

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

May 19, 2025

[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 05/07/2025 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: *01/18/2026*  
 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: *Department of Labor and Industry*  
 Type: *C-1* Date: *04/27/2005* Issued By: *Waynesburg*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/07/2025*

**Inspection Dates and Department Representative**

05/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *20* Residents Served: *13*

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

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

05/07/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND