



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MILLETT PINES LLC  
LEGAL ENTITY

To operate THE PINES AT CLARKS SUMMIT  
NAME OF FACILITY OR AGENCY

Located at 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411  
(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 72  
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 29, 2015 until November 29, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226121**

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.



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DEPARTMENT OF HUMAN SERVICES

MAY 29 2015

Mr. Daniel J. Millett, Member  
Millett Pines, LLC  
101 Old Lackawanna Trail  
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit  
1300 Morgan Highway  
Clarks Summit, Pennsylvania 18411  
License #226121

Dear Mr. Millett:

As a result of the Department of Human Services' (Department) licensing inspection on May 27, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish.

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: The Pines at Clarks Summit Senior Living		License Number:
Address: 1300 Morgan Highway, Clarks Summit, PA 18411		County: Lackawanna
Administrator: Timothy Millett		Region: NORTHEAST
Legal Entity Name: Millett Pines LLC		
Legal Entity Address: 101 Old Lackawanna Trail, Clarks Summit, PA 18411		
Certificate(s) of Occupancy L-1 03/02/2015 South Abington Township		
Staffing Hours Resident Support: 0                      Total Daily Staff: 0                      Waking Staff: 0		
Type of Inspection: Initial                      BHA Docket Number:                      Notice: Announced		
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 05/27/2015: Rushin, Juliene; Harvey, Jason		
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: 0	Number of Residents Served: 0 3	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 0 3
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 0	Have Mental Illness: 0
		Have an Intellectual Disability: 0
		Have a Mobility Need: 0 1
		Have a Physical Disability: 0

*Timothy Millett*, Executive Director  
 Timothy Millett, Executive Director  
 May 28, 2015

Violation Report: - 05/27/2015 - Rushin, Julienne  
 PCH Name: The Pines at Clarks Summit Senior Living

**1. REGULATION 55 Pa. Code §2600**  
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2a. DESCRIPTION OF VIOLATION**  
 The following 3 areas located on the home's 2nd floor require additional exit signs: the Red hallway leading towards the elevator; the Green hallway leading towards the elevator and the front right side of the Yellow hallway.

**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.*

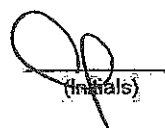
Regulation 2600.133 (a) (2) is important to the safety of the residents because signs that are labeled with the direction of an exit path in hallways and rooms helps people to escape in an emergency. Although the exit doors are labeled with illuminated signs, the additional signs indicating the direction to travel to exit doors will better identify the exit path. The violation occurred because the directional signs were not in place during the inspection. Temporary ADA compliant signs were posted at the recommended locations on the same day as the inspection. Illuminated overhead signs were ordered and will be installed by 06/03/2015. The executive director is responsible to ensure at all times, signs are properly displayed throughout the building.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Timothy Mullett, Executive Director*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *TIMOTHY MULLETT, EXECUTIVE DIRECTOR* Date *05/28/2015*

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

The above plan of correction is approved as of <u>5/28/15</u> (Date)	Plan of correction implementation status as of <u>5-28-15</u> (Date)
The above plan of correction was approved by  (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