

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.

LEGAL ENTITY

To operate GRIFFITH HOUSE

NAME OF FACILITY OR AGENCY

Located at 1345 APPLE WAY, ST. THOMAS, PA 17252

(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

ADDRESS OF SATELLITE SITE

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 6
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 September 27, 2010 until September 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 363350

Robert E. Robinson

ISSUING OFFICER

Kevin 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

SEP 29 2010

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

Ms. Meredith Ankerbrand, Board Member
Christian Residential Opportunities & Social Services, Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Griffith House
1345 Apple Way
St. Thomas, Pennsylvania 17252

Dear Ms. Ankerbrand:

As a result of the Department of Public Welfare's licensing inspection on August 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial 'K' and a long, sweeping underline.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Griffith House 1345 Apple Way; St. Thomas, PA 17252		CURRENT LICENSE NUMBER 363350	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Jaime Erb and Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan). <p align="center" style="font-size: 1.2em;">Jim Roberts, Director</p>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 9/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1, admitted 2/1/2010, did not have a medical evaluation.	9-21-10	1. Resident has been scheduled for a MASI on 9-21-10. <i>Medical evaluation met</i> 2. The completion of a MASI is on our Admission <i>Medical evaluation met</i> Procedure Checklist. AS Administrators/Director we will ensure that Admission Committee is in compliance with this.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"> 9/20/10 Date JLR Initials (DPW) </p>