



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 16 2015

Ms. Jennifer Mayhue, Administrator
Ida P. Weitz Personal Care Home
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 Human Services' licensing inspection on March 27, 2015 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, 2015 to June 3, 2016 was issued on February 24, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22314 - 03/27/2015 - Yellenic, Cindy
 PCH Name: IDA P. WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

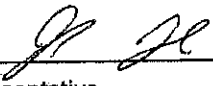
2a. DESCRIPTION OF VIOLATION
 The provider did not have a signed contract in place prior to admission or within 24 hours after admission on 2/5/15 for Resident #1.

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.

At the time of admission the administrator will provide the homes contract and insure that it is properly signed and dated. After the initial file is compiled the administrator will then recheck that the contract has been properly signed and date by resident and legal entity

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)	Date
Jennifer Mayhue admin	4-26-15

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

The above plan of correction is approved as of <u>4/30/15</u> (Date)	Plan of correction implementation status as of <u>4/30/15</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 - 03/27/2015 - Yellenic, Cindy
 PCH Name: IDA P. WEITZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is an 12 x 12 stoned area approximately 50 feet from the home. There were 30-40 cigarette butts visible in the snow, and on the ground where the snow had melted.

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 cigarette butts have been collected and disposed of properly. Residents have been re educated on proper smoking procedure and cigarette butt disposal. Daily a direct care staff person will be assigned to check for hazards in the smoking area during day light hours. For better visibility

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) <i>Jennifer Mayhew</i>	Date <i>4-26-15</i>
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