

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

June 30, 2025

[REDACTED]
COMMUNITY WELFARE COUNCIL OF NEWTOWN INC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2025 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:** 10/01/2025
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: [REDACTED]
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:** 53 **Waking Staff:** 40

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 05/07/2025

Inspection Dates and Department Representative

05/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 17	Residents Served: 35		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care	Capacity: 25	Residents Served: 18
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 35		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 18	Have Physical Disability: 0		

Inspections / Reviews

05/07/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/02/2025

06/03/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 06/27/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/01/2025

Inspections / Reviews *(continued)*

06/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident’s personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

On [REDACTED], the home issued a discharge notice to Resident [REDACTED]. On the same day, the resident moved out of the home and removed all personal belongings. The resident was due a refund of [REDACTED] for the eight remaining days in the month. However, as of [REDACTED], the home had not issued the refund.

Plan of Correction

Accept [REDACTED] - 06/03/2025)

The home has now paid the full refund of [REDACTED] to the resident' POA. This was done on 5/2/25. The administrator or designee will retrain staff who handle billing on Regulation 2600.28 (a) that refunds must be sent within 30 days. This training will be held on 6/2/25. The administrator will keep a checklist to keep track of resident discharges and make sure refunds are sent out timely. The Administrator will check this weekly. The Administrator will review all discharges and refunds each month for the next 6 months to make sure we're staying on track. All steps will be in place by June 30, 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 06/30/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], a covered bedside mobility device was observed on Resident [REDACTED] bed. However, the enabler was slid under the mattress and was not securely attached to the bed's structure. The device was seen to move approximately seven inches away from the bed/mattress, creating entrapment zones and posing a potential hazard to the resident.

Plan of Correction

Accept [REDACTED] - 06/03/2025)

The unsafe device was immediately fastened to the bed on 5/7/25 to prevent any risk of harm to the resident. The Administrator and a representative inspected all similar devices used by other residents on 5/7/2025] to make sure they are clean, safe, and properly installed.

Staff were retrained on 5/10/25 on how to properly install and check all mobility and assistive devices, including

81b - Resident Personal Equipment (continued)

the importance of securing items to prevent hazards. All mobility and assistive devices will be checked weekly by nursing staff to make sure they're clean, secure, and safe. Anytime a resident gets a new device, staff will check and document that it's properly set up. A log will be used to track when devices are checked, cleaned, or repaired. The Administrator will review this monthly. All corrections will be completed by 6/30/25

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 06/30/2025)

101j7 - Lighting/Operable Lamp

3. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] 06/03/2025)

A working bedside lamp was placed in Resident [redacted] room immediately, and staff made sure the resident could easily reach and use it.

On 5/7/25 staff checked all resident bedrooms to confirm that everyone has a working light that can be turned on/off from the bedside.

Administrator updated our room setup checklist to include checking for a working bedside light before a new resident moves in.

Staff will do monthly checks to make sure each room continues to meet this requirement, including bedside lighting. Any broken or missing lamps will be fixed or replaced within 24 hours of being reported. All will be completed by 6/30/25

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented [redacted] - 06/30/2025)

226a - Mobility Assessment

4. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

On [redacted] a bedside mobility device was present on Resident [redacted] bed to assist with transferring in and out of bed. However, Resident [redacted] assessment and support plan, dated [redacted] did not indicate the following:

- Any risks associated with the device.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

226a - Mobility Assessment (continued)

Plan of Correction

Accept [redacted] 06/03/2025)

On 5/7/25, we updated Resident [redacted]'s assessment and support plan to: Identify the specific mobility device used, include any safety risks, document the resident's ability to use the device safely, note that a cover is required for the device to meet safety standards. On 5/8/25, all residents using mobility devices were reviewed to make sure their assessments and support plans include all necessary information about safe use and any risks.

Staff involved in completing assessments and support plans were retrained on 5/10/25 to ensure mobility needs and safety risks are properly documented. A checklist is now used during assessments to confirm that any mobility devices: Are clearly identified, include safety risk information, note whether the resident can use them safely, mention if a cover or special instructions apply. The Administrator or designee will review a sample of assessments each quarter to make sure mobility-related needs are correctly documented. All corrective steps will be completed by 6/30/25

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 06/30/2025)

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 [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was completed on [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was completed on [redacted]

Plan of Correction

Accept [redacted] - 06/03/2025)

Staff involved in admissions and assessments were informed of the mistake on 5/8/25. On 5/10/25, all involved staff were retrained on the 72-hour requirement for cognitive preadmission screenings before admitting someone to the Secure Dementia Care Our admissions checklist was updated to include: A clear step to confirm the screening is done within 72 hours of admission. A flag in the charting system to alert staff if the screening is done too early. The Administrator or designee will now review the date of the cognitive screening before finalizing any admission to the dementia unit.

231c - Preadmission Screening (continued)

A monthly audit of all SDCU admissions will be done for the next 6 months to ensure compliance with the 72-hour screening rule. All corrections will be completed by 6/30/25.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 06/30/2025)