



November 12, 2014

Casey Walters, Director
Bridges of Rouse
905 Fourth Avenue
Warren, PA 16365

RE: Bridges of Rouse
License # 434820 - Regular

Dear Ms. Walters:

As a result of the Department of Aging's Licensing Inspection on 09/30/2014, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular License is enclosed.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", is written over a faint, larger version of the same signature.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to BOARD OF DIRECTORS OF THE ROUSE ESTATE
LEGAL ENTITY

To operate BRIDGES OF ROUSE
(NAME OF CENTER)

Located at 905 FOURTH AVENUE WARREN, PA 16365
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 28
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 01, 2014 until November 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 434820 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: November 12, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 434820	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Bridges of Rouse			STREET ADDRESS, CITY, STATE, ZIP CODE 905 FOURTH AVENUE WARREN, PA 16365		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 000	Initial Comments COMPLIANCE A State licensure inspection was completed on 09/30/14. It was determined that Bridges Of Rouse was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.	1 000			

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE