



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MARS HOLDING INC  
LEGAL ENTITY

To operate ROSECREST ASSISTED LIVING RESIDENCE  
NAME OF FACILITY OR AGENCY

Located at 1000 GRAHAM WAY, P.O.BOX 1285, MARS, PA 16046  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living-Special Care  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 30**

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 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 21, 2016 until June 21, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444450

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

MAR 24 2016

Ms. Karen Russell, Executive Director  
Mars Holding, Inc.  
191 Scharberry Lane  
Mars, Pennsylvania 16046

RE: Rosecrest Assisted Living Residence  
P.O. Box 1285  
1000 Graham Way  
Mars, Pennsylvania 16046  
Certificate #: 444450

Dear Ms. Russell:

The Department has received your March 7, 2016 renewal application to operate the above Assisted Living Home pursuant to Title 55, PA Code, Chapter 2800. 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 Assisted Living Home at least once every twelve months. The Department will conduct an inspection of Rosecrest Assisted Living Residence within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2800 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](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License