

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

September 5, 2023

[REDACTED], ADMINISTRATOR

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 07/05/2023 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

**Facility Information**

Name: IDA P WEITZ PERSONAL CARE HOME      License #: 22314      License Expiration: 06/03/2024

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**

Type: C 2 LP      Date: 11/12/1980      Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0      Total Daily Staff: 16      Waking Staff: 12

**Inspection Information**

Type: Full      Notice: Unannounced      BHA Docket #:

Reason: Renewal      Exit Conference Date: 07/05/2023

**Inspection Dates and Department Representative**

07/05/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 18      Residents Served: 16

**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: 14

Diagnosed with Mental Illness: 14      Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0      Have Physical Disability: 0

**Inspections / Reviews**

**07/05/2023 - Full**

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 08/05/2023

**08/15/2023 - POC Submission**

Submitted By: [REDACTED]      Date Submitted: 08/29/2023

Reviewer: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 08/22/2023

Inspections / Reviews *(continued)*

08/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/01/2023

09/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

*The licensing inspection summary dated 6/7/22 posted on the homes bulletin board had the privacy coding document attached. The privacy coding document exposes confidential information of the residents.*

#### Plan of Correction

Accept (█) - 08/15/2023

*Documentation was removed immediately. The facility will be more diligent when posting documents in the future. All staff will review residents confidentiality regulations. In addition the administrator will check postings monthly for any documentation that would contain confidential materials.*

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented (█) - 09/05/2023

## 141a 1-10 Medical Evaluation Information

### 2. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

#### Description of Violation

*The Documentation of Medical Evaluation form dated █ for Resident 1 does not include documentation of the measurement of the resident's weight.*

#### Plan of Correction

Accept (█) - 08/25/2023

*Direct care staff will be educated to check for completion of documentation received from physicians. The assistant administrator will be assigned to review charts quarterly for proper completion of the physical forms. The weight was added to the form █ after finding documentation of the residents weight was on █ by me (administrator). Education on proper documentation and annual physicals will be held with direct care staff on 7/8/23. Also education on this subject will be added to our annual 12 hours of training for direct care staff in following years.*

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented (█) - 09/05/2023

## 227h - Support Plan Refuse Sign

**3. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

*The Resident Assessment and Support Plan dated [REDACTED] for Resident 2 is not signed by the resident. The support plan does not include documentation of the resident's refusal to sign.*

**Plan of Correction****Accept [REDACTED] - 08/25/2023)**

*In an attempt to include residents in their plan of care signatures were not being received in a timely manner. The administrator will document the residents first response to participate or not to ensure proper documentation in the future. The assistant administrator will be assigned to review charts quarterly to ensure proper documentation. It was recorded the day of inspection the resident refused to participate with the creation of the rasp on 7/5/23 by the administrator. On 7/8/23 the direct care staff was educated on the proper completion of rasps. This education will also be added to the annual 12 hours education for direct care staff in follow years.*

**Licensee's Proposed Overall Completion Date: 08/21/2023**

**Implemented [REDACTED] - 09/05/2023)**