

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

June 9, 2026

[REDACTED], ADMINISTRATOR
HOLLIDAYSBURG VETERANS HOME
P.O.BOX 319
HOLLIDAYSBURG, PA, 16648

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2026, 05/14/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HOLLIDAYSBURG VETERANS' HOME* License #: *34360* License Expiration: *02/22/2027*
 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: *P.O.BOX 319, HOLLIDAYSBURG, PA, 16648*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *05/15/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [REDACTED]
 05/14/2026 - 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: *14* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

05/14/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/29/2026*

Inspections / Reviews *(continued)*

06/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/10/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 has an enabler bar on [redacted] bed. Resident #1's support plan, dated [redacted] does not include any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #2 has an enabler bar on [redacted] bed. Resident #2's support plan, dated [redacted], does not include any risks associated with the use, the identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #3 has bilateral enabler bars on [redacted] bed. Resident #3's support plan, dated [redacted] does not include any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept ([redacted] - 06/03/2026)

An audit observation of all fourteen residents was immediately conducted by our Therapy Department to determine the resident's continued need to utilize a bed enabler. Of the fourteen observations conducted only seven residents are determined to require a bed enabler at this time.

An addendum to the RASP for all seven resident's was completed to include the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and the identification of the specific device to be used and whether a cover is required to meet FDA guidelines. See attached addendums.

The observations that were completed by the Therapy Department are also attached.

The process to monitor that all information is captured within the RASP will be conducted by the Therapy Department and will become a part of the RASP review team meetings that are audited annually and upon change of resident's condition. This process will ensure compliance of this regulation.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented ([redacted] - 06/09/2026)