



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MECHANICSBURG SENIOR CARE LLC

LEGAL ENTITY

To operate VIBRA SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 46  
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 July 25, 2019 until July 17, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **331090**

Robert E. Robinson  
ISSUING OFFICER

Cecyle 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.



July 25, 2019

Ms. Maureen M. Kelly  
Executive Director  
Mechanicsburg Senior Care LLC  
707 Shepherdstown Road  
Mechanicsburg, PA 17055

RE: Vibra Senior Living  
Certificate #: 331090

Dear Ms. Kelly:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved revision request is a closure of your Secured Dementia Care Unit while maintaining your current licensed capacity of 46. The expiration date of the license remains unchanged.

Any future requests for changes in physical space should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosure  
License