

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

June 17, 2025

██████████ ADMINISTRATOR
PENN ASSISTED CARE LLC
68 MAIN STREET
PENNSBURG, PA, 18073

RE: PENN ASSISTED CARE
68 MAIN STREET
PENNSBURG, PA, 18073
LICENSE/COC#: 13905

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,

██████████

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PENN ASSISTED CARE* License #: *13905* License Expiration: *05/28/2026*
 Address: *68 MAIN STREET, PENNSBURG, PA 18073*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *PENN ASSISTED CARE LLC*
 Address: *68 MAIN STREET, PENNSBURG, PA, 18073*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *04/28/2021* Issued By: *Borough of Pennsburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/29/2025*

Inspection Dates and Department Representative

05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *47* Residents Served: *41*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/29/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2025*

06/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

06/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 06/17/2025)

Effective 6/16/25, the Administrator has reviewed all Resident assessment support plans for signatures of Residents who chose to participate in their assessment support plan or the that the appropriate indication of whether the Resident was unable to participate, declined to participate, refused, to sign, or unable to sign was present as well as the that the Resident name, date signed, a copy of the document was requested and provided are all present. Additionally, the Administrator will review all new and annual Resident assessment support plans for a period of six months to ensure that if the Resident chose to participate in their assessment support plan that the Resident's signature is present or that the appropriate indication of whether the Resident was unable to participate, declined to participate, refused to sign, or unable to sign is present as well as the Resident name, date signed, a copy of the document was requested and provided are all present.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([REDACTED] - 06/17/2025)