



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to TRINITY LIVING CENTER LP
LEGAL ENTITY

To operate TRINITY LIVING CENTER
NAME OF FACILITY OR AGENCY

Located at 400 HILLCREST AVENUE, GROVE CITY, PA 16127
(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 20
(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 January 5, 2016 until June 3, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 416680

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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JAN 06 2016

Ms. Sadie Williams, NHA
Trinity Living Center, LP
400 Hillcrest Avenue
Grove City, Pennsylvania 16127

RE: Trinity Living Center
License #: 416680

Dear Ms. Williams:

As a result of your facilities recent change in the name from Trinity Living Center Pavilion Suites to Trinity Living Center, a new license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License