

Department of Human Services
Bureau of Human Service Licensing

November 13, 2022

[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 review on 06/07/2022, 06/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *IDA P. WEITZ PERSONAL CARE HOME* License #: *22314* License Expiration: *06/03/2023*
Address: *3500 MEADOW RUN ROAD, BEAR CREEK, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/10/2022*

Inspection Dates and Department Representative

06/07/2022 On Site [REDACTED]
06/10/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2022*

08/03/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/10/2022

11/13/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

At approximately [redacted] am on [redacted] 22 Resident #1 attacked Resident #2. [redacted]

POC Submission

Accept

[redacted] /22 Dhs,AAA, PDA, Va Police, residents 1and 2 caseworker and designated persons were all contacted by phone. A reportable incident report was submitted along with a mandatory abuse report within the next 24 to 48 hours. Resident one was transported to [redacted] for a psychological examination were [redacted] was kept for 24 hours with a follow up in several days with Dr [redacted]. Resident 1 was prescribed [redacted] [redacted] for sleep. Resident 2 was transported to [redacted] where a police report was made and the resident was admitted for observation [redacted]. Resident 1 is now on a different floor than resident 2. Resident 1 is being monitored [redacted]. The interaction between residents are being monitored and limited as much as possible. Resident 2 is being followed by home health and resident 1 is being followed by CCS. All employees have been educated on the incident and notes have been added to both residents support plans.

Licensee's Proposed Overall Completion Date: 07/07/2022

Document Submission

Implemented [redacted] - 11/13/2022)

[redacted] 22 Dhs,AAA, PDA, Va Police, residents 1and 2 caseworker and designated persons were all contacted by phone. A reportable incident report was submitted along with a mandatory abuse report within the next 24 to 48 hours. Resident one was transported to [redacted] for a psychological examination were [redacted] was kept for 24 hours with a follow up in several days with Dr [redacted]. Resident 1 was prescribed [redacted] at bedtime for sleep. Resident 2 was transported to [redacted] where a police report was made and the resident was admitted for observation [redacted]. Resident 1 is now on a different floor than resident 2. Resident 1 is being monitored for [redacted]. The interaction between residents are being monitored and limited as much as possible. Resident 2 is being followed by home health and resident 1 is being followed by CCS. All employees have been educated on the incident and notes have been added to both residents support plans.

Licensee's Proposed Overall Completion Date: 10/17/2022