

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

June 26, 2026

[REDACTED], CEO
COMMUNITY WELFARE COUNCIL OF NEWTOWN INC
226 NORTH LINCOLN AVENUE
NEWTOWN, PA, 18940

RE: PICKERING MANOR PERSONAL
CARE NEIGHBORHOOD
226 NORTH LINCOLN AVENUE
NEWTOWN, PA, 18940
LICENSE/COC#: 14683

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PICKERING MANOR PERSONAL CARE NEIGHBORHOOD **License #:** 14683 **License Expiration:** 10/01/2026
Address: 226 NORTH LINCOLN AVENUE, NEWTOWN, PA 18940
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: COMMUNITY WELFARE COUNCIL OF NEWTOWN INC
Address: 226 NORTH LINCOLN AVENUE, NEWTOWN, PA, 18940
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 02/22/2022 **Issued By:** Newtown Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 57 **Waking Staff:** 43

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/08/2026

Inspection Dates and Department Representative

05/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 42	Residents Served: 36		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care	Capacity: 25	Residents Served: 20
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: NA	Are 60 Years of Age or Older: 36		
Diagnosed with Mental Illness: NA	Diagnosed with Intellectual Disability: NA		
Have Mobility Need: 21	Have Physical Disability: NA		

Inspections / Reviews

05/08/2026 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/06/2026

06/24/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 06/25/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/26/2026

Inspections / Reviews *(continued)*

06/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/29/2026 at 3:47pm, Resident 1 and Resident 2 had a physical altercation in the memory care area of the home. The home did not report this incident to the department until 4/30/2026 at 5:39pm.

Plan of Correction

Accept () - 06/24/2026

- 1. Administrator was away during this incident and administrator designee had limited experience with submitting incident reports.
- 2. Administrator will educate any designee that may develop reportable incidents on time requirements by 6/12/26.
- 3. Administrator will review all incidents submitted to the department for the next three months to ensure all meet the time requirements.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented () - 06/26/2026

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 3 and Resident 4 do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 6/30/2025

Plan of Correction

Accept () - 06/24/2026

- 1. An audit of all resident apartments will be conducted by 6/12/26 by administrator or designee.
- 2. Any resident that does not have an operable lamp will be provided with a tap light if another lamp is not available.
- 3. Monthly audits will be conducted to ensure that all residents have an operable light at bedside by administrator or designee.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented () - 06/26/2026

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 4 participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept (█) - 06/24/2026

1. All those staff members involved in the development of the support plan will be educated by the administrator by 6/12/26 on ensuring that all those persons participating are afforded the opportunity to sign it.
2. If the resident is unable or unwilling to sign the support plan, that will be indicated on the support plan.
3. All support plans developed within the next three months will be reviewed by the administrator or designee to ensure that all those that had participated in the development of the support plan are represented by their signature and date.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 06/26/2026

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, the Resident 4's written cognitive preadmission screening was completed on █.

Repeat Violation: 6/30/2025

Plan of Correction

Accept (█) - 06/24/2026

1. Staff person who was the administrator at the time of Resident 4's admission is no longer with the home.
2. All staff involved in the completion of the preadmission screening will be educated on the time requirements of the cognitive preadmission screening by 6/12/26 by the administrator.
3. All admissions to the secure dementia care unit will be audited for the next three months by the administrator or designee to ensure that all screenings are completed within regulatory time constraints.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 06/26/2026