pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **KENDAL-CROSSLANDS COMMUNITIES, INC.**
LEGAL ENTITY

To operate **KENDAL AT LONGWOOD**
NAME OF FACILITY OR AGENCY

Located at **1109 EAST BALTIMORE PIKE, KENNETT SQUARE, PA 19348**
(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 **64**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **August 13, 2025** until **October 1, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **185730**

ISSUING OFFICER

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: August 13, 2025

[redacted]
[redacted]
Kendal Crosslands Communities, Inc.
1109 East Baltimore Pike
Kennett Square, Pennsylvania 19348

RE: Kendal at Longwood
Cumberland House
1109 East Baltimore Pike
Kennett Square, Pennsylvania 19348
License #: 185730

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 approved capacity revision request is an increase from 54 to 64. 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,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

August 7, 2025

[redacted]
KENDAL-CROSSLANDS COMMUNITIES, INC.
[redacted]

RE: KENDAL AT LONGWOOD
P.O. BOX 100, CUMBERLAND HOUSE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 18573

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/07/2025 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: *KENDAL AT LONGWOOD* **License #**: *18573* **License Expiration**: *10/01/2025*

Address: *P.O. BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *KENDAL-CROSSLANDS COMMUNITIES, INC.*

[redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/09/2025* **Issued By**: *Kennett Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *42* **Waking Staff**: *32*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *08/07/2025*

Inspection Dates and Department Representative

08/07/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* **Residents Served**: *41*

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**: *41*

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

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

Inspections / Reviews

08/07/2025 - Partial

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

NO DEFICIENCIES FOUND