

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

June 9, 2026

[REDACTED], FOUNDED MEMBER
RC KNICKERBOCKER, LLC
304 SOUTH SECOND STREET
CLEARFIELD, PA, 16830

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2026 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: 01/01/2027
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: 304 SOUTH SECOND STREET, CLEARFIELD, PA, 16830		
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: 44	Waking Staff: 33

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 03/26/2026	

Inspection Dates and Department Representative	
03/23/2026 - 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: 17	Residents Served: 10
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 32	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 12		Have Physical Disability: 0	

Inspections / Reviews		
03/23/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/17/2026
04/30/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/01/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/07/2026

Inspections / Reviews *(continued)*

05/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/01/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

A sign stating "Please wait for assistance for going back to your room. YOU ARE A FALL RISK" was sitting on the dining room table where resident #1 has [redacted] meals.

Plan of Correction

Accept ([redacted] - 04/30/2026)

DCS failed to consider the dignity and respect for resident #1 with placing a sign at the Dining Room table of being a fall risk . On 3/23/26 the sign was immediately removed. On 3/25/26 all staff were re-educated on Residents Rights that a resident shall be treated with dignity and respect. 3/24/26 and ongoing the Administrator will monitor for any signs placed on Dining Room tables that infringe upon residents rights during daily walk throughs. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/13/2026

Implemented ([redacted] - 06/09/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted] did not have a Pennsylvania criminal background check requested until [redacted]

Plan of Correction

Accept ([redacted] - 05/27/2026)

On [redacted] Administrator failed to request Staff person A criminal background check in accordance with OAPSA. Administrator added the criminal check with the orientation hiring procedure and required documents plan. Documentation will be kept. The Administrator will audit all staff records monthly to ensure a PA State Police Criminal check is on file for all staff. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([redacted] - 06/09/2026)

60a - Staff/Support Plan

3. 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 3/25/26 the home served 32 residents, 12 of who had mobility needs, and 2 of who require the assistance of 2 persons for transfers. Staff interviews indicate they are unable to meet resident needs due to lack of available direct care staff in the home.

Plan of Correction

Accept ([redacted] - 04/30/2026)

DCS failed to report to Care Coordinator of increased weakness of two residents who require a two assist with

60a - Staff/Support Plan (continued)

transfers, in order for the support plan to be updated. On 3/25/26 DCS were re-educated on updating the Care Coordinator with any change in residents needs. Administrator implemented a tracking system for residents change in needs and report it to Care Coordinator. Administrator will review reports and support plan weekly to ensure addendum or changes to support plan are completed, in order to provide proper staffing. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█) - 06/09/2026

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #4 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 04/30/2026

On 3/23/26 the Maintenance Director failed to monitor whether resident #4 had an operable lamp at bedside. Immediately a lamp was placed on the night stand beside the bed. On 3/24/26 the Administrator implemented a new tracking system to monitor and document daily. On 3/24/26 and ongoing the Administrator will review the tracking system weekly and do a daily walk through to ensure placement of lamps. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/13/2026

Implemented (█) - 06/09/2026

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely schedules 2 staff on the overnight shift, as evidenced on 3/31/26. However, for the past year, the minimum number of staff participating in sleeping time fire drills were 3 staff.

Plan of Correction

Accept (█) - 04/30/2026

In April and October of 2025 when overnight fire drills were conducted there were three DCS scheduled to meet the

132g - Fire Drills Days/Times (continued)

needs of the residents that required mobility needs at that time. Ongoing the Administrator will continue to hold fire drills at different times of the day and night and schedule staff according the mobility needs of the residents. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█) - 06/09/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Buspirone HCL, 5 mg tablet, take 1 tablet by mouth 3 times a day for anxiety. Resident #2's March 2026 medication administration record (MAR), did not include the initials of the staff person who administered the medication on 3/13/26 at 5:00 PM.

Resident #2 is prescribed Remedy Phytoplex Antifungal External Powder 2, apply topically to buttocks three times daily for yeast infection. Resident #2's MAR, did not include the initials of the staff person who administered the medication on 3/13/26 at 5:00 PM.

Resident #5 is prescribed Risperdone 0.25 mg oral tablet. Take 1 tablet by mouth three times a day for mood disorder. Resident #5's MAR, did not include the initials of the staff person who administered the medication on 3/13/26 at 2:00 PM.

Resident #5 is prescribed Eliquis oral tablet 5mg, take 1 tablet by mouth twice a day for A-Fib and flutter. Resident #5's MAR, did not include the initials of the staff person who administered the medication on 3/21/26 at 8:00 PM.

Plan of Correction

Accept (█) - 04/30/2026)

On 3/13/26 Med Tech failed to initial the MAR of resident #2 and resident #5 that medications were administered at the prescribed time. On 3/21/26 Med Tech failed to initial the MAR of resident #5 that the medication were administered at the prescribed time. On 3/25/26 Med-Techs were re-educated on the Five Right of medication administration and proper recording. On 3/24/26 Care Coordinator contacted the Quick MAR system to have an alert sent for any missed medications that aren't recorded within the prescribed times for each shift. Ongoing the Administrator will review the report of notifications daily to ensure all medications are recorded in MAR.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█) - 06/09/2026)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident#4's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

On 2/12/26 the Care Coordinator failed to include a determination that the needs of resident #4 can be met by the services provided by the home on the pre admission screening. On 3/24/26 the Administrator implemented a new check list for all prescreening. Ongoing, after the Care Coordinator completes the prescreening, the Administrator will review to ensure all sections of the prescreening is completed. Documentation will be kept. The Administrator will audit all new admissions to ensure all preadmission screening forms indicate that the needs of the resident can be met by services provided by the home. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 06/09/2026)

227c Support Plan Revision

8. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's support plan, dated [REDACTED], did not include contact information for hospice services.

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

On [REDACTED] the Care Coordinator failed to include the contact information for Hospice Services in Part I, Resident Information, Formal Supports of the RASP. Immediately the Hospice contact information was added to the RASP by the Administrator. On 3/24/26 the Administrator implemented a new check list for RASP's. Ongoing, after the Care Coordinator completes a RASP, the Administrator will review to ensure all sections of the RASP is completed. Documentation will be kept. The Administrator will audit all resident assessments and support plans to ensure they are accurate and complete monthly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 06/09/2026)