



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
LEGAL ENTITY

To operate SACRED HEART SENIOR LIVING BY SAUCON CREEK
NAME OF FACILITY OR AGENCY

Located at 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034
(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 85
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 February 9, 2018 until December 17, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216750**

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING 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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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 09 2018

Mr. James Kusko
President
Sacred Heart Assisted Living by Saucon Creek, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by Saucon Creek
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #: 216750

Dear Mr. Kusko:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The revised license indicates a revised licensed capacity for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Director
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License