



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CORNERSTONE LIVING MANAGEMENT LLC  
LEGAL ENTITY

To operate CORNERSTONE LIVING  
NAME OF FACILITY OR AGENCY

Located at 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA 18066  
(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 40  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

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

This certificate is granted in accordance with the Public Welfare 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 September 17, 2019 until September 17, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227910**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



September 17, 2019

Mr. Asher Brody  
Managing Member  
Cornerstone Living Management LLC  
4605 Werley's Corner Road  
New Tripoli, Pennsylvania 18066

RE: Cornerstone Living  
4605 Werley's Corner Road  
New Tripoli, Pennsylvania 18066  
Certificate #: 221070

Dear Mr. Brody:

As a result of the Department of Human Services' (Department) licensing inspection on August 21, 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.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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](https://www.surveymonkey.com/r/BHSL_Application).

Mr. Asher Brody

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.

A handwritten signature in black ink, appearing to read 'Kevin Hancock', written in a cursive style.

Sincerely,  
Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License  
License Inspection Summary

# Violation Report

## Facility Information

**Name:** Cornerstone Living Management LLC

**License Number:** 22791

**Address:** 4605 Werleys Corner Road, New Tripoli, PA

**County:** LEHIGH

**Region:** NORTHEAST

## Administrator

**Name:** Amelia Najerian

**Phone:** 610-298-3300

**Email:** asherbrody@gmail.com

## Legal Entity

**Name:** Cornerstone Living Management LLC

**Address:** 4506 Werleys Corner Road, New Tripoli, PA, 18066

## Certificate(s) of Occupancy

**Type:** I-2

**Date:** 09/09/1984

**Issued By:** Weinberg Township

## Staffing Hours

**Resident Support Staff:** 62

**Total Daily Staff:** 124

**Waking Staff:** 93

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Announced

**Reason:** Change Legal Entity

## Inspection Dates and Department Representative

08/21/2019 - On-Site:

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 40

**Residents Served:** 31

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** all

**Capacity:** 40

**Residents Served:** 31

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 31

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 31

**Have Physical Disability:** 0

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's letter, to the local fire department, dated 8/16/19, did not include the "capacity" of the home.

Plan of Correction (POC)

The revised letter is attached and it includes the "capacity" of the home.

The administrator and the owner will, in the future, verify information on the annual letter to the fire company so that it complies with 2600.124.

Legal Entity Representative

*Asher Brody*  
Signature

*ASHER Brody OWNER*  
Printed Name and Title

*9/10/19*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-12-19  
(Date)

Plan of correction implementation status as of 9-12-19  
(Date)

The above plan of correction was approved by ag  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented