

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate TWIN OAKS PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1100 COWLEY RD, GRANVILLE SUMMIT, PA 16926

(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 20

(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 20, 2012 until April 20, 2013,  
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 18 2012

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

Ms. Marsha Pepper, Owner  
Twin Oaks Personal Care Home, Inc.  
Twin Oaks Personal Care Home  
1100 Cowley Road  
Granville Summit, Pennsylvania 16926

Dear Ms. Pepper:

As a result of the Department of Public Welfare's licensing inspection on February 15, 2012, 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'.

Ronald Melusky  
Director

Enclosures  
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, 1100 COWLEY RD GRANVILLE SUMMIT, PA 16926		CURRENT LICENSE NUMBER 214700	
INSPECTION DATES (Include all dates of the inspection) 02/15/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Florence Babiarz	
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 Pepper</i>	DATE 3-21-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 4-2-12

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's letter from the Troy Fire Department dated 5/14/11 allows for 2 mins 37 secs to safely evacuate the building. The following dates exceeded this time:  1. 10/24/11-10:55am-4 mins 5 secs. 2. 11/08/11- 1:05 pm- 2 mins 39 secs 3. 01/2512- 4:20 pm -3 mins 4 secs  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold;">MAR 29 2012</div> <div style="text-align: center; font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	<i>SA</i> 2-15-12	Corrected at time of inspection. Fire Chief had incorrectly pulled out the fire evacuation line. A corrected copy is attached. Administrator will read form more carefully in the future in order to prevent errors.	 04-02-12

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

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SIGNATURE OF LEGAL ENTITY <i>Masha Kopper</i>	DATE 3-21-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne G. Gageo</i>	DATE 4-2-12

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																																																																	
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MAR 29 2012

SCRANTON FIELD OFFICE  
Adult Residential Licensing