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

August 3, 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 06/10/2026 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**: *Dept L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/10/2026 - 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: *4*

Number of Residents Who:

Receive Supplemental Security Income: *6* **Are 60 Years of Age or Older**: *49*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *2*

Inspections / Reviews

06/10/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/13/2026*

Inspections / Reviews *(continued)*

07/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/30/2026*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 6:30 a.m., Staff person A and Staff person B observed Resident [redacted] lying on the floor of their bathroom, unable to communicate, shaking and appeared to be in pain and was transported to the Emergency Room. The home did not report the incident to the Department.

Plan of Correction ***Accept ([redacted] 07/06/2026)***

** Effective 6/11/2026 any incidents requiring the resident be sent to the hospital will be reported to the Department of Human Services within the 24 hour required time frame regardless of if the resident is treated or not.*
** 7/1/2026 all med techs were trained in proper steps to report to DHS in the required timeframe*
** Administrator and Director of Nursing will complete reports and ensure any follow up action that is needed is completed.*

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented [redacted] - 08/03/2026)

182b - Prescription Medication

2. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff persons A, C, D, and E have not completed the medication administration training as specified in § 2600.190 and administered the below medications.

Staff person A administered [redacted] and [redacted] on [redacted] at approximately 8:00 a.m to Resident [redacted]

Staff person C administered [redacted] on [redacted] and [redacted] at approximately 8:00 p.m to Resident [redacted]

Staff person D administered [redacted] or [redacted] and [redacted] at approximately 8:00 p.m. and [redacted] on [redacted] at approximately 8:42 p.m to Resident [redacted]

Staff person E administered [redacted] and [redacted] on [redacted] at approximately 8:00 a.m to Resident [redacted]

Plan of Correction ***Accept [redacted] - 07/23/2026)***

** All treatments requiring use of medication will be assigned to the med tech on duty to complete, unless they are a self administer medication that the resident can safely do on their own.*

182b Prescription Medication (continued)

* 7/1/2026 all med techs were shown new medication administration schedule to assist in better on time completion of all medications and treatments that the med tech is responsible for.
* Director of Nursing shall oversee that medication treatments are assigned to Med Techs and completed by Med Techs.
* Administrator will do weekly audit of MARS with LPN to ensure medications are being dispensed by Med Techs.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented [redacted] - 08/03/2026)