



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC  
LEGAL ENTITY

To operate MAPLE WINDS PERSONAL CARE  
NAME OF FACILITY OR AGENCY

Located at 4112 SPRINGHILL ROAD, PORTAGE, PA 15946  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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

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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 22  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 August 1, 2017 until August 1, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333250**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
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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JUL 3 1 2017

Mr. Ephram M. Lahasky,  
Member  
Maple Winds Healthcare and Rehabilitation Center, LLC  
99 West Hawthorne Avenue, Suite 508  
Valley Stream, New York 11580

RE: Maple Winds Personal Care  
4112 Springhill Road  
Portage, Pennsylvania 15946  
License #: 333250

Dear Mr. Lahasky:

As a result of the Department of Human Services' licensing inspection on July 12, 2017 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.

Your NEW license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License