

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WEST HAVEN MANOR, LP

LEGAL ENTITY

To operate WEST HAVEN MANOR

NAME OF FACILITY OR AGENCY

Located at 153 GOODVIEW DRIVE, APOLLO, PA 15613

(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 80  
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 May 14, 2012 until February 27, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442380

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

MAY 22 2012

Ms. Sandy Motchar, Administrator  
West Haven Manor, LP  
612 North Main Street  
Butler, Pennsylvania 16001

RE: West Haven Manor  
153 Goodview Drive  
Apollo, Pennsylvania 15613

Dear Ms. Motchar:

As a result of your personal care home's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a revised licensed capacity for your personal care home. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky / 78".

Ronald Melusky  
Director

Enclosure  
License