

Department of Human Services  
Bureau of Human Service Licensing

January 4, 2021

STEVEN CHERRY, EXECUTIVE DIRECTOR  
THE NEW HERITAGE TOWERS INC  
200 VETERANS LANE  
DOYLESTOWN, PA 18901

RE: WESLEY ENHANCED LIVING  
DOYLESTOWN  
200 VETERANS LANE  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 12718

Dear Mr. cherry,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/08/2020, 12/09/2020, 12/10/2020, 12/14/2020, 12/15/2020, 12/16/2020, 12/18/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *WESLEY ENHANCED LIVING DOYLESTOWN* License #: *12718* License Expiration Date: *07/05/2021*  
 Address: *200 VETERANS LANE, DOYLESTOWN, PA 18901*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: *Martine Minninger* Phone: *2678951146* Email: *mminninger@wesleyenhancedliving.org,*

**Legal Entity**

Name: *THE NEW HERITAGE TOWERS INC*  
 Address: *200 VETERANS LANE, DOYLESTOWN, PA, 18901*  
 Phone: *2678951146* Email: *SCHERRY@WEL.ORG*

**Certificate(s) of Occupancy**

Type: *C-1* Date: *09/24/1981* Issued By: *commonwealth of pa*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *59* Waking Staff: *44*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *12/18/2020*

**Inspection Dates and Department Representative**

*12/08/2020 - Off-Site: Charlotte Wiley*  
*12/09/2020 - Off-Site: Charlotte Wiley*  
*12/10/2020 - Off-Site: Charlotte Wiley*  
*12/14/2020 - Off-Site: Charlotte Wiley*  
*12/15/2020 - Off-Site: Charlotte Wiley*  
*12/16/2020 - Off-Site: Charlotte Wiley*  
*12/18/2020 - Off-Site: Charlotte Wiley*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *54*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *54*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *5*Have Physical Disability: *1***Inspections / Reviews**

12/08/2020 - Partial

Lead Inspector: *Charlotte Wiley*Follow-Up Type: *Not Required*

**No Deficiencies Identified**