





Mailing Date: April 30, 2024

[REDACTED] Secretary/Treasurer  
Hermitage AL, LLC

RE: The Addison of Garden Way Place  
2400 Garden Way  
Hermitage, PA 16148  
License #: 45497

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 19, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) 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 "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *THE ADDISON OF GARDEN WAY PLACE* License #: *45497* License Expiration:  
Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*  
County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *HERMITAGE AL, LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/06/1998* Issued By: *City of Hermitage*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *04/19/2024*

**Inspection Dates and Department Representative**

04/19/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *29*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *13* Have Physical Disability: *1*

**Inspections / Reviews**

04/19/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

**NO DEFICIENCIES FOUND**