



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **WEST HAVEN MANOR LP**

LEGAL ENTITY

To operate **QUALITY LIFE SERVICES - APOLLO**

NAME OF FACILITY OR AGENCY

Located at **153 GOODVIEW DRIVE, APOLLO, PA 15613**

(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 **80**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

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 **May 19, 2023** until **February 27, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **442380**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING 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 – 04/23



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: May 24, 2023

[REDACTED]
West Haven Manor LP
153 Goodview Drive
Apollo, PA 15613

RE: Quality Life Services-Apollo
License #: 442380

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The Secure Dementia Care Unit with a capacity of 36 has been closed. The locks have been removed and the space will now be used for personal care residents. The overall capacity of the home and the expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Acting Deputy Secretary
Office of Long-term Living

Enclosure
License