

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

February 22, 2024

[REDACTED]  
HOMEWOOD AT SPRING HOUSE ESTATES INC  
[REDACTED]

RE: VICTORIA HOUSE AT SPRING  
HOUSE ESTATES  
150 VICTORIA AVENUE  
EVERETT, PA, 15537  
LICENSE/COC#: 33510

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/15/2024 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: *VICTORIA HOUSE AT SPRING HOUSE ESTATES* License #: *33510* License Expiration: *09/19/2024*  
 Address: *150 VICTORIA AVENUE, EVERETT, PA 15537*  
 County: *BEDFORD* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *HOMEWOOD AT SPRING HOUSE ESTATES INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *09/14/2009* Issued By: *Bedford County*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *02/15/2024*

**Inspection Dates and Department Representative**

*02/15/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *42* Residents Served: *28*  
**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:  
**Hospice**  
 Current Residents: *6*  
**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *12* Have Physical Disability: *0*

**Inspections / Reviews**

*02/15/2024 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**