



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SAUCON VALLEY MANOR INC.

LEGAL ENTITY

To operate SAUCON VALLEY MANOR

NAME OF FACILITY OR AGENCY

Located at 1050 MAIN STREET, HELLERTOWN, PA 18055

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 213  
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 100

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 10, 2021 until September 3, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205810**

*Jennifer Biderup*  
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.



Emailing Date: May 12, 2021

Ms. Nimita Kapoor-Atiyeh  
Co-Administrator/President  
Saucon Valley Manor Inc.  
1050 Main Street  
Hellertown, Pennsylvania 18055

RE: Saucon Valley Manor  
License #: 205810

Dear Ms. Kapoor-Atiyeh:

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 a reduction from 243 to 213. 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 F. Buchenauer". The signature is written in a cursive style with a large, looped initial "J".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License