



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ADELPHOI VILLAGE, INC.**

LEGAL ENTITY

To operate **MIDDLE CREEK I**

NAME OF FACILITY OR AGENCY

Located at **1114 VILLAGE WAY, LATROBE, PA 15650**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Secure Care**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **14**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 3800: Child Residential and Day Treatment Facilities

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 2,** **2021** until **June 2,** **2022** ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **473050**


ISSUING OFFICER


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 – 01/21



February 26, 2021

Mr. Mark Mortimer, COO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pa. 15650

RE: Middle Creek 1
1114 Village Way
Latrobe, Pa. 15650
473050

Dear Mr. Mortimer:

The Department has received your February 25, 2021 renewal application to operate the above Secure Care pursuant to Title 55, PA Code, Chapter 3800. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa. Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Secure Care at least once every twelve months. The Department will conduct an inspection of Middle Creek 1 within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 3800. is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jonathan Rubin". The signature is stylized with a large, sweeping initial "J" and a horizontal line extending to the right.

Jonathan Rubin
Deputy Secretary

Enclosure
License