



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

Ms. Susie Pina, Administrator  
Success Rehabilitation, Inc.  
5666 Clymer Road  
Quakertown, Pennsylvania 18951

OCT 18 2010

RE: Success Rehabilitation at Rock Ridge

Dear Ms. Pina:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.54(a) (relating to qualifications for direct care staff persons) for direct care staff person, whose name was not provided.

Your request for waiver is being returned for additional information. A Request for Waiver of Regulation form must be completed and must include the following:

1. The Pennsylvania Code section/subsection number for the regulation for which you are seeking a waiver
2. The condition for which the waiver is sought
3. The reason for the waiver request
4. An explanation why there is no jeopardy to the residents if the waiver is granted
5. The alternative for providing an equivalent level of health, safety and well-being protection to residents
6. How residents will benefit from the waiver of the regulation
7. A copy of the cover letter shared with the residents regarding the request for waiver and all comments received. In accordance with 55 Pa.Code § 2600.19(c) (relating to waivers), "at least 30 days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the affected resident and designated person to provide the opportunity to submit comments to the Department."

The direct care staff person's educational documentation submitted via fax is illegible; please submit a clean copy to the Department for review. Please note that each waiver request must include documentation that the non-U.S. educational program is similar to or exceeds U.S. educational requirements. This includes, at a minimum, a transcript which lists the specific courses taken to earn the diploma (including dates of completion) and the date the individual earned the diploma. The transcript needs to show at least three years of schooling information. Transcript must be translated into English by a certified English translator.

Upon receipt of a completed request for a waiver, a full and careful review of all documentation will occur. Please return the completed waiver request to Ms. Tara Pride, Policy Director, Adult Residential Licensing, 423 Health and Welfare Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120.

If you have any questions regarding the waiver process, you may contact Ms. Tara Pride at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Operations Director

Enclosure

**ADULT RESIDENTIAL LICENSING – PERSONAL CARE HOMES  
REQUEST FOR WAIVER OF REGULATION – 55 Pa.Code § 2600.19**

<b>NAME OF LEGAL ENTITY:</b>		<b>NAME OF ADMINISTRATOR</b>	
<b>ADDRESS OF LEGAL ENTITY:</b>			<b>COUNTY:</b>
<b>NAME OF PERSONAL CARE HOME (if different from Legal Entity):</b>			<b>LICENSE #</b>
<b>ADDRESS OF PERSONAL CARE HOME (if different from Legal Entity):</b>			<b>LICENSED CAPACITY</b>
<b>DATE OF WAIVER REQUEST</b> <input type="checkbox"/> <b>NEW WAIVER</b> <input type="checkbox"/> <b>RENEWAL OF WAIVER</b>			
<b>55 Pa.Code Ch. 2600 SECTION TITLE (Regulation Heading):</b>			
<b>PENNSYLVANIA CODE SECTION/SUBSECTION NUMBER (Complete a separate form for each section/subsection/paragraph):</b>			
<b>DESCRIBE THE CONDITION FOR WHICH THE WAIVER IS SOUGHT*</b>			
<b>WHAT IS THE REASON FOR THIS REQUEST*</b>			
<b>EXPLAIN WHY THERE IS NO JEOPARDY TO THE RESIDENTS IF THIS WAIVER IS GRANTED*</b>			
<b>WHAT IS THE ALTERNATIVE FOR PROVIDING AN EQUIVALENT LEVEL OF HEALTH, SAFETY AND WELL-BEING PROTECTION*</b>			
<b>EXPLAIN HOW ONE OR MORE RESIDENTS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION*</b>			
<b>DATE(S) THIS WAIVER REQUEST AND DEPARTMENT CONTACT INFORMATION WAS PROVIDED TO THE AFFECTED RESIDENTS/DESIGNATED PERSONS FOR REVIEW/COMMENT</b> See § 2600.19(c). (Attach copy of cover letter shared and all comments received)			
<b>HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR HOME UNDER 2600 REGULATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>SECTION(S) OR SUBSECTION(S) PREVIOUSLY WAIVED:</b>	
		<b>IS (ARE) WAIVER(S) STILL VALID?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>REGION</b> <input type="checkbox"/> CENTRAL <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> WESTERN			
<b>*ATTACH ADDITIONAL PAGES IF NECESSARY</b>			