



MAY 16 2014

Ms. Jennifer Mayhue, Owner
Jennifer M Mayhue
3500 Meadow Run Road
Bear Creek, Pennsylvania 18702

RE: Ida P. Weitz Personal Care Home
License #: 223140

Dear Ms. Mayhue:

As a result of the Department of Public Welfare's licensing inspection on April 11, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is stylized and includes a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22314 - 04/11/2014 - OHaire, Anne
 PCH Name: IDA P. WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The following residents initial assessments were not dated. It's not possible to determine if the assessments were completed timely.

1. Resident #1 DOA 08-08-13
2. Resident #2 DOA 12-03-13
3. Resident #3 DOA 05-17-13

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

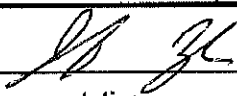
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Rasps have been checked and dated with the corresponding date from the signature page. The home has added a blank line where the final date belongs. This will draw attention to the area. The administrator will check monthly that the assessments are properly dated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Jennifer Mayhew

Date

4-29-14

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

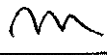
The above plan of correction is approved as of

5/5/14
 (Date)

Plan of correction implementation status as of

5/5/14
 (Date)

The above plan of correction was approved by


 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22314 - 04/11/2014 - OHaire, Anne
 PCH Name: IDA P. WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The following residents initial support plans were not dated. It's not possible to determine if the home completed the initial support plans within 30 days of admission.

1. Resident #1 DOA 08-08-13
2. Resident #2 DOA 12-03-13
3. Resident #3 DOA 05-17-13

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.

All Rasps have been checked and dated with the corresponding date from the signature page. The home has added a blank line where the final date belongs. This will draw attention to the area. The administrator will check monthly that the support plans are properly dated.

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 admin.	Date 4-29-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</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