

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

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 June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223140

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Ms. Jennifer M. Mayhue, Owner
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 (Department) licensing inspection on February 28, 2013, 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 Human Services 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 read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 22314 - 02/28/2013 - Bloch, Betty
 PCH Name: IDA P WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract dated 12/2/11 for resident #1 was not signed by the payer, who is the resident's legal guardian.
 12-3-11

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An addendum has been created for the Residents contract. The fiduciary has been contacted and addendum signed 3-8-13. The addendum has been attached to the Residents contract and violation report. The signature page on the homes contracts has been changed to include a signature line for fiduciary to eliminate confusion. Current contracts have been checked for this omission.

The administrator will assure ongoing compliance -
 M
 3/28/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jennifer Mayhew administrator

Date 3-11-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/28/13</u> (Date)	Plan of correction implementation status as of <u>3/28/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22314 - 02/28/2013 - Bloch, Betty
 PCH Name: IDA P WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

In the white freezer chest closest to the door in the home's pantry, the following leftover food items were unlabeled and undated:
 •An opened and unsealed manufacturer's package containing 6 waffles
 •A plastic zip lock-type bag containing 14 repackaged sausage patties

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at the time of inspection. All open and repackaged food will be packaged properly and dated before placed in the freezer. The freezer will be checked at the beginning of everyday before any food is prepared for the day by administrator or designee. Undated and unwrapped food are to be discarded immediately. This subject will also be readdressed at the homes continuing staff training program.

• The administrator will monitor weekly for ongoing compliance.

m
3/28/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Mayhue administration* Date *3-11-13*

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Violation Report: 22314 - 02/28/2013 - Bloch, Betty
 PCH Name: IDA P WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home's administrator, staff person A, does not have the emergency preparedness plan for the Bear Creek Township or Luzerne County.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A copy of Bear Creek Twp Emergency Management plan has been retained by the home on 3-5-13 a copy is included in the violation report, also a copy will be kept in the home at all times in a place where the administrator or designee can access it. The administrator has read the plan and will discuss the contents during the home emergency management education classes.

- The administrator will monitor for ongoing compliance.

m
3/28/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Mayhew

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Mayhew administrator	3-11-13

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Violation Report: 22314 - 02/28/2013 - Bloch, Betty
 PCH Name: IDA P WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

On 2/28/13 at noon, the following paper items were observed in the cigarette receptacle located in the smoking pavilion behind the home which posed a possible fire hazard:
 •An empty box of "Dean's" Menthol 100 Cigars
 •An empty box of "Dean's" Full Flavor Cigars
 •A wad of white tissue paper

The receptacle was partially full of extinguished cigarettes and a resident was observed smoking next to it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has purchased a smokers cease fire butt receptacle ^{on 3-7-13} with a smaller butt opening than the prior receptacle. A sign has been painted on the receptacle stating butts only no trash. The smoking area will be checked for litter at the end of smoking hours for the day 10:00pm. Also the home will reeducate the residents on the rules of the smoking area and smoking safety.

• The administrator will monitor for ongoing compliance.


M 3/28/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Mayhue administrator Date 3-11-13

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Violation Report: 22314 - 02/28/2013 - Bloch, Betty
 PCH Name: IDA P WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening dated 12/27/12 for resident #2 was incomplete. It did not indicate if the needs of the individual can be met by the services provided by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)


Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at the time of inspection. on future pre admission screening forms the home will highlight the signature and residents need section. This will draw attention to these areas when the form is being completed and checked by another staff person for accuracy. Starting 2-28-13 all pre admission screening forms will be highlighted when form is copied before completing. Also the subject will be addressed at staff education program

The administrator will monitor for ongoing compliance -

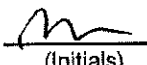
M
3/28/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/07/2012
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Mayhew administrator	3-11-13

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