pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **AM PM SENIOR LIVING, LLC**
LEGAL ENTITY

To operate **AM PM SENIOR LIVING, LLC**
NAME OF FACILITY OR AGENCY

Located at **555 ADRIAN ROAD, DE LANCEY, PA 15733**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **32**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 28, 2026** until **April 28, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457780**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: April 28, 2026

[redacted]
AM PM Senior Living LLC
555 Adrian Road, PO Box 123
Delancey, Pennsylvania 15733

RE: AM PM Senior Living LLC
License #: 45778

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 20, 2026 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,

Juliet Marsala

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: *AM PM SENIOR LIVING, LLC* **License #**: *45778* **License Expiration**: *09/23/2026*

Address: *555 ADRIAN ROAD, PO Box 123, DELANCEY, PA 15733*

County: *JEFFERSON* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *AM PM SENIOR LIVING LLC*

Address: *555 ADRIAN ROAD, PO BOX 123, PO Box 123, DELANCEY, PA, 15733*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/01/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *26* **Waking Staff**: *20*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Change Legal Entity* **Exit Conference Date**: *04/20/2026*

Inspection Dates and Department Representative

04/20/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *32* **Residents Served**: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *23*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

04/20/2026 - Partial

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

NO DEFICIENCIES FOUND