

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FCNRC LP

LEGAL ENTITY

To operate FOREST CITY PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 911 DELEWARE STREET, FOREST CITY, PA 18421

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 36  
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 January 1, 2012 until July 1, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223491

*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

DEC 16 2011

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

Mr. Drew Sparks, President  
FCNRC, LP  
915 Delaware Street  
Forest City, Pennsylvania 18421

RE: Forest City Personal Care  
911 Delaware Street  
Forest City, Pennsylvania 18421

Dear Mr. Sparks:

As a result of the Department of Public Welfare's licensing inspection on November 17, 2011 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.CodeCh. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.



Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" with a stylized flourish at the end.

Ronald Melusky  
Director

Enclosure  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME FOREST CITY PERSONAL CARE, 911 DELAWARE STREET FOREST CITY, PA 18421		CURRENT LICENSE NUMBER 219700	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011		REGIONAL REPRESENTATIVE Michele Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Joanne Mazak, Administrator			
SIGNATURE OF LEGAL ENTITY 	DATE 12-01-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12 02 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
102c There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.	The facility is currently licensed for 36 residents. The home has 12 resident bedrooms that also have their own private bathrooms with tub/shower units. The remaining 24 residents share two individual bathrooms which are "single occupant" tub/shower rooms. The acceptable tub/shower ratio is 1:10—one tub/shower unit for every 10 residents. The facility does not have enough tub/showers to comply with this requirement.		Application has been filed with the Department of Public Welfare for a request for waiver pertaining to 102c. We will continue to work with the Department of Public Welfare in completing requirements for compliance. There are no resident complaints and no interference with personal care services to the residents.	<del>Pending waiver approval</del>  Steps have been taken to correct violation; full compliance is not verifiable Date: 12/02/11 Initials: (DPW)

RECEIVED

DEC 02 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing