

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

July 22, 2025

[REDACTED]  
WOLF RUN VILLAGE LLC  
[REDACTED]

RE: WOLF RUN VILLAGE  
3750 ROUTE 220 HIGHWAY  
HUGHESVILLE, PA, 17737  
LICENSE/COC#: 22149

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/09/2025 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:** WOLF RUN VILLAGE **License #:** 22149 **License Expiration:** 03/27/2025  
**Address:** 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737  
**County:** LYCOMING **Region:** NORTHEAST

## Administrator

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

## Legal Entity

**Name:** WOLF RUN VILLAGE LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** I-2 **Date:** 11/12/2009 **Issued By:** PA Dept. L&I

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 61 **Waking Staff:** 46

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Monitoring **Exit Conference Date:** 07/09/2025

## Inspection Dates and Department Representative

07/09/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 75 **Residents Served:** 59

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 3

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 59  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 2 **Have Physical Disability:** 1

## Inspections / Reviews

07/09/2025 Partial

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

NO DEFICIENCIES FOUND