

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

December 18, 2023

██████████ ADMINISTRATOR
GETZ PERSONAL CARE HOME INC
1026 SCENIC DRIVE
KUNKLETOWN, PA, 18058

RE: GETZ PERSONAL CARE HOME
1026 SCENIC DRIVE
KUNKLETOWN, PA, 18058
LICENSE/COC#: 24050

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/29/2023 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,

██████████
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *GETZ PERSONAL CARE HOME* License #: *24050* License Expiration: *03/14/2024*
 Address: *1026 SCENIC DRIVE, KUNKLETOWN, PA 18058*
 County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *GETZ PERSONAL CARE HOME INC*
 Address: *1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/25/1991* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *11/29/2023*

Inspection Dates and Department Representative

11/29/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *48*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

11/29/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND