



April 07, 2015

Kevin Leahy, Director
Adult Habilitation Center
43 Servidea Drive
Ridgway, PA 15853

RE: Adult Habilitation Center
License # 031590 - Regular

Dear Mr. Leahy:

As a result of your facility's recent adjustment of physical space, we are issuing a revised license under the authority of 6 Pa. Code, Chapter 11. The enclosed license indicates a revised licensed capacity for your older adult daily living center. The expiration date of the license remains unchanged.

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 light blue horizontal line.

Kevin Longenecker
Director

Enclosure

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to DICKINSON CENTER, INC.
LEGAL ENTITY

To operate ADULT HABILITATION CENTER
(NAME OF CENTER)

Located at 43 SERVIDEA DRIVE RIDGWAY, PA 15853
(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 49
(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 April 02, 2015 until July 31, 2015

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

No: 031590 - 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: April 07, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 031590	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER Adult Habilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 43 SERVIDEA DRIVE RIDGWAY, PA 15853		
(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 A request to increase center capacity was approved on 04/02/2015. Based on prior physical site inspections and review of the current floor plan, it was determined that Adult Habilitation Center 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