pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SZR HAVERFORD AL OPCO LLC**
LEGAL ENTITY

To operate **SUNRISE OF HAVERFORD**
NAME OF FACILITY OR AGENCY

Located at **217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041**
(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 **98**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28**

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 **June 8,** **2026** until **January 1,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144920**

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: June 5, 2026

[redacted]
SZR Haverford AL Opco, LLC
[redacted]

RE: Sunrise of Haverford
217 West Montgomery Avenue
Haverford, Pennsylvania 19041
License #: 144920

Dear [redacted]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase of 25 to 28 SDCU beds with the overall capacity remaining at 98. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

June 2, 2026

[redacted]
SZR HAVERFORD AL OPCO LLC
[redacted]

RE: SUNRISE OF HAVERFORD
217 WEST MONTGOMERY AVENUE
HAVERFORD, PA, 19041
LICENSE/COC#: 14492

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/21/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF HAVERFORD* **License #**: *14492* **License Expiration**: *01/01/2027*

Address: *217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *SZR HAVERFORD AL OPCO LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *11/20/1997* **Issued By**: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *93* **Waking Staff**: *70*

Inspection Information

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

Reason: *New, Monitoring* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/21/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *57*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *25* **Residents Served**: *14*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *57*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *36*

Have Physical Disability: *0*

Inspections / Reviews

05/21/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *Not Required*

NO DEFICIENCIES FOUND