

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

January 12, 2024

[REDACTED]  
SUCCESS REHABILITATION, INC.  
[REDACTED]  
[REDACTED]

RE: SUCCESS REHABILITATION AT ROCK  
RIDGE  
5666 CLYMER ROAD  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12730

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/04/2024 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: *SUCCESS REHABILITATION AT ROCK RIDGE* License #: *12730* License Expiration: *08/18/2024*  
 Address: *5666 CLYMER ROAD, QUAKERTOWN, PA 18951*  
 County: *BUCKS* Region: *SOUTHEAST*

## Administrator

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

## Legal Entity

Name: *SUCCESS REHABILITATION, INC.*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/15/1995* Issued By: *CWOPA L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *01/04/2024*

## Inspection Dates and Department Representative

*01/04/2024 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *35* Residents Served: *21*

## Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

## Hospice

Current Residents: *0*

## Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: [REDACTED]  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: [REDACTED] Have Physical Disability: *0*

## Inspections / Reviews

*01/04/2024 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND