

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WILBRI, INC.

LEGAL ENTITY

To operate LANE AVENUE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767

(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 42  
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 December 20, 2010 until December 20, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424090

*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

JAN 13 2011

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

Mr. William Todd Hoover, President  
Wilbri, Inc.  
Lane Avenue Assisted Living  
206 Lane Avenue  
Punxsutawney, Pennsylvania 15767

Dear Mr. Hoover:

As a result of the Department of Public Welfare's licensing inspection on November 10, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary


Enclosure  
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME LANE AVENUE ASSISTED LIVING, 206 LANE AVENUE PUNXSUTAWNEY, PA 15767		CURRENT LICENSE NUMBER 424090	
INSPECTION DATES (Include all dates of the inspection) 11/10/2010		REGIONAL REPRESENTATIVE Brenda McAfee, Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>William Todd Hoover</i> <i>PRESIDENT Wilbri, Inc.</i>			
SIGNATURE OF LEGAL ENTITY <i>William T. Hoover</i>	DATE <i>12-8-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gab [signature]</i>	DATE <i>12-15-10</i>

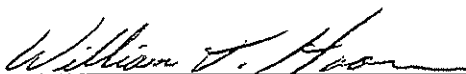
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 11/10/2010 a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>11-10-2010</i>          <i>12-15-10</i>	<i>A COPY OF 55 PA CODE CHAPTER 2600 IS POSTED IN THE DINING ROOM ON THE BULLETIN BOARD. THE ADMIN, OWNERS, AND NURSING STAFF WILL PERIODICALLY CHECK THE BULLETIN BOARD TO ASSURE THAT THE RULE BOOK IS NOT REMOVED. THE BOOK WILL BE COPIED &amp; ATTACHED TO THE WALL IF IT IS REPORTED MISSING AGAIN. PICTURE ATTACHED WITH THE BOOK POSTED. A designated staff person will check weekly to ensure all required postings are present 12-15-10</i>	<i>12-15-10</i>

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12-8-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6 12-15-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.	The home's staff training plan does not include the location of the training or the hours of the training.  <div style="text-align: center; font-size: 1.2em;">Western Region</div> <div style="text-align: center; font-size: 1.2em;">DEC 2010</div>	12-8-2010	THE 2011 STAFF TRAINING PLAN IS ATTACHED AND DOES INCLUDE THE LOCATION OF THE TRAINING AND THE HOURS OF THE TRAINING. THE ADMINISTRATOR WILL ASSURE THAT THE TRAINING PLAN IS ON THE PROPER FORM AND INCLUDES ALL THE REQUIRED INFORMATION.	12-15-10 <i>Y</i>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There are no grab bar, hand rail or assist bar in the bathtub/showers in bathrooms #1, #2, #3, or #4.  <div style="text-align: center;">Western District DEC 2010 Adult Residential Licensing</div>	12-8-2010	A GRAB BAR (HAND RAIL) HAS BEEN INSTALLED IN THE BATHTUB/SHOWERS IN BATHROOMS #1, #2, #3 AND #4. THE OWNERS WILL ASSURE THAT ALL BATHTUB/SHOWER AREAS HAVE GRAB BARS IN THE FUTURE. A PICTURE OF EACH GRAB BAR IS ATTACHED.	12-15-10 g

