





September 14, 2021

Dunwoody Village, Inc.  
**Attn: Personal Care Services**  
3500 West Chester Pike  
Newtown Square, Pennsylvania 19073

RE: Dunwoody Village  
Certificate #: 145250

Dear Dunwoody Village, Inc.:

The Department has received your September 7, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Dunwoody Village within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

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

Enclosure  
License

# RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE

APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN

123 006 0169

## IDENTIFICATION

1. NAME OF AGENCY/FACILITY <b>DUNWOODY VILLAGE</b>		TELEPHONE NUMBER <b>(610) 359-4400</b>	
FACILITY ADDRESS <b>3500 WEST CHESTER PIKE, NEWTOWN SQUARE 19073</b>		E-MAIL FOR FACILITY (NOT the WEB site URL) <b>N.Vetter@dunwoody.org</b>	3. COUNTY <b>200219</b>
2. NAME OF LEGAL ENTITY <b>DUNWOODY VILLAGE INC</b>		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>ATTN: PERSONAL CARE SERVICES 3500 WEST CHESTER PIKE NEWTOWN SQUARE PA 19073</b>		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>MCASERV@dunwoody.org</b>	4. DATE CERTIFICATE EXPIRES <b>12/22/2021</b>
5. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE <b>Norman Vetter Personal Care Administrator</b>		5. CERTIFICATE NUMBER <b>145250</b>	
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>		FEIN OR SSN <b>23-1889807</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>81</b>			
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT		10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE#CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 P.A.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

**RECEIVED**  
SEP 07 2021

Human Services Licensing

### DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Norman Vetter  
NAME (Type or Print)

Norman Vetter  
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE  
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

Personal Care Administrator  
TITLE

08/23/2021  
DATE