

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JENNIFER M MAYHUE
LEGAL ENTITY

To operate IDA P. WEITZ PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 3500 MEADOW RUN ROAD, BEAR CREEK, PA 18702
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 18
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 April 1, 2012 until April 1, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223140

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

APR 06 2012

Ms. Jennifer M. Mayhue, Administrator
Ida P. Weitz Personal Care Home
3500 Meadow Run Road
Bear Creek, Pennsylvania 18702

Dear Ms. Mayhue:

As a result of the Department of Public Welfare's licensing inspection on March 7, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

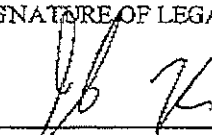
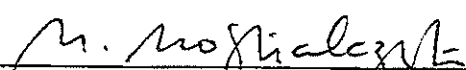
Sincerely,


A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky
Director

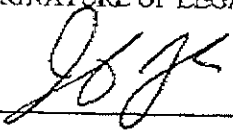
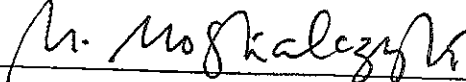
Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Ida P. Weitz Personal Care Home, 3500 Meadow Run Road Bear Creek, PA 18702		CURRENT LICENSE NUMBER 223141	
INSPECTION DATES (include all dates of the inspection) 03/07/2012		REGIONAL REPRESENTATIVE Leslie Patton, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-16-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 03/21/12

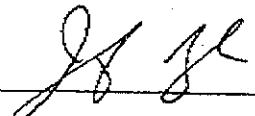
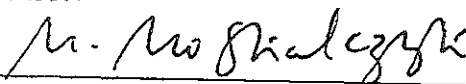
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The grey metal door located on the home's upper level leads to the home's basement where individuals reside. The lower level contains a door which exits to the right side of the home. The grey metal door did not have a sign indicating "EXIT". The front door of the home did not have an "EXIT" sign.	3-16-12	Exit signs were placed above both doors. Signs will be permanent. Picture included.	 3/21/12


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted to the home on 12.6.2011. The medical evaluation was completed on 1.17.2012. The medical evaluation was not completed within the required time frame.	3-16-12 ✓ *ONGOING	Resident had an eligibility issue with v.R. Appointment made for 12-13-11. Resident was late for appointment over broken suspenders refused to leave for appointment until they were fixed. DR refused to see [redacted] because of the late arrival. Next appointment 1-13-12. In the mean time Resident saw a psychiatrist 12-28-11. Our house DR. was moving his office could not see him before 1-9-12. Since we have contact the new Urgent Care on 677 Kiddie St Wilkes Barre Twp. which is will to see Residents in the event there is another issue.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

* The administrator will assure ongoing compliance and assure medical evaluations are completed timely for all residents. M. Moskalezyk

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224a A determination shall be made within 30 days prior to admission and documented on the Department's pre-admission screening form that the needs of the resident can be met by the services provided by the home.	The Pre-Admission screening form for resident #1 and resident #2 did not indicate that the needs of the individual can be met by the services provided by the personal care home. The section was left blank. The date the Pre-Admission screening form was completed was missing, making it impossible to determine that the screening was completed within the required time frame.	3-16-12	Pre admission screening will be checked for errors and omissions upon completion of residents admission and prior to completing the initial RASP by a direct care staff and administrator. Resident #1 and #2 pre admission screenings have been corrected. Copies included.	Steps have been taken to correct violation; full compliance is not verifiable Date  Initials (DPW) 