pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CYPRESS COMMUNITIES LLC**
LEGAL ENTITY

To operate **CYPRESS COMMUNITIES LLC**
NAME OF FACILITY OR AGENCY

Located at **32 S. TURBOT AVENUE, MILTON, PA 17847**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **300**
(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 **May 5, 2025** until **May 5, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232800**

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: May 5, 2025

[redacted]
Cypress Communities LLC
[redacted]

RE: Cypress Communities LLC
32 South Turbot Avenue
Milton, Pennsylvania 17847
License #: 232800

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 10, 2025 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 the home is new and not yet serving four or more residents.

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.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

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

May 1, 2025

[redacted]
CYPRESS COMMUNITIES LLC
[redacted]

RE: CYPRESS COMMUNITIES, LLC
32 S TURBOT AVENUE
MILTON, PA , 17847
LICENSE/COC#: 23280

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CYPRESS COMMUNITIES, LLC* **License #**: *23280* **License Expiration**:

Address: *32 S TURBOT AVENUE, MILTON, PA 17847*

County: *NORTHUMBERLAND* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *CYPRESS COMMUNITIES LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/02/1996* **Issued By**: *L&I*

Type: *I-1* **Date**: *11/09/2011* **Issued By**: *Borough Of Milton*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date**: *04/10/2025*

Inspection Dates and Department Representative

04/10/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

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

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

Inspections / Reviews

04/10/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/26/2025*

04/29/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/01/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/04/2025*

Inspections / Reviews *(continued)*

05/01/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/01/2025*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

05/01/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *05/01/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:20 a.m. the first-floor men's communal bathroom was inspected, the toilets were stained and filled with rust colored water, and the counter area of the double sink were dirty and stained with construction debris.
At approximately 9:30 a.m. room 118's bathroom tub was dirty with construction debris and a rusty finishing nail that measured approximately a half of inch.
At approximately 9:45 a.m. room 105's bathroom tub was dirty with construction debris\.

Plan of Correction ***Do Not Accept [redacted] - 04/29/2025)***

At time of the inspection not all bathrooms were fully cleaned with the construction debris from putting in new flooring, ceiling tiles or whatever else was needed to open the facility for Personal Care Residents.
The above deficiencies have been corrected with documentation attached with pictures. All bathrooms and bedrooms are being audited for windows, screens, and cleanliness prior to any Residents moving into the facility. It will be the responsibility of the Administrator to ensure that the rooms and bathrooms will be cleaned on a cleaning schedule that will be developed as the Residents move in.

Licensee's Proposed Overall Completion Date: *05/09/2025*

Update: *04/29/2025*

What date were the rooms cleaned?
Who will be responsible for maintaining compliance?

Plan of Correction ***Accept [redacted] - 05/01/2025)***

At time of the inspection not all bathrooms were fully cleaned with the construction debris from putting in new flooring, ceiling tiles or whatever else was needed to open the facility for Personal Care Residents.
The above deficiencies have been corrected as of 4-22-25 with documentation attached with pictures. All bathrooms and bedrooms are being audited for windows, screens, and cleanliness prior to any Residents moving into the facility. It will be the responsibility of the Administrator to ensure that the rooms and bathrooms will be cleaned on a cleaning schedule that will be developed as the Residents move in. Administrator will be responsible to oversee Housekeeping with daily walk throughs to maintain compliance.

Licensee's Proposed Overall Completion Date: *04/29/2025*

Bypass Document Submission ***Implemented [redacted] - 05/01/2025)***

92 - Windows

2. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 9:30 a.m. resident room 103 was inspected. The window screen had a two-inch tear in it in the lower left corner.

92 - Windows (continued)

At approximately 9:35 a.m. resident room 101 was inspected. The right side of the window had two cracks in it. One crack measured 4 1/2 inches long and the second crack measured 3 1/2 inches long.
At approximately 9:40 a.m. resident room 102 was inspected. The window had a crack in it that measured 30 and 1/2 inches long.

Plan of Correction ***Do Not Accept [redacted] - 04/29/2025)***

At time of the inspection not all windows and screens were able to be fully fixed waiting on contractor.
The above deficiencies have been corrected with documentation attached with pictures and copy of invoice. All windows and screens are being audited for any problems and if found will be repaired prior to any Residents moving into the facility. It will be the responsibility of the Administrator to ensure that all windows and screen are in good repair. Administrator will contact maintenance or contractor to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Update: *04/29/2025*

What date were the windows fixed?
Who will be responsible for maintaining compliance?

Plan of Correction ***Accept [redacted] - 05/01/2025)***

At time of the inspection not all windows and screens were able to be fully fixed waiting on contractor.
The above deficiencies have been corrected on 4-15-25 with documentation attached with pictures and copy of invoice. All windows and screens are being audited for any problems and if found will be repaired prior to any Residents moving into the facility. It will be the responsibility of the Administrator to ensure that all windows and screen are in good repair. Administrator will contact maintenance or contractor to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/30/2025*

Bypass Document Submission ***Implemented [redacted] - 05/01/2025)***

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 9:30 a.m. room [redacted] shower/tub did have a shower head attached to the three-inch shower water pipe.

Plan of Correction ***Do Not Accept [redacted] 04/29/2025)***

At the time of inspection it was found that the shower head in room 118 was attached to the 4 inch shower water pipe.
The above deficiency has been corrected with documentation attached with pictures. All bathrooms are being audited for shower heads and cleanliness prior to any Residents moving into the facility. Any issues that are found will be handled by maintenance or independent contractor. It will be the responsibility of the Administrator to ensure that the rooms and bathrooms will be cleaned on a cleaning schedule that will be developed as the Residents move in.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Update: *04/29/2025*

What date was the shower head fixed?
Who will be responsible for maintaining compliance?

95 - Furniture and Equipment *(continued)*

Plan of Correction ***Accept [redacted] - 05/01/2025)***

At the time of inspection it was found that the shower head in room 118 was attached to the 4 inch shower water pipe.

The above deficiency has been corrected as of 4-22-25 with documentation attached with pictures. All bathrooms are being audited for shower heads and cleanliness prior to any Residents moving into the facility. Any issues that are found will be handled by maintenance or independent contractor. It will be the responsibility of the Administrator to ensure that the rooms and bathrooms will be cleaned on a cleaning schedule that will be developed as the Residents move in.

Licensee's Proposed Overall Completion Date: *04/30/2025*

Bypass Document Submission ***Implemented [redacted] - 05/01/2025)***

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:25 a.m. a layer of lint was found in the lint trap of the first floor laundry room dryer.

Plan of Correction ***Do Not Accept ([redacted] - 04/29/2025)***

During inspection a layer of lint was found in the lint trap of the first floor laundry room dryer.
Staff at the time it was found removed the lint and checked all dryers.
Administrator will be responsible to ensure all staff hired are trained to empty lint traps after each load of clothes being dried.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Update: *04/29/2025*

Please add a date.

Plan of Correction ***Accept [redacted] - 05/01/2025)***

During inspection a layer of lint was found in the lint trap of the first floor laundry room dryer.
Staff at the time it was found on 4-10-25 removed the lint and checked all dryers.
Administrator will be responsible to ensure all staff hired are trained to empty lint traps after each load of clothes being dried.

Licensee's Proposed Overall Completion Date: *04/29/2025*

Bypass Document Submission ***Implemented [redacted] - 05/01/2025)***

121a - Unobstructed Egress

5. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:15 a.m. the exit door in the left sunroom off of the home's dining room was stuck and could not

121a - Unobstructed Egress (continued)

be opened without significant force.

Plan of Correction ***Do Not [redacted] - 04/29/2025)***

At the time of inspection it was found that the exit door in the left sunroom off the homes dining room was stuck and could not be opened without significant force.
The door was sanded down and opens and closes easily.
The above deficiency has been corrected with documentation attached with pictures. the video would not load to Sans write so it was sent via email All exit doors were checked with no issues. Any issues that are found will be handled by maintenance or independent contractor. It will be the responsibility of the Administrator to ensure that all Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Update: *04/29/2025*

What date was the door fixed?
Who will be responsible for maintaining compliance?

Plan of Correction ***Accept ([redacted] - 05/01/2025)***

At the time of inspection it was found that the exit door in the left sunroom off the homes dining room was stuck and could not be opened without significant force.
The door was sanded down and opens and closes easily.
The above deficiency has been corrected on 4-22-25 with documentation attached with pictures. the video would not load to Sans write so it was sent via email All exit doors were checked with no issues. Any issues that are found will be handled by maintenance or independent contractor. It will be the responsibility of the Administrator to ensure that all Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Licensee's Proposed Overall Completion Date: *04/30/2025*

Bypass Document Submission ***Implemented ([redacted] - 05/01/2025)***

133.1 - Exit Signs

6. Requirements

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

An exit sign was not posted at the door located in the left sunroom located off of the home's dining room.

Plan of Correction ***Do Not Accept ([redacted] - 04/29/2025)***

At the time of inspection an exit sign was not posted at the door located in the left sunroom located off of the

133.1 - Exit Signs (continued)

home's dining room.
This was found sitting on top of the door.
The exit sign was placed back where it belonged on the wall. See attached pictures.
Administrator /Maintenance will be responsible for walking the building to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Update: *04/29/2025*

Add date please.

Plan of Correction ***Accept [redacted] - 05/01/2025)***

At the time of inspection an exit sign was not posted at the door located in the left sunroom located off of the home's dining room.
This was found sitting on top of the door.
The exit sign was placed back where it belonged on the wall on 4-22-25 See attached pictures.
Administrator /Maintenance will be responsible for walking the building to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: *04/29/2025*

Bypass Document Submission ***Implemented [redacted] - 05/01/2025)***