



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to COMMUNITY HEALTHCARE PC OPERATOR INC
LEGAL ENTITY

To operate WINDBER WOODS SENIOR LIVING & REHABILITATION CENTER
NAME OF FACILITY OR AGENCY

Located at 2ND & 3RD FLOORS, 277 HOFFMAN AVENUE, WINDBER, PA 15963
(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 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 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 23, 2018 until August 23, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333880**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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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AUG 23 2018

Mr. Steven Friedman,
Chief Operations Officer
Community Healthcare PC Operator, Inc.
277 Hoffman Avenue
Windber, PA 15963

RE: Windber Woods Senior Living and
Rehabilitation Center
Second and Third Floors
277 Hoffman Avenue
Windber, PA 15963
Certificate #: 333880

Dear Mr. Friedman:

As a result of the Department's Bureau of Human Services Licensing inspection on August 21, 2018 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, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

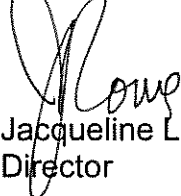
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

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.

Mr. Steven Friedman

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, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License