



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SPRINGFIELD PCH LLC

LEGAL ENTITY

To operate SPRINGFIELD CROSSINGS

NAME OF FACILITY OR AGENCY

Located at 463 WEST SPROUL ROAD, SPRINGFIELD, PA 19064

(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 84

(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 November 18, 2020 until November 18, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146510**

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



November 17, 2020

Mr. Shlomo Fruendlich
Authorized Member
Springfield PCH, LLC
P.O. Box 1030
Brick, New Jersey 08723

RE: Springfield Crossings
463 West Sproul Road
Springfield, Pennsylvania 19064
License #: 146510

Dear Mr. Fruendlich:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 10, 2020 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.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *SPRINGFIELD CROSSINGS* License #: *14651* License Expiration Date:
 Address: *463 WEST SPROUL ROAD, SPRINGFIELD, PA 19064*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *JOYCE SCOTT* Phone: *6105430700* Email:
JSCOTT@SPRINGFIELDXCROSSINGS.COM;
shparker@pa.gov

Legal Entity

Name: *SPRINGFIELD PCH LLC*
 Address: *PO BOX 1030, BRICK, NJ, 08723*
 Phone: *732-903-1971* Email: *Sfreundlich@mhspl.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/10/2000* Issued By: *COPA DEPT L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *New* Exit Conference Date: *11/10/2020*

Inspection Dates and Department Representative

11/10/2020 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *57*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

11/10/2020 - Partial

Lead Inspector: *Jennie Heinberg*

Follow-Up Type: *Not Required*

No Deficiencies Identified