

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TWIN OAKS PERSONAL CARE HOME, INC.

To operate TWIN OAKS PERSONAL CARE HOME

Located at CORNER OF RT 514 & COWLEY RD. GRANVILLE SUMMIT, PA 16926

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 20
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 April 19, 2011 until April 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214700

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

APR 25 2011

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

Ms. Marsha Pepper, Owner
Twin Oaks Personal Care Home, Inc.
Twin Oaks Personal Care Home
Corner of Route 514 & Cowley Road
Granville Summit, Pennsylvania 16926

Dear Ms. Pepper:

As a result of the Department of Public Welfare's licensing inspection on March 22, 2011, 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 "Ronald Melusky".

Ronald Melusky
Acting Director

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME TWIN OAKS PERSONAL CARE HOME, CORNER OF RT 514 & COWLEY RD GRANVILLE SUMMIT, PA 16926		CURRENT LICENSE NUMBER 214700	
INSPECTION DATES (Include all dates of the inspection) 03/22/2011		REGIONAL REPRESENTATIVE Jason Harvey, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marsha Pepper</i>			
SIGNATURE OF LEGAL ENTITY <i>Marsha Pepper</i>	DATE <i>4-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune A. Valente</i>	DATE <i>4-11-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Resident #1's bottle of Pepcid Complete, take one tablet as needed, expired on 4/10	<i>Effective Immediately 4-6-11 per DV</i>	<i>This violation was an oversight of staff and administration. Medications are and will continue to be checked routinely to ensure that they have not expired. When a medication is within one month of being expired, it will be replaced.</i>	<i>DCV 4-11-11</i>

RECEIVED

APR 11 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

Page 2 of 2

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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 <i>Maisha Perera</i>	DATE 4.6.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Alene</i>	DATE 4-11-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 11 2011</p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>			<p style="font-size: 18px; margin: 0;"><i>See prior page 1 of 2</i></p>