

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BRETHERN VILLAGE

LEGAL ENTITY

To operate BRETHERN VILLAGE - TERRACE CROSSING

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 5093, 3001 LITITZ PIKE, LANCASTER, PA 17606

(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 98
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26 - 2nd Floor

No residents with mobility needs may be served on the 3rd & 4th Floors
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 March 20, 2011 until November 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328270

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

MAR 25 2011

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

Ms. Pamela S. Formica, Vice President Finance
Brethren Village
Brethren Village – Terrace Crossing
P.O. Box 5093, 3001 Lititz Pike
Lancaster, Pennsylvania 17606

Dear Ms. Formica:

As a result of an error on your recently issued license, a revised license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

The revised license indicates a correction of the home's name and the mailing address.

Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosure
License