



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to WILLIAMSPORT AID II OPCO LLC  
LEGAL ENTITY

To operate LEIGHTON PLACE  
NAME OF FACILITY OR AGENCY

Located at 1251 RURAL AVENUE, WILLIAMSPORT, PA 17701  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 60  
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 October 18, 2016 until April 18, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226601**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DEPUTY SECRETARY

**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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OCT 21 2016

Mr. Daniel Guill, Authorized Signatory  
Williamsport AID II OPCO LLC  
330 N. Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Leighton Place  
1251 Rural Avenue  
Williamsport, Pennsylvania 17701  
License #: 226601

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on October 11, 2016 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22660 - 10/11/2016 - Novak, Ryan  
 PGH Name: LEIGHTON PLACE

1. REGULATION 55 Pa. Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The letter dated 5/5/18 from the fire safety expert notes 5 internal fire safe areas in the home, the south and east stairwell, south building, central building and east building sections. The fire drills conducted from July 2016 - October 2016 note the east and south exits were used for evacuation. The Administrator reported that the residents were evacuated to the east and south stairwells.

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 Administrator will ensure that alternate exit routes are used during fire drills. He/she will monitor monthly to verify that there is no repetition in routes used from month to month. He/she will ensure that all 5 internal fire safe areas in the home are utilized by reviewing the home's monthly fire drill logs. CP. 10-17-16


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Vogel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kelly Vogel Executive Director      Date 10/17/2016

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

The above plan of correction is approved as of 10-17-16  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 10-17-16  
 (Date)

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