

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SACRED HEART ASSISTED LIVING, LLC**

LEGAL ENTITY

To operate **SACRED HEART SENIOR LIVING BY THE CREEK**

NAME OF FACILITY OR AGENCY

Located at **602 EAST 21ST STREET, NORTHAMPTON, PA 18067**

(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 **124**
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 **March 20, 2012** until **September 28, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201360**

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
ROOM 423 HEALTH & WELFARE BUILDING
7TH & FORSTER STREETS
HARRISBURG, PENNSYLVANIA 17120

ADULT RESIDENTIAL LICENSING

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

Mailing Date: MAR 26 2012

Mr. James Kusko, President
Sacred Heart Assisted Living, LLC
3910 Alder Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by the Creek
602 East 21st Street
Northampton, Pennsylvania 18067

Dear Mr. Kusko:

As a result of your personal care home's recent change in the name from Sacred Heart Assisted Living to Sacred Heart Senior Living by the Creek, a new license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a small mark.

Ronald Melusky
Director

Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living, 602 East 21 st Street, Northampton, PA 18067	CURRENT LICENSE NUMBER 201360
ON-SITE INSPECTION DATE(S) (Document Review)	DEPARTMENT REPRESENTATIVE Ronald Melusky

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF <hr/> (DATE)
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	Pursuant to Act 56 of 2007 and 62 P.S. § 1057.3(i), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa.Code Chapter 2800 (relating to assisted living residences). Sacred Heart Assisted Living uses the term "Assisted Living" in its name and written materials and is not a licensed assisted living residence.	<p style="font-size: 1.2em; font-family: cursive;">Please review the following documentation attached indicating that action was taken to change name. DPW aware of action taken and gave approval for the processes filed as far.</p> <p style="font-size: 1.2em; font-family: cursive;">Per Jacob Herzog: Applications/registrations were received. See copies of certified mail receipt</p>	<p align="center">Fully Implemented</p> <p align="center">Partially Implemented</p> <p align="center">Adequate progress</p> <p align="center">Inadequate progress</p> <p align="center">Not Implemented</p>

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC) James Kusko Pres. Northampton Personal Care Inc General Partner Northampton Personal Care Assoc. LP. Member SHAL LLC	Signature of Legal Entity Representative (Required on EVERY page) 	Date 2-26-2012
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