





Emailing Date: May 12, 2021

Ms. Nimita Kapoor-Atiyeh  
President/Co-Administrator  
Saucon Valley Manor II, LLC  
1177 Sixth Street  
Whitehall, Pennsylvania 18052

RE: Saucon Valley Manor II, LLC  
1050 Main Street  
Hellertown, Pennsylvania 18055  
License #: 230070

Dear Ms. Kapoor-Atiyeh:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 28, 2021 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, flowing style.

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

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

**Facility Information**

Name: *Saucon Valley Manor II* License #: *23007* License Expiration Date:  
 Address: *1050 Main Street, Hellertown, PA 18055*  
 County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

Name: *Wendy Abreau* Phone: *610-972-8888* Email:  
*natiyeah@yahoo.com; lindscott@pa.gov;*  
*agraziano@pa.gov*

**Legal Entity**

Name: *Saucon Valley Manor II < LLC*  
 Address: *1177 6th Street, Whitehall, PA, 18052*  
 Phone: *610-748-8888* Email: *natiyeah@yahoo.com*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *09/23/2016* Issued By: *Borough of Hellertown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *04/23/2021*

**Inspection Dates and Department Representative**

*04/28/2021 - On-Site: Jason Harvey, Ann O'Haire*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *99* Residents Served: *16*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/28/2021 - Partial

Lead Inspector: *Jason Harvey*

Follow-Up Type: *Not Required*

**No Deficiencies Identified**