



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to GRAND AT FAYETTE LLC

LEGAL ENTITY

To operate GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR

NAME OF FACILITY OR AGENCY

Located at 205 COLDREN ROAD, FAYETTE CITY, PA 15438

(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 75
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 May 15, 2019 until May 15, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449590**

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



May 29, 2019

Mr. Menachem Siegal
Owner
Grand at Fayette, LLC
820 Coral Avenue
Lakewood, NJ 08701

RE: Grand at Fayette d/b/a Country Care Manor
205 Coldren Road
Fayette City, Pennsylvania 15438
Certificate #: 449590

Dear Mr. Siegal:

As a result of the Department's Bureau of Human Services Licensing inspection on May 9, 2019, 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.

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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosures
License