



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to THE ARBORS AT ST BARNABAS INC  
LEGAL ENTITY

To operate THE ARBORS AT ST. BARNABAS  
NAME OF FACILITY OR AGENCY

Located at 85 CHARITY PLACE, VALENCIA, PA 16059  
(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 229  
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 47**

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 April 1, 2020 until November 10, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **423090**

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.



MAILING DATE: April 1, 2020

Ms. Shannon Gerst  
Administrator  
St. Barnabas Health System  
5850 Meridian Road  
Gibsonia, Pennsylvania 15044

RE: The Arbors at St. Barnabas  
85 Charity Place  
Valencia, Pennsylvania 16059  
Certificate #: 423090

Dear Ms. Gerst:

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 capacity revision request is an increase from 182 to 229, to include a capacity of 47 in a Secured Dementia Care Unit (SDCU). The expiration date of the license remains unchanged.

Any future requests for changes in capacity 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, appearing to read "Kevin Hancock". The signature is fluid and cursive, written over a light gray rectangular background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

## Violation Report

### Facility Information

Name: *THE ARBORS AT ST. BARNABAS*  
Address: *85 CHARITY PLACE,, VALENCIA, PA 16059*  
County: *BUTLER* Region: *WESTERN*

License Number: *42309*

### Administrator

Name: *Shannon Gerst* Phone: *724-625-4000* Email: *SGERST@STBARNABASHEALTHSYSTEM.COM*

### Legal Entity

Name: *St. Barnabas Health System*  
Address: *5850 Meridian Road, Gibsonia, PA, 15044*

### Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

### Inspection

Type: *Partial* BHA Docket #: Notice: *Announced*  
Reason: *New*

### Inspection Dates and Department Representative

*02/26/2020 - On-Site: Trish Bartlett, Joe Eveges*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *229* Residents Served: *72*

#### Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *47* Residents Served: *0*

#### Hospice

Current Residents: *8*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *22* Have Physical Disability: *0*

