



Emailing Date: September 29, 2020

Mr. John Parry  
Board President  
Community Welfare Council of Newtown, Inc.  
226 North Lincoln Avenue  
Newtown, Pennsylvania 18940

RE: Pickering Manor Personal Care Neighborhood  
License #: 146830

Dear Mr. Parry:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 11, 2020 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.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, prominent "J" and "B".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COMMUNITY WELFARE COUNCIL OF NEWTOWN INC

LEGAL ENTITY

To operate PICKERING MANOR PERSONAL CARE NEIGHBORHOOD

NAME OF FACILITY OR AGENCY

Located at 226 NORTH LINCOLN AVENUE, NEWTOWN, PA 18940

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 17

(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 October 1, 2020 until October 1, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146830**

*Robert E. Robinson*

ISSUING OFFICER

*Jamie J. Buchenauer*

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 – 6/20

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY**

Facility Information		
Name: <i>Pickering Manor</i>	License #: <i>146830</i>	License Expiration Date:
Address: <i>226 North Lincoln Avenue, Newtown, PA 18940</i>		
County: <i>BUCKS</i>	Region: <i>SOUTHEAST</i>	

Administrator		
Name: <i>Donna Van Schaick</i>	Phone: <i>215-968-3878</i>	Email: <i>dvanschaick@pickeringmanor.org</i>

Legal Entity		
Name: <i>Community Welfare Council of Newtown Inc.</i>		
Address: <i>226 North Lincoln Avenue, Newtown, PA, 18940</i>		
Phone: <i>215-968-3878</i>	Email: <i>mknobloch@pickeringmanor.org</i>	

Certificate(s) of Occupancy		
Type: <i>1-2</i>	Date: <i>04/29/2020</i>	Issued By: <i>Newtown Township</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>0</i>	Waking Staff: <i>0</i>

Inspection		
Type: <i>Partial</i>	Notice: <i>Announced</i>	BHA Docket #:
Reason: <i>New</i>		Exit Conference Date: <i>06/11/2020</i>

Inspection Dates and Department Representative
<i>06/11/2020 - On-Site: Susan Smith</i>

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <del>250</del> <i>17</i> <i>LB 9/29/2020</i>		Residents Served: <i>0</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>0</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>0</i>	

Inspections / Reviews	
06/11/2020 - Partial	
Lead Inspector: <i>Susan Smith</i>	Follow-Up Type: <i>Not Required</i>

No Deficiencies Identified