
304 SOUTH SECOND STREET
CLEARFIELD, PA, 16830
LICENSE/COC#: 44870

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/24/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: KNICKERBOCKER VILLA **Licen e #:** 44870 **Licen e Expiration Date:** 05/04/2021
Addr e : 304 SOUTH SECOND STREET, CLEARFIELD, PA 16830
County: CLEARFIELD **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8147651933 **Email:** [REDACTED]

Legal Entity

Name: KNICKERBOCKER ACQUISITION, LLC
Address: PO BOX 761, HUMMELSTOWN, PA, 17036
Phone: 8147651933 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 07/01/2005 **Issued By:** Boro of Clearfield

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/24/2021

Inspection Dates and Department Representative

03/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 17 **Residents Served:** 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 30
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 13 **Have Physical Disability:** 0

Inspections / Reviews

03/24/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/09/2021

Inspections / Reviews *(continued)*

4/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *04/12/2021*

4/8/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired [REDACTED] is providing unsupervised ADL services. However, the staff person did not complete the Department-approved direct care training course and successfully pass the competency test.

Plan of Correction

Accept

The Administrator failed to contact the help desk at BHS when the completion of the direct care training course's certificate wouldn't print from the website testing portal for Direct care staff person A.

The Administrator contacted the help desk at BHS on 3/24/21 for assistance without success.

The Administrator contacted the last employer of Direct care staff person A, and retrieved the completion certificate on 4/6/21 from that personal care home.

The Administrator will review with all Direct care staff who are taking the training course and competency test and ensure a certificate is able to print from the website before allowing staff person to provide unsupervised ADL services.

3/26/21, and ongoing, this will be done within the first 40 hours of orientation of all new hired Direct Care Staff. See Attached

Completion Date: 04/06/2021

Document Submission

Implemented

The Administrator failed to contact the help desk at BHS when the completion of the direct care training course's certificate wouldn't print from the website testing portal for Direct care staff person A. The Administrator will review with all Direct care staff who are taking the training course and competency test and ensure a certificate is able to print from the website before allowing staff person to provide unsupervised ADL services. 3/26/21, and ongoing, this will be done within the first 40 hours of orientation of all new hired Direct Care Staff.

Copy of the certificate of completion for direct care staff training course and competency was sent as an attachment again on 4/8/21. Regulation code was added as the file name of the attachment. Audit attached

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has an enabler bar on [REDACTED] bed that has an uncovered opening measuring approximately 18" wide by 12" high and a 5" gap between the bar and mattress, posing an entrapment hazard.

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept**

The clinical Coordinator failed to ensure there wasn't an entrapment hazard when installing the enabler bar for resident #1

Immediately the enabler bar was removed from the bed of resident #1 on 3/24/21.

The Administrator/Care Coordinator monitored resident on 3/24/21, and resident is not completely dependent on the bar. 3/25/21 and ongoing the Administrator will immediately review all residents who may be ordered an enabler bar upon any significant changes, to ensure there are no safety hazards before installing a proper device if one is required, and do a walkthrough daily.

Completion Date: 03/24/2021

Document Submission**Implemented**

The Clinical Coordinator failed to ensure there wasn't an entrapment hazard when installing the enabler bar for resident #1. Immediately the enabler bar was removed from the bed of resident #1 on 3/24/21. On 4/8/21 a new enabler bar was ordered, due to resident #1 requesting another bar for assistance, when DCS was assisting with care. 3/25/21 and ongoing the Administrator will immediately review all residents who may be ordered an enabler bar upon any significant changes, to ensure there are no safety hazards before installing a proper device, if one is required, and do a walkthrough daily. Documentation will be kept. Attached is the enabler ordered.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Fire exit door #3 does not securely latch when closed.

Fire exit door #4 does not close completely on its own.

Plan of Correction**Accept**

The Maintenance Director failed to monitor exit door #3 and exit door #4 to ensure proper operations on 3/24/21.

On 3/25/21 the Maintenance Director repaired the hinges on door #4 to have the door close completely on its own, and enabled the locking mechanism on door #3 to ensure it stays latched when closed.

3/25/21 and ongoing the Administrator will review weekly, the tracking system the Maintenance Director documents daily of ensuring all exit doors are in good repair and free from hazards, and do a daily walkthrough.

Completion Date: 03/25/2021

88a - Surfaces (continued)

Document Submission

Implemented

The Maintenance Director failed to monitor exit door #3 and exit door #4 to ensure proper operations on 3/24/21. On 3/25/21 the Maintenance Director repaired the hinges on door #4 to have the door close completely on its own, and enabled the locking mechanism on door #3 to ensure it stays latched when closed. 3/25/21 and ongoing the Administrator will review weekly, the tracking system the Maintenance Director documents daily of ensuring all exit doors are in good repair and free from hazards, and do a daily walkthrough. Tracking attached

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar for the showers in the bathrooms in bedrooms [redacted] # [redacted] and [redacted]

Plan of Correction

Accept

The Maintenance Director/Administrator failed to ensure all bathrooms have grab bars, and Hand rails for showers. 3/25/21 Maintenance Director installed a grab bar in rooms [redacted] [redacted], and [redacted] 3/25/21 Maintenance Director implemented a tracking system to monitor daily, to ensure all bathrooms are equipped with grab bars, and hand rails for toilets and showers. Documentation shall be kept. 3/25/21 and ongoing the Administrator will review weekly, the tracking documentation, and do a daily walkthrough.

Completion Date: 03/25/2021

Document Submission

Implemented

The Maintenance Director/Administrator failed to ensure all bathrooms have grab bars, and Hand rails for showers. 3/25/21 Maintenance Director installed a grab bar in rooms [redacted] [redacted], and [redacted] 3/25/21 Maintenance Director implemented a tracking system to monitor daily, to ensure all bathrooms are equipped with grab bars, and hand rails for toilets and showers. Documentation shall be kept. 3/25/21 and ongoing the Administrator will review weekly, the tracking documentation, and do a daily walkthrough. Tracking attached.