

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLE SHADE MEADOWS LP

LEGAL ENTITY

To operate MAPLE SHADE MEADOWS SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 50 EAST LOCUST STREET, NESQUEHONING, PA 18240

(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 104
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 April 5, 2012 until September 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204000

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: APR 10 2012

Ms. Sandy Insalaco, Jr., Partner
Mapleshade Meadows L.P.
490 North Main Street
Pittston, Pennsylvania 18640

RE: Mapleshade Meadows Senior Living
50 East Locust Street
Nesquehoning, Pennsylvania 18240

Dear Ms. Insalaco:

As a result of your personal care home's recent change in the name from Mapleshade Meadows Assisted Living Facility to Mapleshade Meadows Senior Living, 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" with a date "1/98" written at the end.

Ronald Melusky
Director

Enclosure
License

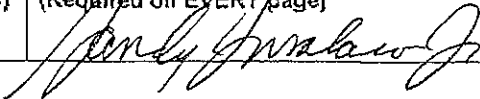
002/002

02/15/2012 WED 12:18 FAX 570 669 9910 MapleShade Meadows

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

NAME AND ADDRESS OF PERSONAL CARE HOME MAPLESHADE MEADOWS ASSISTED LIVING FACILITY 50 EAST LOCUST STREET NESQUEHONING, PENNSYLVANIA 18240	CURRENT LICENSE NUMBER 204000
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 (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). Mapleshade Meadows Assisted Living Facility uses the term "Assisted Living" in its name and written materials and is not a licensed assisted living residence.	<i>On November 7, 2011 Insalaco Development Group Inc and the attorney for same was notified of the need to remove the term Assisted Living from the name MapleShade Meadows. On February 8, 2012 the completed application of change of fictitious name was faxed and mailed to the N.E. Region DPW office. On February 14, 2012 report received from Harrisburg DPW office for plan of correction Application for name change forwarded to Harrisburg DPW office. The term Assisted Living has been removed from all MapleShade Meadows correspondence, literature, logo, and signage.</i>	Fully Implemented Partially Implemented Adequate progress Inadequate progress Not Implemented

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC) SANDY INSALACO JR.	Signature of Legal Entity Representative (Required on EVERY page) 	Date 2-15-12
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