



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Ms. Danielle Hammer  
Director, Continuing Care  
Maris Grove, Inc.  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

RE: Maris Grove, Inc., Evergreen Pointe  
License #: 148210

Dear Ms. Hammer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 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. 2800 (relating to Assisted Living Residence), 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 § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences, 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".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License



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

**Facility Information**

Name: *MARIS GROVE INC - EVERGREEN POINTE* License #: *14821* License Expiration Date:  
 Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: *Nicole Zdunowski* Phone: *267-615-4365* Email: *nicole.zdunowski@erickson.com*

**Legal Entity**

Name: *MARIS GROVE INC*  
 Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*  
 Phone: *610-387-4491* Email: *danielle.hammer@erickson.com*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/28/2021* Issued By: *Concord Township*  
 Type: *I-2* Date: *06/28/2021* Issued By: *Concord Township*

**Staffing Hours**

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

**Inspection**

Type: *Initial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *07/13/2021*

**Inspection Dates and Department Representative**

*07/13/2021 - On-Site: David Carrion*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *132* Residents Served: *0*

**Special 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

07/13/2021 - Initial

Lead Inspector: *David Carrion*

Follow-Up Type: *Not Required*

**No Deficiencies Identified**