



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **R LYNN AND LINDA MUELLER**

LEGAL ENTITY

To operate **COLONIAL GARDENS GUEST HOUSE**

NAME OF FACILITY OR AGENCY

Located at **121 STEPPLAND ROAD, BUTLER, PA 16002**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 **35**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 30, 2020** until **May 25, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **445700**

Robert E. Robinson

ISSUING OFFICER

Jamie J. Buchenauer

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.

HS 628 – 6/20



Mailing Date: July 31, 2020

Ms. Linda Mueller
Owner / Administrator
R. Lynn and Linda Muller
208 River Forest Drive
Freeport, Pennsylvania 16229

RE: Colonial Gardens Guest House
121 Steppland Road
Butler, Pennsylvania 16002
Certificate #: 445700

Dear Ms. Mueller:

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 a reduction from 40 to 35 . 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 that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, prominent "J" and "B".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License