

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN HOMES, INC.

LEGAL ENTITY

To operate PRESBYTERIAN HOME AT WILLIAMSPORT

NAME OF FACILITY OR AGENCY

Located at 810 LOUISA STREET, WILLIAMSPORT, PA 17701

(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 27  
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 June 22, 2012 until June 22, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 200540

*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

APR 26 2012

Ms. Renna Engel, Administrator  
Presbyterian Homes, Inc.  
One Trinity Drive East, Suite 201  
Dillsburg, Pennsylvania 17019

RE: Presbyterian Home at Williamsport  
810 Louisa Street  
Williamsport, Pennsylvania 17701

Dear Ms. Engel:

As a result of the Department of Public Welfare's licensing inspection on April 10, 2012, 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

Enclosure  
License



Jenna Engle  
4/17/12

Violation Report: 20054 - 04/10/2012 - Bablarz, Florence

**1. REGULATION 55 Pa.Code §2800**  
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2. DESCRIPTION OF VIOLATION**  
The home has not notified the local fire department in writing of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above 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.

- Presbyterian Home at Williamsport, Administrator will notify the fire department/Fire Chief in Writing of the letter which will include the facility address, location, floor plan with all bedrooms and the assistance need by any resident in the event of an emergency.
  - Revise letter to the Fire Chief
  - Send letter by certified mail with receipt.
- The administrator will initiate yearly calendar into Microsoft Computer for automatic annual notification.
- The Emergency Preparedness plan includes information required under 124 as listed below.
- Updated Certified letter sent to the Fire Chief/ Fire Department this date 4/16/12

Revised to include:

- home address
- Occupancy of 26 residents / 26 private bedrooms
- Notification of mobility needs -- -0- mobility needs
- Floor plan & evacuation pattern/routes
- PHW primary goal is to promote the safety of the residents, staff and visitors in the event of an emergency by insuring accurate information is provided to the local fire department in the event of an emergency.

4. The revised letter will be located with the emergency plan in the survey readiness book

*4-19-12 Violation withdrawn*

Repeat Violation: No      Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) *Jenna Engle, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jenna Engle, Administrator*      Date *4/17/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4-19-12 (Date)

Verification of Legal Entity Representative Signature 4-19-12 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented