

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

May 18, 2026

[REDACTED]
GETZ PERSONAL CARE HOME INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026 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]
Human Services Licensing Supervisor

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

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 11/25/1991	Issued By: L&I

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

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 04/14/2026	

Inspection Dates and Department Representative	
04/14/2026 - 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: 7		Are 60 Years of Age or Older: 49	
Diagnosed with Mental Illness: 2		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 2		Have Physical Disability: 2	

Inspections / Reviews		
04/14/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/14/2026
05/07/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/14/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/14/2026

Inspections / Reviews (*continued*)

05/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/20/2026

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] Resident [redacted] entered Resident [redacted]'s room because they were upset with the resident. The residents began arguing with each other. This escalated to Resident [redacted] punching Resident [redacted] in the head. Resident [redacted] had a bruise on their forehead was assessed by staff but refused further treatment.

Plan of Correction

Accept [redacted] 05/13/2026)

* Resident [redacted] and Resident [redacted] where both talked to by administrator. Residents are not sharing a room or sitting near each other in any common areas. During immediate time following incident, residents where checked by staff regularly to ensure no further altercations.

* Going forward, Residents [redacted] & [redacted] will continued to be observed with hourly checks and any future altercations can lead to either receiving a 30 day notice to leave the facility.

* On 5/28/2026, all staff will receive training on ACT 13/Mandatory Reporting by the Monroe County AAA Protective Services.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented [redacted] - 05/15/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept [redacted] - 05/07/2026)

* Discussed deficiency with LPN/DON and discovered that [redacted] was using the 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 dates to ensure medical evaluations are completed on time.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [redacted] - 05/14/2026)

225c - Additional Assessment

3. Requirements

2600.

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

225c Additional Assessment (continued)

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [REDACTED], Resident [REDACTED] became physically aggressive with Resident [REDACTED]. Resident [REDACTED] assessment and support plan dated [REDACTED] was not updated to include this change in behavior.

Plan of Correction

Accept [REDACTED] - 05/07/2026)

* On 4/14/2026, an addendum to Resident [REDACTED] assessment and support plan was done to reflect the change in behavior, aggressive behavior and what was done in reaction to the behavior.

* To maintain compliance, going forward the Administrator will make proper addendums to the resident assessment and support plan immediately following any actions taken.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented [REDACTED] - 05/14/2026)