

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

April 28, 2026

[REDACTED] ADMINISTRATOR  
GETZ PERSONAL CARE HOME INC  
1026 SCENIC DRIVE  
KUNKLETOWN, PA, 18058

RE: GETZ PERSONAL CARE HOME  
1026 SCENIC DRIVE  
KUNKLETOWN, PA, 18058  
LICENSE/COC#: 24050

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2026 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: GETZ PERSONAL CARE HOME License #: 24050 License Expiration: 03/14/2027  
 Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058  
 County: MONROE Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: GETZ PERSONAL CARE HOME INC  
 Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 11/25/1991 Issued By: L&I  
 Type: C-2 LP Date: 09/20/1996 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/31/2026

**Inspection Dates and Department Representative**

03/31/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 60 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 49  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 2

**Inspections / Reviews**

03/31/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/29/2026

04/20/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/24/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/25/2026

Inspections / Reviews *(continued)*

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 81b - Resident Personal Equipment

## 1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

*Resident #1 has an enabler bar attached to their bed. At 9:10 a.m. the enabler bar was not securely attached to the bed frame and the enabler bar was fixed at an angle on the side of the mattress creating a gap between the mattress and the bar.*

*Resident # 2 has an enabler bar attached to their bed. At 1:15 p.m. the enabler bar was not securely attached to the bed frame and there was a gap between the mattress and the enabler bar approximately 5 inches wide.*

## Plan of Correction

Accept ( ) - 04/20/2026

\* Residents 1 and 2 enabler bars were reattached correctly to their beds by staff on 4/1/2026.

\* Going forward to ensure compliance of all enable bars, housekeeping staff will inspect enabler bars during routine cleaning and report any issues that may need to be addressed or fixed immediately.

\* Administrator will also monitor for continued compliance during weekly walk through of facility for checks.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ( ) - 04/28/2026

## 102k - No Common Towel

## 2. Requirements

2600.

102.k. Use of a common towel is prohibited.

## Description of Violation

*At 9:05 a.m. there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in bathroom B2.*

## Plan of Correction

Accept ( ) - 04/20/2026

\* Paper towel dispenser was filled by housekeeping on 3/31/2026 during inspection period.

\* Going forward, our 10pm-6am Direct Care Staff will be responsible for checking all paper towel dispensers every evening and filling them to ensure paper towels are available at all times.

\* Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ( ) - 04/28/2026

## 105g - Lint Removal and Duct Cleaning

## 3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

## Description of Violation

*At 9:45 p.m. there was an approximate 1-inch accumulation of lint in the lint trap of the dryer located in the*

105g Lint Removal and Duct Cleaning (continued)

housekeeping laundry room. There were no clothes in the dryer at the time.  
Repeat Violation 5/22/25.

Plan of Correction

Accept ( ) - 04/20/2026

- \* Lint trap was cleaned out by housekeeping on 3/31/2026 during inspection period.
- \* New signage was placed on all dryers stating that dryer lint must be cleaned out prior to use and directly after use of the dryer and staff were made aware of this rule to maintain compliance and for fire safety.
- \* Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ( ) - 04/28/2026

141b1 - Annual Medical Evaluation

4. Requirements

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed [redacted] Resident #1's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ( ) - 04/20/2026

- \* Discussed deficiency with LPN/DON during exit interview on 3/31/2026. Discovered that she was using date of completion instead of date of evaluation as the timeline for completion annually.
- \* Going forward, LPN will ensure that all annual medical evaluations are completed prior to or on the date of the previous completion and not the evaluation date.
- \* LPN will monitor compliance by using spread sheet with correct completion dates to ensure medical evaluations are completed on time.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ( ) - 04/28/2026

144c1 - Smoking Area Guidelines

5. Requirements

2600.  
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:10 a.m. there were cigarette butts and a lighter in the mulch on the side of the porch where the outdoor designated smoking area is located.

Plan of Correction

Accept ( ) - 04/20/2026

- \* Housekeeping cleaned the cigarette butts and lighter out of the mulch on 3/31/2026 during inspection period. On 4/1/2026, Administrator spoke with all smokers, staff and residents, about not throwing butts in the mulch and the

**144c1 Smoking Area Guidelines (continued)**

*danger of doing that. Signage was placed in the smoking area to make anyone aware not to throw butts in mulch or over porch.*

*\* Going forward, day shift and 2nd shift staff will check the side of the porch daily to ensure no cigarette butts or lights are in the mulch and remove any if they are.*

*\* Administrator will monitor for continued compliance.*

**Licensee's Proposed Overall Completion Date: 04/17/2026**

**Implemented (█) - 04/28/2026)**

**185a - Implement Storage Procedures****6. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #4 's glucometer displayed a blood glucose reading of 95 for the 8:00A.M. on 3/22/26. However, the resident's medication administration record documented a reading of 89 for the 8:00A.M. reading on 3/22/26.*

*At 2:30P.M., resident room 119 contained an Oxygen Tank that was freestanding and not secured within any type of securing device.*

**Plan of Correction**

**Accept (█) - 04/20/2026)**

*\* Resident #4 LPN/DON spoke with all Med Techs about the importance of proper documentation and did give a warning to the staff member that created the violation.*

*\* Going forward, staff will use a 2 check documentation system and glucometers will be checked weekly by nursing department to ensure numbers are documented correctly.*

*\*LPN/DON will monitor for continued compliance.*

*\* Room 119 Administrative assistant contacted oxygen company on 4/1/2026 and requested additional secure devices to store oxygen tanks in properly and these were received on4/2/2026.;*

*\*Going forward, all staff will ensure oxygen tanks are stored in secure devices while doing room checks.*

*\* Administrative Assistant will monitor for continued compliance.*

**Licensee's Proposed Overall Completion Date: 04/17/2026**

**Implemented (█) - 04/28/2026)**

**225c - Additional Assessment****7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident # 3's assessment dated █ did not indicate that resident #3 uses wedge pillows on both sides of their bed. Repeat violation 5/22/25*

225c - Additional Assessment (*continued*)**Plan of Correction****Accept (█ - 04/20/2026)**

\* On 4/1/2026, LPN/DON requested script from PCP for Resident #3 usage of wedge pillows on both sides of their bed. Once script was received, and addendum to the resident's RASP was made to indicate the using of wedges and why.

\* Going forward, any adaptive equipment of any kind will have a scripts for usage and be added to the resident's RASP. Families will also be made aware upon move in that any equipment must relayed upon admission to ensure all documentation is in place.

\* LPN/DON will monitor for continued compliance.

**Licensee's Proposed Overall Completion Date: 04/17/2026**

**Implemented (█ - 04/28/2026)**