

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED METHODIST HOMES FOR THE AGING, INC.

LEGAL ENTITY

To operate TUNKHANNOCK MANOR

NAME OF FACILITY OR AGENCY

Located at 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657

(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 7, 2010 until December 7, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 236550

*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

DEC 13 2010

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

Mr. Keith D. Chadwick, President  
United Methodist Homes for the Aging, Inc.  
Tunkhannock Manor  
50 West Tioga Street  
Tunkhannock, Pennsylvania 18657

Dear Mr. Chadwick:

As a result of the Department of Public Welfare's licensing inspection on November 16, 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.

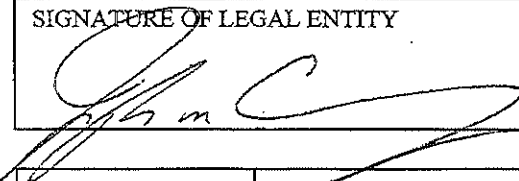
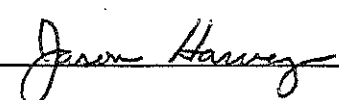
Sincerely,


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

Kevin T. Casey  
Deputy Secretary

Enclosure  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME TUNKHANNOCK MANOR, 50 WEST TIOGA STREET TUNKHANNOCK, PA 18657		CURRENT LICENSE NUMBER 236550	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Leslie Patton	
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 11-24-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-1-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents did not indicate who is responsible for completing the reportable Incident form and who is responsible for submitting reportable Incident forms to the Department's regional office.	Corrected at time of inspection (11-16-2010)	The policy was revised at the time of inspection and now includes a statement identifying the individual responsibilities for completing and submitting the reportable incident forms.  * - A copy of the revised policy is attached.	12-1-10 

RECEIVED

NOV 29 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing