

Department of Human Services
Bureau of Human Service Licensing

June 9, 2021

[REDACTED]
JENNIFER M MAYHUE
3500 MEADOW RUN ROAD
BEAR CREEK, PA 18702

RE: IDA P. WEITZ PERSONAL CARE
HOME
3500 MEADOW RUN ROAD
BEAR CREEK, PA, 18702
LICENSE/COC#: 22314

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/19/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *IDA P. WEITZ PERSONAL CARE HOME* License #: *22314* License Expiration Date: *06/03/2021*
Address: *3500 MEADOW RUN ROAD, BEAR CREEK, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5704723197* Email: [REDACTED]

Legal Entity

Name: *JENNIFER M MAYHUE*
Address: *3500 MEADOW RUN ROAD, BEAR CREEK, PA, 18702*
Phone: *5704723197* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *11/12/1980* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Incident* Exit Conference Date: *05/19/2021*

Inspection Dates and Department Representative

05/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *13*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *Not Required*

No Deficiencies Identified