



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HERITAGE SPRINGS MONTOURSVILLE I INC**

LEGAL ENTITY

To operate **HERITAGE SPRINGS MONTOURSVILLE I**

NAME OF FACILITY OR AGENCY

Located at **878 OLD CEMENT ROAD, MUNCY, PA 17756**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **60**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60**

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 **December 11, 2021** until **December 11, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **228250**

Janette Biderup
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.



September 13, 2021

Heritage Springs Montoursville I, Inc.
878 Old Cement Road
Muncy, Pennsylvania 17756

RE: Heritage Springs Montoursville I
Certificate #: 228250

Dear Heritage Springs Montoursville I, Inc.:

The Department has received your August 27, 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 Heritage Springs Montoursville I 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 revised 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, prominent "J" and "B".

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

2411060197

IDENTIFICATION

1. NAME OF AGENCY/FACILITY

HERITAGE SPRINGS MONTOURSVILLE I

TELEPHONE NUMBER

FACILITY ADDRESS

878 OLD CEMENT ROAD,
MUNCY 17756

E-MAIL FOR FACILITY (NOT the WEB site URL)

LREICHLNER@HERITAGESPRINGSMEMORYCARE.COM

3. COUNTY

510-935-0934
LYCOMING
191204

2. NAME OF LEGAL ENTITY

HERITAGE SPRINGS MONTOURSVILLE I INC

TELEPHONE NUMBER

570-935-0934

MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO)

878 OLD CEMENT ROAD
MUNCY PA 17756

E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL)

LREICHLNER@HERITAGESPRINGSMEMORYCARE.COM

4. DATE CERTIFICATE EXPIRES

12/1/2021

5. CERTIFICATE NUMBER

228250

6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE

Lisa Reichner PCHA

7. TYPE OF SERVICE PROVIDED

PERSONAL CARE HOMES

V # 40 \$30.-

PERMITS

02-4156462

8. REQUESTED LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES)

60

9. TYPE OF OPERATION

FRONT
 NON-PROFIT

10. TYPE OF OWNERSHIP/CONTROL

INDIVIDUAL
 GOVERNMENT

ASSOCIATION
 SCHOOL DISTRICT

PARTNERSHIP

FOREIGN PART
 FOREIGN CORP

LLP
 LLC

OTHER

Partnership

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 of Compliance 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?

YES (IF YES, EXPLAIN ON SEPARATE SHEET)

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?

B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE?

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. 2201-2228) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)

YES NO
 YES NO

13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR

IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?

YES (IF YES, EXPLAIN ON SEPARATE SHEET)

NO

AUG 27 2021

Human Services Licensing

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 1975; the Rehabilitation 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.

Lisa Reichner PCHA

NAME (Type or Print)

Personal Care Home Admin.

TITLE

Lisa Reichner PCHA

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

8-24-2021

DATE