



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **KEYSTONE HOSPICE**

LEGAL ENTITY

To operate **KEYSTONE HOSPICE**

NAME OF FACILITY OR AGENCY

Located at **8765 STENTON AVENUE, WYNDMOOR, PA 19038**

(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 **20**
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 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 11, 2021** until **June 11, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127970**

Jennifer Biderpad
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.



June 9, 2021

Ms. Gail A. Inderwies
Executive Director
Keystone Hospice
8765 Stenton Avenue
Wyndmoor, Pennsylvania 19038

RE: Keystone Hospice
Certificate #: 127970

Dear Ms. Inderwies:

The Department has received your March 9, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. 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 Personal Care Home at least once every twelve months. The Department will conduct an inspection of Keystone Hospice within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 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 black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

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

Enclosure
License