



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **GRACEFUL CARE LIVING, LLC**

LEGAL ENTITY

To operate **GRACEFUL CARE LIVING**

NAME OF FACILITY OR AGENCY

Located at **211 GARNIER STREET, SHARPSBURG, PA 15215**

(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 **38**

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 13, 2026** until **October 31, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454670**

[Signature]
ISSUING OFFICER

[Signature]
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 13, 2026

[REDACTED]
Graceful Care Living, LLC
[REDACTED]
[REDACTED]

RE: Graceful Care Living
211 Garnier Street
Sharpsburg, Pennsylvania 15215
License #: 454670

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 a reduction from 52 to 38. 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.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in dark ink that reads "Juliet Marsala". The signature is written in a cursive style with a large, stylized 'J' and 'M'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License