pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RESIDENCE AT CARLISLE MANAGEMENT LLC**
LEGAL ENTITY

To operate **THE RESIDENCE AT CARLISLE**
NAME OF FACILITY OR AGENCY

Located at **400 CHRISTIAN LOOP, CARLISLE, PA 17013**
(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 **100**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 25**

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 **February 16, 2026** until **February 16, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **340970**

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: February 13, 2026

[redacted]
Residence at Carlisle Management LLC
[redacted]

RE: The Residence at Carlisle
400 Christian Loop
Carlisle, PA 17013
License #: 340970

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on February 3, 2026 on which we conducted on-site inspections of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *THE RESIDENCE AT CARLISLE* **License #**: *34097* **License Expiration**:

Address: *400 CHRISTIAN LOOP, CARLISLE, PA 17013*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *RESIDENCE AT CARLISLE MANAGEMENT LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *10/27/2025* **Issued By**: *SOUTH MIDDLETOWN TOWNSHIP*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date**: *02/03/2026*

Inspection Dates and Department Representative

02/03/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *0*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *LEGACY LANE* **Capacity**: *20* **Residents Served**: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *0*

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

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

Inspections / Reviews

02/03/2026 - Partial

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

NO DEFICIENCIES FOUND