



pennsylvania
DEPARTMENT OF HUMAN SERVICES

September 7, 2021

Hayes Manor, Inc.
2210 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Hayes Manor
Certificate #: 142230

Dear Hayes Manor, Inc.:

The Department has received your August 2, 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 Hayes Manor within the next twelve months. If evidence of non-compliance 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".

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

Enclosure
License

RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

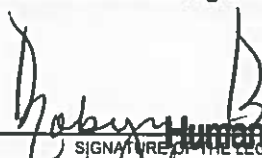
| TYPE OR USE PEN, SIGN AND RETURN | | | |
|---|---|--|--|
| IDENTIFICATION | | | |
| 1. NAME OF AGENCY/FACILITY HAYES MANOR | | TELEPHONE NUMBER (215) 473-1552 | |
| FACILITY ADDRESS 2210 BELMONT AVENUE, PHILADELPHIA 19131 | | E-MAIL FOR FACILITY (NOT the WEB site URL) r.burns@hayesmanor.net ROBYN.BURNS@HAYESMANOR.NET | 3. COUNTY PHILADELPHIA |
| 2. NAME OF LEGAL ENTITY HAYES MANOR INC | | TELEPHONE NUMBER 215-473-1552 | |
| MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 2210 BELMONT AVENUE PHILADELPHIA PA 19131 | | E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) RBURNS@HAYESMANOR.NET | 4. DATE CERTIFICATE EXPIRES 11/15/2021 |
| 6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Robyn Burns - Administrator | | 5. CERTIFICATE NUMBER 142230 | |
| 7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES | | FEIN OR SSN 23-1365343 | |
| 8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) 65 CH # 2479 \$ 30.00 | | | |
| 9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT | 10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER | | |
| 11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO | | | |
| 12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO | | | |

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1967; the Pennsylvania Human Relations Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Robyn Burns
NAME (Type or Print)
Administrator
TITLE

AUG 02 2021

Robyn Burns
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)
7/20/21
DATE