



Emailing Date: September 1, 2022

████████████████████
Meadowood Corporation
P.O. Box 670
325 Skippack Pike
Worcester, Pennsylvania 19490

RE: Meadowood
License #: 127870

Dear ██████████:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is for an increase in the SDCU from 12 to 22. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

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

Facility Information

Name: *MEADOWOOD* License #: *12787* License Expiration: *10/29/2022*
Address: *P.O.BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA 19490*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6105841000* Email: [REDACTED]

Legal Entity

Name: *MEADOWOOD CORPORATION*
Address: *P.O.BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA, 19490*
Phone: *6105841000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *07/29/2022* Issued By: *Worcester Township*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *08/25/2022*

Inspection Dates and Department Representative

08/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes* Area: *McClean* Capacity: *22* Residents Served: *0*

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

08/25/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND