

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKSIDE ASSISTED LIVING, INC.

LEGAL ENTITY

To operate BROOKSIDE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 49 BROOKSIDE LANE, BROOKVILLE, PA 15825

(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 50
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 October 15, 2011 until October 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 411130

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

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

OCT 07 2011

Ms. Kristen Mazzaferro, Administrator
Brookside Assisted Living, Inc.
Brookside Assisted Living
49 Brookside Lane
Brookville, Pennsylvania 15825

Dear Ms. Mazzaferro:

As a result of the Department of Public Welfare's licensing inspection on August 26, 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 black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

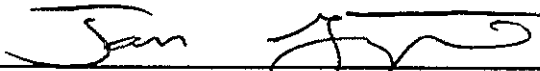
Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME BROOKSIDE ASSISTED LIVING, 49 BROOKSIDE LANE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATES (Include all dates of the inspection) 08/26/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Tom Guthridge Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 09.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-22-11

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
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	<p>There is no grab bar, hand rail or assist bar for toilet stall #1 in the women's public bathroom.</p> <p>There is no grab bar, hand rail or assist bar for the bathroom in resident room #39.</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Western Region</p> <p style="text-align: center; margin-top: 20px;">Adult Residential Licensing</p>	<p style="font-size: 1.2em;">08.29.11</p> <hr style="width: 50%; margin: 0 auto;"/>	<ul style="list-style-type: none"> - Grab bars were installed in toilet stall #1 of women's public bathroom and Resident Room #39 (See Attachment #1: #2) labeled photos - All other toilet/bath areas in facility were checked for Grab Bars, and are compliant. - Administration initiated these changes/actions on 08.29.11. - Administration will check all facility toilet/bath areas annually to ensure continued compliance. 	<p>9-22-11</p> <p style="font-size: 1.5em;">9</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BROOKSIDE ASSISTED LIVING, 49 BROOKSIDE LANE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATES (Include all dates of the inspection) 08/26/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McCormell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Tom Guthridge Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 09.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-22-11


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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	<p style="font-size: 1.5em;">(Continued from pg. 2 of 7)</p> <p style="font-size: 1.5em;">Western Region</p> <p style="font-size: 1.5em;">Adult Residential Licensing</p>	<p style="font-size: 1.5em;">08.27.11</p>	<p style="font-size: 1.2em;">(continued from pg. 2 of 7)</p> <p style="font-size: 1.2em;">The Inventory of Belongings List will be used by Administration as part of the routine resident admission process to ensure continued compliance.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME BROOKSIDE ASSISTED LIVING, 49 BROOKSIDE LANE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATES (Include all dates of the inspection) 08/26/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-family: cursive; font-size: 1.2em;">Tom Guthridge, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 09.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9.22.11

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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	<p style="font-size: 1.5em; font-weight: bold;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</p>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME BROOKSIDE ASSISTED LIVING, 49 BROOKSIDE LANE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATES (Include all dates of the inspection) 08/26/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-family: cursive; font-size: 1.2em;">Tom Guttridge, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 09.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-22-11

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Western Region Adult Residential Licensing	