



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MOS GRACE MGT LLC**

LEGAL ENTITY

To operate **GRACE MANOR AT NORTH PARK**

NAME OF FACILITY OR AGENCY

Located at **9565 BABCOCK BOULEVARD, ALLISON PARK, PA 15101**

(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 **60**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18**

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 **January 25, 2021** until **February 3, 2021**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450850**

  
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 – 01/21



Emailing Date: January 25, 2021

Ms. Alexis Martini  
Vice President of Operations  
MOS Grace MGT LLC  
118 Parker Road  
Chester, New Jersey 07930

RE: Grace Manor at North Park  
9565 Babcock Boulevard  
Allison Park, Pennsylvania 15101  
License / COC #: 450850

Dear Ms. Martini:

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 for the addition of a secured dementia care unit. 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,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License