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

October 15, 2026

[redacted]
THE ROBERT PACKER HOSPITAL
[redacted]

RE: THE ROBERT PACKER HOSPITAL
PERSONAL CARE HOME
603 WILLIAM STREER
TOWANDA, PA, 18848
LICENSE/COC#: 22987

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/30/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME* **License #**: *22987* **License Expiration**: *07/08/2027*

Address: *603 WILLIAM STREER, TOWANDA, PA 18848*

County: *BRADFORD* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE ROBERT PACKER HOSPITAL*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *01/07/2021* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *81* **Waking Staff**: *61*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/30/2026*

Inspection Dates and Department Representative

09/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served**: *80*

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**: *80*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

09/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *Not Required*

NO DEFICIENCIES FOUND