

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BALL PAVILION INC

LEGAL ENTITY

To operate BARNABAS COURT AT BREVILLIER VILLAGE

NAME OF FACILITY OR AGENCY

Located at 5416 EAST LAKE ROAD, ERIE, PA 16511

(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 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

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 December 8, 2014 until December 8, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 453060

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 HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

DEC 17 2014

Mr. Jeffrey F. Wieser, President
Ball Pavilion Inc.
5416 East Lake Road
Erie, Pennsylvania 16511

**RE: Barnabas Court at Brevillier Village
License #: 453060**

Dear Mr. Wieser:

As a result of the Department of Human Services' licensing inspection on September 23, 2014, September 24, 2014 and September 26, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

As a result of your facilities recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Jeffrey F. Wieser

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 45306
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean Lafuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		
Legal Entity Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy C-2 LP 11/16/1989 L & I		RECEIVED NOV 23 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 119	Waking Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/23/2014: McConnell, Deb; Phillips, Joseph 09/24/2014: McConnell, Deb; Phillips, Joseph 09/26/2014: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 140 Number of Residents Served: 108 Secured Dementia Care Unit in Home: Yes Area: North Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 52 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 76 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 43 Have a Physical Disability: 6	

Completed Plan of Corrections
Jean Lafuria 10/13/14

RECEIVED

NOV 23 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45306 - 09/23/2014 - McConnell, Deb
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. **REGULATION 55 Pa.Code §2600**
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. **DESCRIPTION OF VIOLATION**
The home provides financial assistance for residents #1 through #4. However, the home does not provide the residents with a quarterly account of financial transactions.

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.

Barnabas Court will continue to mail an itemized account of the financial transactions made on the residents' behalf, (the Resident's Personal Account), on a monthly basis along with the monthly bill of rent and services.

A copy of the itemized account of financial transactions (the Resident's Personal Account) will be forwarded to each resident each quarter beginning November 2014. These copies will be given to the Administrator and she, or in her absence the Assistant Administrator, will then deliver these accounting statements to each resident as required.

This new procedure is reflected in an update to policy FI5009.22

The Administrator and the Director of Finance will be responsible for insuring that this policy is followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean LaForia

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

JEAN LAFORIA, ADM/VP Residential Services

Date 11-17-14

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

The above plan of correction is approved as of 11-17-14
(Date)

Plan of correction implementation status as of 11-17-14
(Date)

The above plan of correction was approved by f
(Initials)

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

Violation Report: 45306 - 09/23/2014 - McConnell, Deb
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 9/13/14, from 11:00 p.m. to 7:00 a.m., there were 71 residents present in the home. During this time, staff persons A, B and C were present in the home. Staff person A was the only staff person certified in first aid, obstructed airway techniques and CPR. Staff person B was not certified in first aid and obstructed airway techniques and CPR. Staff person C was only certified in obstructed airway techniques and CPR.

On 9/21/14, from 11:00 p.m. to 7:00 a.m., there were 71 residents present in the home. During this time, staff persons B, D and E were present in the home. Staff person E was the only staff person certified in first aid, obstructed airway techniques and CPR. Staff person B was not certified in first aid and obstructed airway techniques and CPR. Staff person D was only certified in obstructed airway techniques and CPR.

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.

The Director of Human Resources is currently setting up First Aid & CPR Training and Obstructive Airways Techniques Training for all 3rd shift CNA's who work at Barnabas court. This training will be provided by Brevillier Village's Certified First Aid/CPR instructor. All training will be completed by December 31, 2014.

(Date of Classes)

From this date forward, there will always be a nurse and at least one CNA trained in the topics required in this regulation scheduled for the personal care building on third shift. There are two nurses on first and second shift each day, which meets requirement.

Immediately - The administrator or designated staff person will review the staffing schedule at least weekly, to ensure compliance with regulation 2600.63(a), 11-17-14.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jean LaFuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN LAFURIA - Admin/VP Resident Services* Date *11-13-14*

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Plan of correction implementation status as of 11-17-14 (Date)

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- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 45306 - 09/23/2014 - McConnell, Deb
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
There is no grab bar, hand rail or assist bar at the toilet in the visitor/staff bathroom adjacent to the office of the Director of Environmental Services.

There is no grab bar, hand rail or assist bar at the urinal in the men's bathroom adjacent to the South Building's dining room.

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.

Grab bars were installed in the visitor/staff bathroom and the South men's room as per surveyor's directive on the day of the survey, 09/23/2014.

The Director of Environmental Services and the Director of Maintenance were re-educated on this regulation, will insure that any future repairs or updates to bathing and toilet areas will include grab bars, hand rails, or assist bars.

The Social Workers who conduct monthly inspection tours of the personal care buildings will check to insure bars are in place and are safe/secure for resident use.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean Lafuria

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

JEAN LAFURIA, ADM/VP Residential Services

Date 11-13-14

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(Date)

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(Date)

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(Initials)

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Violation Report: 45306 - 09/23/2014 - McConnell, Deb
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 9/23/14, there was a 1" accumulation of lint on the back of the 2 commercial washers, 2 commercial dryers, breaker switches and the floor behind the washers and dryers in the main laundry room.

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.

The lint was cleared from the washers, breakers and the floor behind them. It was also thoroughly cleared from the backs of the dryers in the dryer access room on 9/23/14.

The Director of Environmental Services and the Director of Maintenance were re-educated on the regulation; that the dust must be cleared from backs of equipment not just the vents. They updated their policies and procedures to reflect this regulation and retrained their staff who are responsible for this. (Copies of each are enclosed.)

Preventative Maintenance form developed to document weekly cleaning of dryer access room. This will be monitored by the Director of Maintenance and Director of Environmental Services monthly.

12-15-14 - All staff persons will be educated to remove lint from the clothes dry or after each use. Documentation of education will be kept. 11-17-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN LAFURIA, VP Residential Services* Date *11-13-14*

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

The above plan of correction is approved as of <u>11-17-14</u> (Date)	Plan of correction implementation status as of <u>11-17-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

NOV 13 2014

Violation Report: 45306 - 09/23/2014 - McConnell, Deb
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire drill and fire safety inspection completed by a fire safety expert were conducted on 5/20/13.

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.

Due to a change in the calendar of emergency and fire safety training, the annual fire safety inspection and supervised drill were not scheduled in a timely manner. The annual drill and inspection were held on August 31, 2014 and this was documented by the local fire chief, our fire safety expert.

August 31st will be the target date to have the fire safety inspection and drill completed for 2015 and in the future. This will be scheduled by the Administrator with the fire chief. The administrator will make sure that the drill complies with all regulations and that the appropriate documentation is maintained for this and all drills.

A calendar of schedule weeks for drills was developed by the administrator; copy was sent to fire chief.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

JEAN LAFORIA - Adm / VP Residential Services

Date

11-13-14

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11-17-14
(Date)

Plan of correction implementation status as of

11-17-14
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

425 006 0206

REGION WESTERN		COUNTY ERIE	
NAME AND ADDRESS OF AGENCY/FACILITY BARNABAS COURT AT BREVILLIER VILLAGE		FACILITY E-MAIL JLAFURIA@BREVILLIER.ORG	
5416 EAST LAKE ROAD.		4250060206	
ERIE 16511			
MAILING ADDRESS OF FACILITY		LEGAL E-MAIL GHUNTER@BREVILLIER.ORG	
5416 EAST LAKE ROAD			
ERIE PA 16511		TELEPHONE NO 814-899-8600	
NAME OF LEGAL ENTITY BALL PAVILION INC		PLINBSBY	
CURRENT CERTIFICATE NUMBER 453060 ✓	TYPE OF CONTROL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
EFFECTIVE DATE FROM 12/08/2013 TO 12/08/2014	IF PRIVATE <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> NON-PROFIT		

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED:

ADULT RESIDENTIAL FACILITIES
PERSONAL CARE HOMES

Cap = 120 MI = 4 Cap/SDCU = 60
 overall Census = 111 ID = 1 overall/SDCU Census = 52
 60+ = 76 PD = 6
 SSI = 8 mn = 43
 Hospice: yr = 1
 current/yr = 3

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NOV 21 2014
WEST REGION FIELD OFFICE
Human Services Licensing

RECEIVED
DEC 08 2014
WEST REGION FIELD OFFICE
Human Services Licensing

DATE(S) OF INSPECTION: 9/23/14, 9/24/14 & 9/26/14 ✓

RECOMMENDATIONS:

<input type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH
SCORE		PERIOD FROM 12/2/14 TO 12/2/15
<input type="checkbox"/> CLERICAL NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER	
LIST REGULATION CHAPTER		FIRE SAFETY APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE 11/16/14 TYPE C2
LICENSED CAPACITY 56 / 5000		CURRENT CENSUS 56 / 5000

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

Secure Dementia Care Unit - 55 Pa Code §§ 2600-231-239 - CAPACITY - 60

* Home requested a decrease in capacity to 120 (60 personal care, 60 SDCU).

SIGNATURE - PERSON MAKING RECOMMENDATION

APPROVED BY

SJB

11-17-14



Housing and Health Care Community

September 26, 2014

Bureau of Human Services Licensing
625 Forster Street, Room 631
Harrisburg, PA 17120

To whom it may concern:

Barnabas Court, the Personal Care Home of Brevillier Village is requesting a decrease in the number of licensed personal care beds for our facility. We are currently licensed for 140 beds. We would like to decrease our capacity to 120 beds. This number would include 60 beds on our Secure Dementia Care Unit and 60 under a regular personal care license.

We appreciate your assistance in this matter.

Sincerely,

Jean La Furia

Barnabas Court Administrator
Vice President of Residential Services

Cc: Western Region offices, Adult Residential Licensing, Vicky Wittuck, Brevillier Village Senior Vice President, James Hawryliw, Fairfield Hose Company Fire Chief



RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE

APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN

IDENTIFICATION		TELEPHONE NUMBER 4250060206 (814) 899-8600
1. NAME OF AGENCY/FACILITY BARNABAS COURT AT BREVILLIER VILLAGE		3. COUNTY ERIE
FACILITY ADDRESS 5416 EAST LAKE ROAD, ERIE 16511		E-MAIL FOR FACILITY (NOT the WEB site URL) J.AFURIA@BREVILLIER.ORG
2. NAME OF LEGAL ENTITY BALL PAVILION INC		4. DATE CERTIFICATE EXPIRES 12/08/2014
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 5416 EAST LAKE ROAD ERIE PA 16511		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) Jwieser@BREVILLIER.ORG
5. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Jeffrey F Wieser / President		5. CERTIFICATE NUMBER 453060
7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES		FEIN OR SSN 25-1311972
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES) 120		CH # 66549 \$ 50.00
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> OTHER	
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate of Compliance or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A. BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 P.A.C.S. § 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		

RECEIVED

AUG 25 2014

Human Services Licensing

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Public Welfare; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Jeffrey F Wieser
NAME (Type or Print)

President
TITLE

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer)

8/20/14
DATE