

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

November 1, 2023

[REDACTED], OWNER/ADMINISTRATOR  
RESPICENTER INCORPORATED  
[REDACTED]

RE: RESPICENTER INCORPORATED  
545 WEST HIGH STREET  
WAYNESBURG, PA, 15370  
LICENSE/COC#: 44952

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/05/2023, 10/11/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *RESPICENTER INCORPORATED* License #: *44952* License Expiration: *01/18/2024*  
 Address: *545 WEST HIGH STREET, WAYNESBURG, PA 15370*  
 County: *GREENE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *RESPICENTER INCORPORATED*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *04/05/2010* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *10/11/2023*

**Inspection Dates and Department Representative**

10/05/2023 - On-Site: [REDACTED]  
 10/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *20* Residents Served: *16*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *15*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

10/05/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND