

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to P.A.L., INC.

LEGAL ENTITY

To operate RIDGEVIEW RESIDENTIAL CARE

NAME OF FACILITY OR AGENCY

Located at 122 RIDGEVIEW STREET, YOUNGWOOD, PA 15697

(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 40  
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 November 5, 2010 until November 5, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428580

*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

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

NOV 16 2010

Ms. Rhonda L. Layman, President  
P.A.L., Inc.  
Ridgeview Residential Care  
122 Ridgeview Street  
Youngwood, Pennsylvania 15697

Dear Ms. Layman:

As a result of the Department of Public Welfare's licensing inspection on September 22, 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 "C".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

Rhonda Layman 10/23/10

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

|   |                         |  |                        |
|---|-------------------------|--|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>RIDGEVIEW RESIDENTIAL CARE, 122 RIDGEVIEW STREET YOUNGWOOD, PA 15697  |                         | CURRENT LICENSE NUMBER<br>428580                                       |                        |
| INSPECTION DATES (Include all dates of the inspection)<br>09/22/2010  |                         | REGIONAL REPRESENTATIVE<br>Michelle Glidden, Jan Cutter                |                        |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><i>Rhonda L. Layman, President</i> |                         |  |                        |
| SIGNATURE OF LEGAL ENTITY<br><i>Rhonda Layman</i>   | DATE<br><i>10/23/10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>gabman (y)</i> | DATE<br><i>11-1-10</i> |

| REGULATION<br>55 Pa.Code §2600  | VIOLATION  | DATE BY WHICH CORRECTION WILL BE | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | DATE COMPLIANCE VERIFIED BY   |
|---|--|----------------------------------|---|---|
| 82a<br>Poisonous materials shall be stored in their original, labeled containers. | <p>A bottle of yellow liquid (cleaner) was found in an unlabelled spray bottle in the bathroom across from bedroom #10.</p> <p>A bottle of yellow liquid (cleaner) was found in an unlabelled spray bottle in the cabinet under the kitchen sink on the bottom floor.</p> <p style="text-align: center;"><b>Western Region</b></p> <p style="text-align: center;">28 2010</p> <p style="text-align: center;">Adult Residential Licensing</p> | <i>9/29/10</i>                   | <p><i>Unlabeled bottles were removed on 9/22/10.</i></p> <p><i>Cleaning chemical supplier was contacted on 9/23/10 for labels. Labels were received and applied on 9/29/10.</i></p> <p><i>Administrator reviewed with staff need to have all bottles labeled and to report if label is missing.</i></p> <p><i>Admin. will monitor weekly.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11-1-10</i></p> <p>Date: _____ Initials: (DPW)</p> |