

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

July 23, 2025

[REDACTED]
RC KNICKERBOCKER, LLC
[REDACTED]
[REDACTED]

RE: KNICKERBOCKER VILLA
304 SOUTH SECOND STREET
CLEARFIELD, PA, 16830
LICENSE/COC#: 45528

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KNICKERBOCKER VILLA* License #: *45528* License Expiration: *01/01/2026*
 Address: *304 SOUTH SECOND STREET, CLEARFIELD, PA 16830*
 County: *CLEARFIELD* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *RC KNICKERBOCKER, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/25/2015* Issued By: *Clearfield Boro*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Interim* Exit Conference Date: *05/16/2025*

Inspection Dates and Department Representative

04/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *70* Residents Served: *32*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: Residents Served: *9*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

04/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2025*

07/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/22/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/22/2025*

Inspections / Reviews *(continued)*

07/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment, dated [redacted] indicates the resident is prescribed a regular diet and [redacted] can eat/drink independently. [redacted] support plan, dated [redacted] indicates staff will monitor the resident for decline in ability to eat/drink independently. From [redacted] to [redacted], resident [redacted] did not receive this assistance as required. The resident's nursing notes indicate on [redacted] the resident was non-adherent with eating. On [redacted] the resident was observed with increased weakness, shaking and diarrhea, and was sent to the emergency room. On [redacted] the resident returned to the home with diagnoses of [redacted], [redacted] and [redacted]. Resident [redacted] nursing notes document multiple occasions where the resident refused to eat. On [redacted], resident [redacted] was sent to the emergency room where [redacted] was diagnosed with a [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 07/18/2025)

DCS failed to report any decline in eating/drinking for Resident [redacted] to the Care Coordinator or Administrator from 2/26/25 to 3/12/25. Upon Resident [redacted] returning from the hospital on 3/13/25, the shift supervisor failed to report/document the results from the 3/13/25 hospital visit. A mandatory meeting was held on 5/1/25 by the Care Coordinator and Administrator, educating all DCS on proper reporting and documenting when observing a change with a Resident, in order for the Resident assessment support plan to be updated for the residents needs to be met. On 4/29/25 an addendum was added to Resident [redacted] RASP for the decline in eating/drinking independently. On 5/2/25 a daily shift report was implemented for DCS to document any changes w/ADL's. The Care Coordinator will review the shift reports daily. The Care Coordinator and Administrator will review shift reports weekly and assess residents needs for updates needing added or omitted to support plans.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] 07/23/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] the home served [redacted] residents, including [redacted] residents with mobility needs who resided in the secure dementia care unit, and [redacted] additional residents with mobility needs who resided in the personal care unit. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted] is 5 minutes and 00 seconds. From 7:45p.m. on [redacted] to 7:00 a.m. on [redacted] only 2 staff persons were present in the home, which is inadequate to provide each resident with assistance with activities of daily living and evacuating in the event of an emergency.

Plan of Correction

Accept [redacted] - 07/18/2025)

The Care Coordinator failed to ensure the appropriate amount of staff were present in the home before posting the schedule for 4/27/25 and 4/28/25 from 7:45p-7:00am. On 5/1/25 the Administrator reviewed the schedule after

60a Staff/Support Plan (continued)

the Care Coordinator completed it, and was posted for staff. Ongoing the Administrator will review each schedule to ensure the appropriate amount of staff are present incase of an emergency, in order to assistant with residents ADL's and assisting with safely evacuating in the maximum evacuation time permitted.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] 07/23/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed blood sugar tests twice daily; however, from 9:00 p.m. on [redacted] to 6:00 a.m. on [redacted] resident [redacted]s blood sugar levels were not tested.

Resident [redacted] was prescribed [redacted] give subcutaneously 4 times per day per sliding scale:

- 151 200 3 units
- 201 250 5 units
- 251 300 7 units
- 301 350 9 units
- 351 400 11 units

>400, give 11 units and call MD

Resident [redacted] April 2025 medication administration record does not indicate a blood sugar test result nor the amount of [redacted] administered on [redacted] at 8:00 p.m.

Plan of Correction

Accept [redacted] - 07/18/2025)

On 4/3/25 and 4/5/25 the Med Tech failed to follow the directions of the prescriber of testing blood sugar levels and no record of the amount of Novolog administered on 4/7/25 for Resident [redacted] Administrator and Care Coordinator held a mandatory meeting on 5/1/25, re educating Med Techs the 5 rights of Medication Administration. Immediately an audit for Glucometers/MAR's are completed once a week by the Care Coordinator. Ongoing the Administrator will review the audits weekly and continue regular in services on educating Med Techs with proper Medication Administration procedures.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] - 07/23/2025)

225c - Additional Assessment

4. Requirements

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.

Description of Violation

On [redacted], resident [redacted] began refusing to eat, and [redacted] ability to eat and drink independently declined. However, [redacted]

225c - Additional Assessment (continued)

assessment, dated [REDACTED] was not updated with this change in condition until [REDACTED].

Resident [REDACTED] assessment, dated [REDACTED], indicates the resident has no issues with irritability, judgement, agitation, and aggression. However, multiple staff interviews indicate the resident is verbally and physically aggressive with staff when they attempt to provide care.

Plan of Correction

Accept [REDACTED] - 07/18/2025)

DCS failed to report any decline in eating/drinking for Resident [REDACTED] to the Care Coordinator or Administrator on 2/26/25. A mandatory meeting was held on 5/1/25 by the Care Coordinator and Administrator, educating all DCS on proper reporting and documenting when observing a change with a Resident, in order for the Resident assessment support plan to be updated for the residents needs to be met. On 4/29/25 an addendum was added to Resident [REDACTED] RASP for the decline in eating/drinking independently. DCS failed to report/document to Care Coordinator and Administrator the issues of irritability, judgement, agitation, and aggression of Resident [REDACTED]. On 4/29/25 the Care Coordinator and Administrator assessed Resident [REDACTED] behaviors and Resident [REDACTED] was evaluated by behavioral health. After a medication management was administered by [REDACTED] Physician, resident [REDACTED] has a minimal problem with behaviors. On 5/12/25 an addendum was added to resident [REDACTED] RASP with these changes. On 5/2/25 a daily shift report was implemented for DCS to document any changes w/ADL's. The Care Coordinator will review the shift reports daily. The Care Coordinator and Administrator will review shift reports weekly and assess residents needs for updates needing added or omitted to support plans.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] - 07/23/2025)

228h - Grounds Discharge/Transfer

5. Requirements

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 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/intellectual disability 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.

Description of Violation

On [REDACTED] the home issued a 30-day notice to resident #5 for nonpayment of room and board. However, on [REDACTED] resident [REDACTED] account balance was paid in full.

228h - Grounds Discharge/Transfer (continued)

Plan of Correction**Accept** [REDACTED] **07/18/2025)**

Resident [REDACTED] family indicated they would be running out of funds after 4/1/25. On 3/31/25 Administrator failed to wait another month to send another invoice and wait for the non payment and then issue the 30 day notice. On 4/28/25 the state inspector reviewed regulation 2600.228h and educated the Administrator that the home must have a nonpayment before issuing a 30 day discharge notice. On going the Administrator will review the 2600.228h Grounds for discharge/transfer before issuing a 30 day notice.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] **- 07/23/2025)**

231b - Medical Evaluation

6. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted into the secure dementia care unit on [REDACTED]. However, the resident's medical evaluation, dated 4/21/25, does not indicate the need for the resident to be served in a secured dementia care unit.

Resident [REDACTED] was admitted into the secure dementia care unit on [REDACTED]. However, the resident's medical evaluation, dated [REDACTED], does not indicate the need for the resident to be served in a secured dementia care unit.

Plan of Correction**Accept** [REDACTED] **07/18/2025)**

Care Coordinator failed to indicate the need for the secure dementia care unit on the DME for Resident [REDACTED] on 4/21/25 and for Resident [REDACTED] on 4/7/25. On 4/29/25 Administrator implemented a checklist as a guide to ensure all necessary information is completed on the DME. Ongoing the Administrator will review the DME before it is sent the Physician.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] **07/23/2025)**