



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to THOMAS SMITH  
LEGAL ENTITY

To operate COMFORTS OF HOME  
NAME OF FACILITY OR AGENCY

Located at 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424  
(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 18  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 February 13, 2020 until May 21, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331130

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.



February 13, 2020

Thomas Smith  
Owner  
Comforts of Home  
1619 Listonburg Road  
Confluence, Pennsylvania 15424

RE: Comforts of Home  
License #: 331130

Dear Mr. Smith:

As a result of your facility's change in the name of the legal entity from Thomas and Amy Smith to Thomas Smith, a new license is being issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive, with the first name "Kevin" being more prominent than the last name "Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License