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

July 22, 2026

[redacted]
RC KNICKERBOCKER, LLC
[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 06/30/2026 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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/30/2026*

Inspection Dates and Department Representative

06/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* **Residents Served**: *26*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *17* **Residents Served**: *8*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *9*

Have Physical Disability: *0*

Inspections / Reviews

06/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2026*

07/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/23/2026*

Inspections / Reviews *(continued)*

07/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/11/2026*

07/22/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

183e Storing Medications

1. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is not labeled with the date opened.

Plan of Correction ***Accept [redacted] - 07/16/2026)***

DCS failed to label Resident [redacted] by placing an open date on the pen when it was put into service.
On July 14, 2026, the Administrator created a new Medication Labeling Policy that includes general labeling requirements. The policy now requires that a yellow "Open Date/Expiration Date" label be placed on every medication container when it is put into service. These labels may only be placed in one of two locations: on the bottom of the medication container or above the pharmacy label. DCS staff are no longer permitted to use a black marker to write open dates or expiration dates directly on medication containers; labels must be used instead.
The policy also re-educates DCS staff on the beyond-use dates for insulin pens and ophthalmic (eye drop) medications. In addition, the policy requires that the open date/expiration date label be placed on the cap of each insulin pen. The facility has obtained the appropriate labels and pens needed to implement this Plan of Correction.
DCS staff will perform medication cart audits every two weeks to ensure compliance with the Medication Labeling Policy. Staff will document that each medication requiring an open date/expiration date label has been properly labeled in each resident's medication cart. The Administrator will oversee these audits, and all audit documentation will be maintained.

Cart Audits Increased to every 2 weeks on July 4, 2026.
Then as you can see above, on July 14, 2026 the Administrator created the new medication labeling policy that went into effect that same day July 14, 2026.
As stated at the end of the plan of correction, the Administrator will oversee the completion of all cart audits.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 07/22/2026)

185a Implement Storage Procedures

2. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] – take one tabley by mouth every day. However, this medication was not available in the home.

Resident [redacted] is prescribed [redacted] – take one tablet by mouth two times per day. However, this medication was not available in the home.

The Controlled drug record form for resident [redacted] tablet – take ½ tab (0.25mg) by mouth every twelve hours for severe anxiety, indicates 1 tablet remaining. However, according the staff interview, the last tablet

185a Implement Storage Procedures (continued)

was administered this morning at 9:00 a.m. but was not recorded as administered.

Plan of Correction ***Accept [redacted] - 07/16/2026)***

DCS failed to have Resident [redacted]s [redacted] available in the home, failed to have Resident [redacted] available in the home, and failed to document the administration of Resident [redacted]s [redacted]

The Administrator created a Pharmacy Refill/Medication Delivery Tracking Sheet to monitor all medication orders placed with outside pharmacies and their delivery to the facility. This includes mail order pharmacies, the VA pharmacy, and local retail pharmacies used by residents. The form also allows DCS to document all conversations with pharmacies, including DuBois Drug and Wellness.

The Administrator spoke with Geisinger and Optum Mail Order Pharmacy and learned that Geisinger begins processing refill requests 14 days before the refill is due in case provider authorization or additional requests are needed. Medication delivery typically takes 3 5 business days. Optum Mail Order Pharmacy follows a similar process, with delivery taking approximately 3 5 days, although they did not specify whether those are business days. When working with the VA pharmacy, it was noted that the VA has the longest processing time. The automated system advises DCS that prescriptions will be mailed within 10 days.

In response to Resident [redacted]s controlled medication administration not being documented, the Administrator implemented a weekly narcotic sign out audit. This audit will ensure that all DCS staff are properly documenting the administration of controlled medications. Compliance with this process will be monitored, and disciplinary action, up to and including termination, will occur if staff fail to comply.

The Administrator also updated the Medication Policy to require that when a resident has 15 or fewer pills remaining, DCS staff must contact the resident's mail order pharmacy, retail pharmacy, or VA pharmacy to request a refill, taking into consideration pharmacy processing and delivery times. DCS staff received education on the updated policy, including the changes and the disciplinary actions for noncompliance, up to and including termination, and signed the policy on July 14, 2026.

Documentation will be kept by the Administrator.

Pharmacy refill/Medication delivery form was put into use on July 4, 2026. The Medication Policy was updated and signed on July 14, 2026 by DCS staff. (As stated above)

Documentation and ensuring these plans of corrections are completed will be monitored by the Administrator.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 07/22/2026)

187b - Date/Time of Medication Admin.

3. 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 [redacted] is prescribed [redacted] take one tablet by mouth every day. The resident's June 2026 medication administration record (MAR) indicates this medication was administered on [redacted] at 8:00 a.m.. However, according to staff interview, this medication was not available in the home and was not administered at 8:00 a.m. on [redacted]

Resident [redacted] is prescribed [redacted] take one tablet by mouth two times per day. The resident's June 2026

187b - Date/Time of Medication Admin. (continued)

medication administration record (MAR) indicates this medication was administered on [redacted] at 8:00 a.m. However, according to staff interview, this medication was not available in the home and was not administered at 8:00 a.m. on [redacted]

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 07/16/2026)***

DCS documented that Resident [redacted] received their Escitalopram Oxalate 10 mg on 6/30/26 at 9:00 a.m.; however, it was not available in the home for administration. DCS also documented that Resident [redacted] received their Risperidone 0.25 mg on 6/30/26 at 9:00 a.m.; however, it was not available in the home for administration.

Due to this being a repeat violation from 3/23/26, the Administrator recognizes that the initial Plan of Correction was not effective. The Administrator worked closely with QuickMAR to ensure that alerts were broadcast to all DCS staff to notify them when medications were missed. These alerts begin 5 minutes after the scheduled medication administration time.

At this time, the Administrator determined that extensive re-education was needed for direct care staff to better understand the meaning and appropriate use of all order exceptions available for residents when they are in or out of the home. Additional re-education was also provided regarding medication alerts and their intended purpose.

The available order exceptions include: resident out with family and medication administered by family at the scheduled time, resident refused medication, medication withheld per physician/RN orders, out to the hospital, out for a doctor's appointment, resident out with family and unable to administer medication, and pharmacy did not send the medication.

The DCS on shift on 6/30/26 should have noted that the medication was ordered through the mail-order pharmacy and selected the exception, "Pharmacy did not send."

DCS will conduct weekly resident chart audits. Each week, DCS will select three residents to audit and review their MAR, chart notes, and medication administration records with applicable exceptions. DCS will compare the pharmacy refill form with each resident's medications to ensure that all medications are documented using the appropriate exceptions.

The Administrator will also revise all order exceptions to make them clearer and easier for DCS staff to understand, ensuring staff know which exception to use and when it should be applied.

All education was provided to DCS staff on 7/15/26 through the facility communication app. The Administrator also uploaded training videos for staff to review.

Weekly chart audits began on July 10, 2026 by the Administrator herself, also all reeducation was given to DCS staff on July 15, 2026 through the facility communication app, and the Administrator was able to update all order exceptions on July 15, 2026 as well. The administrator will oversee and ensure that this plan of correction will be completed.

Licensee's Proposed Overall Completion Date: *07/16/2026*

187b - Date/Time of Medication Admin. *(continued)*

Implemented [redacted] - 07/22/2026)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] – take one tablet by mouth every day. However, this medication was not available in the home and according to staff interview was not administered at 8:00 a.m. on [redacted]

Resident [redacted] is prescribed [redacted] – take one tablet by mouth two times per day. However, this medication was not available in the home and according to staff interview was not administered at 8:00 a.m. on [redacted].

Plan of Correction ***Accept [redacted] - 07/16/2026)***

DCS staff failed to administer Resident [redacted]s [redacted] because the medication was not available at the facility. DCS staff also failed to administer Resident [redacted]s [redacted] because the medication was not available in the home. Both medications were scheduled to be administered on June 30, 2026, at 9:00 a.m.

Administrator created a Pharmacy Refill/Medication Delivery Sheet to track all outside pharmacy medication orders from mail-order pharmacies, the VA Pharmacy, Walmart retail pharmacies, and other pharmacies. This form also allows DCS staff to document conversations with our pharmacy, DuBois Drug and Wellness, when needed.

DCS staff will be required to document all medication refills from mail-order pharmacies and the VA Pharmacy on the Pharmacy Refill/Medication Delivery Sheet provided. They will also be responsible for tracking all medication deliveries received by the facility.

In addition, DCS staff will be required to sign the updated Medication Policy acknowledging that they must contact the mail-order pharmacy when a resident has 15 days or fewer of their medication remaining.

Compliance with these procedures will be overseen by the Administrator, and all documentation will be maintained.

Cart Audits Increased to every 2 weeks on July 4, 2026.

Then as you can see above, on July 14, 2026 the Administrator created the new medication labeling policy that went into effect that same day July 14, 2026.

As stated at the end of the plan of correction, the Administrator will oversee the completion of all cart audits and ensure that the plan of correction is completed.

Licensee's Proposed Overall Completion Date: *07/16/2026*

Implemented [redacted] - 07/22/2026)