

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ARBORS AT ST. BARNABAS, INC.

LEGAL ENTITY

To operate THE ARBORS AT ST BARNABAS - GIBSONIA

NAME OF FACILITY OR AGENCY

Located at 3RD FLOOR, SOUTH WING, 5827 MERIDIAN ROAD, GIBSONIA, PA 15044

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 24, 2010 until November 19, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441590

Robert E. Robinson

ISSUING OFFICER

Kim T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JUN 24 2010

Ms. Karen Tabacchi, Senior Vice President
The Arbors at St. Barnabas, Inc.
85 Charity Way
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas, Inc. – Gibsonia
5827 Meridian Road
Gibsonia, Pennsylvania 15044

Dear Ms. Tabacchi:

As a result of your personal care home's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a revised licensed capacity for your personal care home. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey" with a stylized flourish at the end.

Kevin T. Casey
Deputy Secretary

Enclosure
License