

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

October 21, 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 08/18/2025 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 Borough

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 44	Waking Staff: 33

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint	Exit Conference Date: 08/18/2025	

Inspection Dates and Department Representative	
08/18/2025 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 70		Residents Served: 30	
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 17	Residents Served: 10
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 29	
Diagnosed with Mental Illness: 20		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 14		Have Physical Disability: 2	

Inspections / Reviews		
08/18/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 09/18/2025
09/17/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 09/26/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 09/24/2025

Inspections / Reviews *(continued)*

09/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/29/2025

10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was hospitalized from [redacted], and the resident's bedroom door was locked to prevent entry without permission. During this time, staff person A was observed on resident [redacted] nannie cam entering resident [redacted] bedroom on multiple occasions through the door of a shared bathroom. Staff person A was observed going through resident [redacted] nightstand drawer, attempting to open the locked desk, taking drinks out of the resident's refrigerator, and spraying the resident's perfume on [redacted]. During this time, resident [redacted] perfume went missing.

Plan of Correction

Accept [redacted] - 09/17/2025)

On 5/8/25 Resident [redacted] family member reported to Administrator with footage on ring video in Resident [redacted] bedroom. Staff person A was shown removing drinks from Resident [redacted] refrigerator and going through Resident [redacted] personal belongings, while Resident [redacted] was hospitalized. Immediately, Administrator/Care Coordinator interviewed staff A. Staff A denied taking any items from the room. Administrator stated that you are seen on video? Staff A stated that [redacted] shouldn't have done it. Immediately, Administrator terminated Staff A's employment. Administrator notified the local police department, completed an Act 13 mandatory abuse report to the local AAA, and submitted an incident report to BHS. On 8/20/25 a mandatory staff meeting was held, re-educating all staff on Resident Rights and Abuse. Ongoing the Administrator will continue educating all staff on Resident Rights and Abuse as required.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented [redacted] - 10/21/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Resident [redacted] was hospitalized from [redacted] and the resident's bedroom door was locked to prevent entry without permission. During this time, staff person A was observed on resident [redacted]'s nannie cam entering resident [redacted]'s bedroom on multiple occasions through the door of a shared bathroom. Staff person A was observed going through resident [redacted] nightstand drawer, attempting to open the locked desk, taking drinks out of the resident's refrigerator, and spraying the resident's perfume on [redacted]. During this time, resident [redacted] perfume went missing.

Plan of Correction

Accept [redacted] 09/17/2025)

On 5/8/25 Resident [redacted] family member reported to Administrator with footage on ring video in Resident [redacted] bedroom. Staff person A was shown removing drinks from Resident [redacted]'s refrigerator and going through Resident [redacted]'s personal belongings, while Resident [redacted] was hospitalized. Immediately, Administrator/Care Coordinator interviewed staff A. Staff A denied taking any items from the room. Administrator stated that you are seen on video? Staff A stated that [redacted] shouldn't have done it. Immediately, Administrator terminated Staff A's employment. Administrator notified the local police department, completed an Act 13 mandatory abuse report to the local AAA, and submitted an incident report to BHS. On 8/20/25 a mandatory staff meeting was held, re-educating all staff on Resident Rights and Abuse. Ongoing the Administrator will continue educating all staff on Resident Rights and Abuse as required.

Licensee's Proposed Overall Completion Date: 09/16/2025

42s Privacy (continued)

Implemented (SQ - 10/21/2025)

54a Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person A has a high school diploma from the Republic of Indonesia; however, the home did not request a waiver from the Department for a non US educational institution.

Plan of Correction

Accept [REDACTED] - 09/18/2025)

Administrator failed to review the high school diploma of Staff person A upon hire. Immediately the Administrator added whether a waiver is required for non US education to the staff orientation plan. Ongoing the Administrator will ensure all staff have the required qualifications prior to the first day of work. Immediately, an audit was implemented for Administrator to review all current staff files, to ensure all DCS have a high school diploma, GED or active registry status on the PA nurse aide registry. Completion date will be by 9/24/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented [REDACTED] - 10/21/2025)

225c Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] did not include the diagnoses of Seizures and Unspecified Falls as indicated on the medical evaluation, dated [REDACTED]

Plan of Correction

Accept [REDACTED] 09/18/2025)

Resident [REDACTED] had a significant change on 5/9/25. New diagnosis' were listed on Page 1 of the new RASP indicating the description change, however, the Administrator failed to add the new diagnosis' to page 6 of the RASP, under medical needs. Immediately the new diagnosis' were added to page 6 of the RASP. Immediately, the Administrator implemented a checklist for DME's and RASP's, to follow when completing Assessments/Support Plans to ensure all information is complete and accurate. Immediately, an audit was implemented for Administrator to review all current resident RASP's/DME's, to ensure all diagnoses listed on the current DME is included on the Current RASP. Completion date will be by 9/24/25. Documentation will be kept

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented [REDACTED] - 10/21/2025)