

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

April 17, 2025

[REDACTED], AREA DIRECTOR OF OPERATIONS  
TITUSVILLE OPS LLC

RE: SOUTHWOODS AL  
322 SOUTH MARTIN STREET  
TITUSVILLE, PA, 16354  
LICENSE/COC#: 45406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/21/2025 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]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SOUTHWOODS AL* License #: *45406* License Expiration: *10/31/2025*  
 Address: *322 SOUTH MARTIN STREET, TITUSVILLE, PA 16354*  
 County: *CRAWFORD* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *TITUSVILLE OPS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/24/1999* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/21/2025*

**Inspection Dates and Department Representative**

*03/21/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *52* Residents Served: *45*

**Special Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

**03/21/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2025*

**04/17/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/16/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND