



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

ADULT RESIDENTIAL LICENSING

JUN 10 2011

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

Gail A. Inderwies
President and Executive Director
Keystone Hospice
8765 Stenton Avenue
Wyndmoor, Pennsylvania 19038

Dear Ms. Inderwies:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.42(s) (relating to specific rights), 2600.121(b) (relating to unobstructed egress), and 2600.123(d) (relating to emergency evacuation).

Your request for waiver is being returned for additional information. A Request for Waiver of Regulation form must be completed and must include the following:

1. The Pennsylvania Code section/subsection number for the regulation for which you are seeking a waiver
2. The condition for which the waiver is sought
3. The reason for the waiver request
4. An explanation why there is no jeopardy to the residents if the waiver is granted
5. The alternative for providing an equivalent level of health, safety and well-being protection to residents
6. How residents will benefit from the waiver of the regulation
7. A copy of the cover letter shared with the residents regarding the request for waiver and all comments received. In accordance with 55 Pa.Code § 2600.19(c) (relating to waivers), "at least 30 days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the affected resident and designated person to provide the opportunity to submit comments to the Department."

Ms. Inderwies

Upon receipt of a completed request for a waiver, a full and careful review of all documentation will occur. Please return the completed waiver request to Ms. Tara Pride, Director of Policy & Training, Adult Residential Licensing, 423 Health and Welfare Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120.

If you have any questions regarding the waiver process, you may contact Ms. Tara Pride at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish and the number "98".

Ronald Melusky
Acting Director

Enclosures