



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC**

LEGAL ENTITY

To operate **DELAWARE VALLEY PERSONAL CARE CENTER**

NAME OF FACILITY OR AGENCY

Located at **109 RIVERS EDGE DRIVE, MATAMORES, PA 18336**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 **100**

(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 **April 26, 2021** until **April 26, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230130**


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.



Emailing Date: April 26, 2021

Ms. Susan Keefer, Member
Delaware Valley Personal Care Operating Company LLC
401 Moltke Avenue, Suite 100
Scranton, Pennsylvania 18505

RE: Delaware Valley Personal Care Center
109 Rivers Edge Drive
Matamoras, Pennsylvania 18336
License #: 230130

Dear Ms. Keefer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 13, 2021 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 the home is new and not yet serving four or more residents.

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

Enclosure
License

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

Facility Information

Name: *Delaware Valley Personal Care Center* License #: *23013* License Expiration Date:
 Address: *109 Rivers Edge Drive, Matamoras, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

Name: *Sisan Keefer* Phone: *570-491-1002* Email:
Skefer@seniorhealthpa.com; lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: *Delaware Valley Personal Care Operating Company, LLC*
 Address: *401 Moltke Avenue, Scranton, PA, 8505*
 Phone: *570-575-0742* Email: *skefer@seniorhealthpa.com*

Certificate(s) of Occupancy

Type: *I-1* Date: *02/25/2021* Issued By: *Westfall Township*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *New* Exit Conference Date: *04/13/2021*

Inspection Dates and Department Representative

04/13/2021 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

04/13/2021 - Partial

Lead Inspector: *Gerald Dumas*

Follow-Up Type: *Not Required*

No Deficiencies Identified