



May 22, 2014

Stacey Williams, Director  
Community Counseling Services  
of Northeastern Pennsylvania  
562 Wyoming Avenue  
Kingston, PA 18704

RE: Community Counseling Services of Northeastern Pennsylvania  
License # 373490 - Regular

Dear Ms. Williams:

The above-named center is in receipt of an approved regulatory waiver of 6 Pa Code, §§ 11.241 and 11.242. The center has also been found to be operating in good standing with the Department of Public Welfare as an Adult Training Facility. 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".

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to WILKES-BARRE BEHAVIORAL HOSPITAL COMPANY, LLC  
LEGAL ENTITY

To operate COMMUNITY COUNSELING SERVICES OF NORTHEASTERN PENNSYLVANIA  
(NAME OF CENTER)

Located at 562 WYOMING AVENUE KINGSTON, PA 18704  
(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 104  
(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 June 01, 2014 until May 31, 2015

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

No: 373490 - 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: May 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>373490</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>Community Counseling Services of Northeastern Pennsylvania</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>562 WYOMING AVENUE KINGSTON, PA 18704</b>
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(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	<p><b>Initial Comments</b></p> <p>Community Counseling Services of Northeastern PA is issued a license to operate an Older Adult Daily Living Center by the Department of Aging with an approved regulatory waiver of 6 PA Code § 11.241 &amp; 11.242, which waives the requirement to have an onsite inspection by the Department of Aging. Community counseling Services of northeastern PA is operating in good standing with the Department of Public Welfare as an Adult Training Facility.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE