

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

June 9, 2025

[REDACTED]
HOLLIDAYSBURG VETERANS HOME
[REDACTED]

RE: HOLLIDAYSBURG VETERANS' HOME
P.O.BOX 319
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 34360

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/29/2025 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: *HOLLIDAYSBURG VETERANS' HOME* License #: *34360* License Expiration: *02/22/2026*
 Address: *P.O.BOX 319, HOLLIDAYSBURG, PA 16648*
 County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HOLLIDAYSBURG VETERANS HOME*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *05/13/2005* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* 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: *167* Residents Served: *67*
 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: *67*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

05/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND