

**DEPARTMENT OF PUBLIC WELFARE  
RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE**

**INSTRUCTIONS:** Regional Program Office completes form, prints two copies, keeps one copy and forwards the one copy to Human Services Licensing Management and Research Office with Certificate of Compliance Packet.

REGION S <input checked="" type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/>						COUNTY Delaware
NAME OF LEGAL ENTITY Elwyn, Inc.						TELEPHONE NO. OF LEGAL ENTITY
MAILING ADDRESS OF LEGAL ENTITY 111 Elwyn Road, Elwyn, Pennsylvania 19063						
NAME OF AGENCY/FACILITY Elwyn-Whitehouse					TELEPHONE NO. OF FACILITY 610-891-2350	
PHYSICAL LOCATION ADDRESS OF FACILITY (if different from legal entity mailing address) 111 Elwyn Road, Elwyn, Pennsylvania 19063						
<b>Type of Certificate</b>	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revision			<b>Effective Date (current Cert.)</b>	TO	<b>If Private</b> <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT
<b>Certificate Number</b>	<b>122980</b>	<b>Licensed Capacity</b>	5	<b>Current Census</b>	5	<b>Type of Control</b> <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE

<b>TYPE OF FACILITY AND TYPE OF SERVICE PROVIDED:</b>			
REGULATION CHAPTER AND SERVICE TYPE Chapter 2600		POPULATION SERVED (INDICATE TYPE: Child, Adult, Geriatric, etc) (OSP- # SSI, #60+, #MH, #MR, #immobile.) 60 + = SSI = MH = PD = Immobile = SDU = MR =	
DATES OF INSPECTION	DEC 22 2010	BEO APPROVAL DATE	TIMELINESS CODE:

<b>RECOMMENDATIONS:</b>			
<input type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	
		SCORE	PERIOD FROM _____ TO _____
<input type="checkbox"/> NEGATIVE SANCTION	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER	EFFECTIVE DATE OF ACTION:	
BASIS FOR RECOMMENDATION *WAIVER--SEE ATTACHED			
CERTIFICATE OF OCCUPANCY ► <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE	ISSUING AUTHORITY / TYPE

LIST ANY RESTRICTIONS TO CERTIFICATE OF COMPLIANCE (If required by program office)

REVISION OF EXISTING CERTIFICATE OF COMPLIANCE			
ITEM (address, capacity, legal entity, other)	CURRENT	NEW	EFFECTIVE DATE OF CHANGE

SIGNATURE/DATE -STAFF MAKING RECOMMENDATION

*Allison Jackson* 12/22/10  
SIGNATURE/DATE -PROGRAM OFFICE APPROVAL