

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

December 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 review on 12/03/2025 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WOLF RUN VILLAGE License #: 22149 License Expiration: 07/24/2026
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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 12/03/2025

Inspection Dates and Department Representative

12/03/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 54

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: 54
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

12/03/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/19/2025

12/22/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 12/22/2025
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/22/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] annual support plan dated [redacted] indicates the resident has had increased incontinence and staff are instructed to monitor the resident. On [redacted] resident [redacted] family visited around 4:30 p.m. and found the resident to be [redacted] in their recliner.

Plan of Correction

Accept [redacted] - 12/22/2025)

When interviewing staff for this complaint, a new staff member stated that [redacted] had toileted the resident at 4:00PM. The resident was dry and used the bathroom at that time. The staff member also stated that there were no soiled linens or clothing in the room. (See Attached statement) Staff member was counseled on the importance of documenting care provided at the time it is provided. The staff member was also retrained to ensure [redacted] knew how the brief was to be put on to prevent leaks.

As of 12/19/25, all direct care staff have been retrained on documenting cares properly. The administrator, lead Med Tech and Shift leads are all monitoring on each shift to ensure proper documentation and that care is being provided as scheduled. Monitoring will continue on each shift for 30 days. The administrator will continue to monitor care logs randomly over the next 3 months and as new staff are brought in and trained.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] - 12/22/2025)

42k - Resident Record

2. Requirements

2600.

42.k. A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

Description of Violation

Resident [redacted] was discharged from the home on [redacted] to a skilled nursing facility. Through information received from a complaint, the home provided information as to where the resident was transferred to a person who was not the resident's designated person without the written consent from the resident. Staff person A, the home's administrator, acknowledged providing this information to the person who was a regular visitor to the home.

Plan of Correction

Accept [redacted] - 12/22/2025)

The resident did not have a designated person while at this facility. The resident was capable and made all of [redacted] own decisions while at this facility. This resident would and had communicated to the administrator that we not tell the daughters anything without talking to the resident first. A friend that visited the resident while at this facility asked where the resident went and was told the resident was moved closer to family and the name of the new facility. (See attached email communication.)

As we receive a lot of inquiries as to if someone is living in the facility or when they move out, where they went, the policy has always been to confirm and provide facility name only. The staff is not permitted to state why they are in the facility. This is done to not restrict the resident's right to visitors. Many local churches have parishioners that

42k Resident Record (continued)

call or stop by to confirm residency so that they may visit with the residents from their congregation and also send cards and gifts for holidays and birthdays.

Also see the attached monthly bulletin from a local skilled nursing facility that publishes the names of every resident that is admitted, discharged and passes without written or verbal consent. This is publicly available on their website as well. This is known because the administrator's mother is a resident of this skilled nursing facility.

The resident contracts have been amended to include this policy (see attached). On the day of inspection all staff had been directed to send all such inquiries to the business office. The office staff will not provide this information until all contract amendments have been out for 30 days. (Jan 10, 2026)

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] 12/22/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 4:30 p.m. resident [redacted]'s family visited the resident and reported finding the resident's soiled bed sheets on the floor in front of the closet.

Plan of Correction

Accepted [redacted] 12/22/2025)

When interviewing staff for this complaint, a new staff member stated that [redacted] had toileted the resident at 4:00PM. The resident was dry and used the bathroom at that time. The staff member also stated that there were no soiled linens or clothing in the room. (See Attached statement) Staff member was counseled on the importance of documenting care provided at the time it is provided. The staff member was also retrained to ensure [redacted] knew how the brief was to be put on to prevent leaks.

As of 12/19/25, all direct care staff have been retrained on documenting cares properly and removing all soiled linens and clothes from resident rooms immediately. The administrator, lead Med Tech and Shift leads are all checking the rooms on each shift to ensure no soiled linens or clothing have been left in resident rooms. Monitoring will continue on each shift for 30 days. The administrator will continue to monitor randomly over the next 3 months and as new staff are brought in and trained.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] - 12/22/2025)