

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FCNRC LP _____
LEGAL ENTITY

To operate FOREST CITY PERSONAL CARE _____
NAME OF FACILITY OR AGENCY

Located at 911 DELEWARE STREET, FOREST CITY, PA 18421 _____
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 36 _____
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 6, 2014 until June 6, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223490

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: FEB 14 2014

Ms. Mia Crotti, Administrator
FCNRC, LP
915 Delaware Street
Forest City, Pennsylvania 18421

RE: Forest City Personal Care
911 Delaware Street
Forest City, Pennsylvania 18421
223490

Dear Ms. Crotti:

On February 1, 2013, the Department of Public Welfare (Department) streamlined and modernized the human services licensing process such that licenses to operate are issued to currently-licensed providers upon receipt of their annual renewal application for licensure.

The Department has received your February 10, 2014 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa. Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Forest City Personal Care within the next twelve months. If evidence of noncompliance with Title 55, PA. Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

Matthew J. Jones
Acting Director

Enclosure
License