pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **WHITE HORSE VILLAGE INC**
LEGAL ENTITY

To operate **WHITE HORSE VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **79**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 14, 2022** until **June 14, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **179430**

ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE

APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN 1230060173

IDENTIFICATION

1. NAME OF AGENCY/FACILITY: WHITE HORSE VILLAGE
TELEPHONE NUMBER: 610-675-2048 ~~(610) 558-5003~~

FACILITY ADDRESS: 535 GRADYVILLE ROAD, NEWTOWN SQUARE 19073

E-MAIL FOR FACILITY (NOT the WEB site URL): TPendleton@whitehorsevillage.org ~~TBOUKALIS@WHITEHORSEVILLAGE.ORG~~

3. COUNTY: DELAWARE

2. NAME OF LEGAL ENTITY: WHITE HORSE VILLAGE INC
TELEPHONE NUMBER: 610-675-2048

MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO): 535 GRADYVILLE ROAD NEWTOWN SQUARE PA 19073

E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL): TPendleton@whitehorsevillage.org ~~TBOUKALIS@WHITEHORSEVILLAGE.ORG~~

4. DATE CERTIFICATE EXPIRES: 06/14/2022

5. CERTIFICATE NUMBER: 179430

6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE: Tiffany Pendleton, Director of Personal Care

7. TYPE OF SERVICE PROVIDED: PERSONAL CARE HOMES

FEIN OR SSN: 23-2499121

8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES): Ck.# 9041919 $300

9. TYPE OF OPERATION: ☐ PROFIT ☒ NON-PROFIT

10. TYPE OF OWNERSHIP/CONTROL: ☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☐ FOREIGN PART ☐ LLP ☐ LP ☐ GOVERNMENT ☐ SCHOOL DISTRICT ☒ CORPORATION ☐ FOREIGN CORP ☐ LLC ☐ OTHER

11. PRIOR LICENSE STATUS

Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state?

☐ YES (IF YES, EXPLAIN ON SEPARATE SHEET) ☒ NO

12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET)

HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER:

A BEEN CONVICTED OF A FELONY? ☐ YES ☒ NO

B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? ☐ YES ☒ NO

C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? ☐ YES ☒ NO

RECEIVED

13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR

IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?

☐ YES (IF YES, EXPLAIN ON SEPARATE SHEET) ☒ NO

MAR 7 2022

Human Services Licensing

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Tiffany Pendleton
NAME (Type or Print)

Director of Personal Care
TITLE

Tiffany Pendleton
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

2/24/2022
DATE