

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FAITH FRIENDSHIP MINISTRIES, INC.

LEGAL ENTITY

To operate FAITH FRIENDSHIP VILLA OF MOUNTVILLE

NAME OF FACILITY OR AGENCY

Located at 128 WEST MAIN STREET, MOUNTVILLE, PA 17554

(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 74  
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 February 10, 2011 until February 10, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322020

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

DIRECTOR

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 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 14 2011

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

Mr. Steven C. Dietch, President  
Faith Friendship Ministries, Inc.  
P.O. Box 567  
Mountville, Pennsylvania 17554

RE: Faith Friendship Villa of Mountville  
128 West Main Street  
Mountville, Pennsylvania 17554

Dear Mr. Dietch:

As a result of the Department of Public Welfare's licensing inspection on January 11, 2011, 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 black ink, appearing to read "R. Melusky".

Ronald Melusky  
Acting Director

Enclosure  
License

# RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

**INSTRUCTIONS:** Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)


REGION <b>CENTRAL</b>		COUNTY <b>LANCASTER</b>	
NAME AND ADDRESS OF AGENCY/FACILITY <b>FAITH FRIENDSHIP VILLA OF MOUNTVILLE</b>		FACILITY E-MAIL <b>HOME@FAITHFRIENDSHIP.ORG</b>	
128 WEST MAIN STREET.			
MOUNTVILLE 17554			
MAILING ADDRESS OF FACILITY		LEGAL E-MAIL <b>HOME@FAITHFRIENDSHIP.ORG</b>	
PO BOX 567			
MOUNTVILLE PA 17554		TELEPHONE NO.: <b>717-285-5596</b>	
NAME OF LEGAL ENTITY <b>FAITH FRIENDSHIP MINISTRIES, INC.</b>		FEIN/SSN:	
CURRENT CERTIFICATE NUMBER ➤ <b>322020</b>	TYPE OF CONTROL ➤ <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
EFFECTIVE DATE ➤ FROM <b>02/09/2010</b> TO <b>02/09/2011</b>	IF PRIVATE ➤ <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT		

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED:	
ADULT RESIDENTIAL FACILITIES PERSONAL CARE HOMES	SSI = 57 CoP = 14 ME = 59 ID = 12 PD = 3
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 31 2011</div> <div style="font-size: 0.8em; text-align: right;">                     RECEIVED  <b>FEB 03 2011</b>                      Human Services Licensing                      Management and Research                 </div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">Adult Residential Licensing</div>	
DATE(S) OF INSPECTION ➤ <b>1/11/11</b>	

RECOMMENDATIONS:			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" 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 <b>2/10/11</b> TO <b>2/10/12</b>	
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER		
LIST REGULATION CHAPTER		FIRE SAFETY APPROVAL ➤ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE <b>1/22/1986</b>	TYPE <b>L+I LP</b>
		LICENSED CAPACITY <b>74</b>	CURRENT CENSUS <b>68</b>

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION
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\_\_\_\_\_  
SIGNATURE - PERSON MAKING RECOMMENDATION

  
 APPROVED BY

**1/28/11**

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE**  
**APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE**  
**THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

**TYPE OR USE PEN, SIGN AND RETURN**

<b>IDENTIFICATION</b>		<b>3360060031</b>	
1. NAME OF AGENCY/FACILITY <b>FAITH FRIENDSHIP VILLA OF MOUNTVILLE</b>		TELEPHONE NUMBER <b>(717) 285-5596</b>	
FACILITY ADDRESS <b>128 WEST MAIN STREET, MOUNTVILLE 17554</b>	E-MAIL FOR FACILITY (NOT the WEB site URL) <b>HOME@FAITHFRIENDSHIP.ORG</b>	3. COUNTY <b>LANCASTER</b>	
2. NAME OF LEGAL ENTITY <b>FAITH FRIENDSHIP MINISTRIES, INC.</b>		TELEPHONE NUMBER <b>717 285 5596</b>	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>PO BOX 567 MOUNTVILLE PA 17554</b>	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>HOME@FAITHFRIENDSHIP.ORG</b>	4. DATE CERTIFICATE EXPIRES <b>02/09/2011</b>	
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE		5. CERTIFICATE NUMBER <b>322020</b>	
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>		FEIN OR SSN <b>233071385</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES) <b>CH # 6487 \$30.00</b>			
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. § 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

RECEIVED  
**OCT 25 2010**  
 Human Services Licensing  
 Management and Research

**DECLARATION**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Public Welfare; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

<p><u>Steven C Dietch</u>                  NAME (Type or Print)</p> <p><u>President</u>                  TITLE</p>	<p><u><i>Steven C Dietch</i></u>                  SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE                  (Where the legal entity is a corporation, the signature must be of a corporate officer.)</p> <p><u>10/22/10</u>                  DATE</p>
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**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

Bureau of Equal Opportunity  
625 Forster Street, Room 225, Harrisburg, PA 17120

Brenda Kates  
Chief, Contract Compliance  
[bkates@state.pa.us](mailto:bkates@state.pa.us)

Telephone: 717-787-1127  
Fax: 717-772-4366  
TDD Relay: 711

OCTOBER 27, 2010

MR STEVEN DIETCH  
PRESIDENT  
FAITH FRIENDSHIP MINISTRIES, INC.  
PO BOX 567  
MOUNTVILLE PA 17554

License Number: 322020  
Facility Number: 3360060031  
Service Provided: PERSONAL CARE HOMES

Dear Provider:

We have reviewed the Civil Rights Compliance information received from your agency on OCTOBER 25, 2010 in response to our compliance questionnaire.

Results of our review indicate your agency is currently in compliance with applicable Federal and State Civil Rights regulations in regard to the delivery of human services.

If you have any questions regarding this correspondence, please contact Ms. Lanetta Brickus of my staff at (717)787-1127.

Sincerely,

Ms. Brenda Kates  
Chief, Contract Compliance

cc: Bureau of Adult Residential Services  
file

Equal Opportunity Employer/Program  
Auxiliary Aids and Services available upon request to individuals with disabilities