

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

September 4, 2024

[REDACTED], OWNER/ADMINISTRATOR  
AMANDA WEIKERT  
159 KINGSDALE ROAD  
LITTLESTOWN, PA, 17340

RE: WEIKERT'S CARE HOME  
159 KINGSDALE ROAD  
LITTLESTOWN, PA, 17340  
LICENSE/COC#: 33743

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2024 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: WEIKERT'S CARE HOME License #: 33743 License Expiration: 06/15/2025  
 Address: 159 KINGSDALE ROAD, LITTLESTOWN, PA 17340  
 County: ADAMS Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: AMANDA WEIKERT  
 Address: 159 KINGSDALE ROAD, LITTLESTOWN, PA, 17340  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-3 SP Date: 06/22/1995 Issued By: DLI  
 Type: Other Date: 01/04/2002 Issued By: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/23/2024

**Inspection Dates and Department Representative**

07/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 8 Residents Served: 7  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 1

**Inspections / Reviews**

07/23/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/08/2024

08/09/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/03/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2024

Inspections / Reviews *(continued)*

08/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/02/2024

09/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the home's furnaces was conducted on 7/18/2023. The home's previous inspection was conducted on 1/17/2022.

Plan of Correction

Accept (█ - 08/09/2024)

On 7/23/2024 the Administrator contacted █ Air Systems, INC to ask if there was any proof of inspection needed in July since they were called for repairs in January and the Administrator had the tech look over all 3 units. Unfortunately the manager would not supply any documentation because █ couldn't verify that the tech completed that service since █ didn't document the full service provided. The Administrator had already scheduled for the company to come out in July and the furnaces and AC units were inspected 7/24/24. The Administrator will start keeping a designated planner with a list of due dates for all inspection/maintenance due with a chart attached with last inspection date and due dates and dates of call to companies to help keep track of all the due dates to stay compliant with regulation 2600.126.a. The administrator will provide a copy of the chart made to use for keeping track of dates and a picture of the planner being used for reminders. This correction was completed on 8/8/2024.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented (█ - 09/04/2024)

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

Resident #1's initial and most recent medical evaluation, dated █, does not include the resident's blood pressure, temperature, and pulse rate.

Plan of Correction

Accept (█ - 08/16/2024)

On 7/24/24, Administrator contacted the physician who completed the DME for resident #1 and explained the missing information. On 7/25/24, the physician has provided a document stating █ was present for a in person evaluation for resident#1 on █ and provided the correct missing blood pressure, temperature and pulse rate. Administrator of Weikert's has made a check list for completing the DMEs, listing all required information for medical evaluations completed by physicians. The Administrator will use this check list during all new admission

**141a 1-10 Medical Evaluation Information (continued)**

medical evaluations as well as medical evaluations needed for status changes and annual medical evaluations. The administrator will also review the check list with the completed medical evaluation within 24 hours after receiving the DME from the physician before filing the DME form in the residents file. The administrator completed the fix for resident #1 DME missing information on 7/25/2024. Administrator has attached the document provided by the physician as well as the check list made. This correction was completed on 8/8/2024. An audit of all other resident medical evaluations was completed by the Administrator on 8/9/24.

Proposed Overall Completion Date: 08/16/2024

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented ( [REDACTED] ) - 09/04/2024)

**183e - Storing Medications****3. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 7/23/2024 around 5:30PM, the [REDACTED] for Resident #2 was not dated when opened, per manufacturer's instructions, to ensure that it was not used beyond the expiration date.

**Plan of Correction**

Accept ( [REDACTED] ) - 08/16/2024)

The administrator had already been documenting the opening date of all [REDACTED] behind resident #2 MAR sheets with the fear of the pen markings fading off the sticker on the [REDACTED]. The administrator corrected the missing date on 7/23/24 after inspector left and once the date was confirmed the documented date listed on chart behind Resident's #2 MAR. The administrator started the annual staff training plan on 7/25/24 for August 14,2024 and will continue to add it to the training plan every year for August training to ensure the staff is being trained on manufacturer's instructions for all OTC medications, prescribed medications and CAM. On 8/9/24 the administrator added a reminder list behind resident #2 MARs to make sure the med tech opening the [REDACTED] are completing the correct documentation on [REDACTED]. On 8/9/24 the administrator and Med tech/Direct Care staff completed a audit on all [REDACTED] to ensure all [REDACTED] have the date of opening as well as the rest of the important required information on [REDACTED] and MAR. The administrator will provide proof of staff training once completed and a copy of the reminder list for opening [REDACTED] and following the manufacturer's instructions. This plan of correction plan will be completed on 8/14/24

183e - Storing Medications (continued)

every year to come to ensure the staff is being trained on manufacturer's instructions for all OTC medications, prescribed medications and CAM. On 8/9/24OnThe administrator will also add a reminder list behind resident #2 MARs to make sure the med tech opening the [REDACTED] are completing the correct documentation on [REDACTED]. The administrator will provide proof of staff training once completed and a copy of the reminder list for opening [REDACTED] and following the manufacturer's instructions. This plan of correction plan will be completed on 8/14/24

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented ([REDACTED] - 09/04/2024)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

On 7/23/2024 around 5:30PM, the pharmacy label for Resident #2's [REDACTED] did not include the current instructions for administration. The pharmacy label includes instructions to take [REDACTED] as needed. However, the current physician's order states to take [REDACTED] as needed.

Plan of Correction

Accept ([REDACTED] - 08/16/2024)

The administrator failed to switch out the old label on resident #2 [REDACTED] prn medication with the new label. Administrator corrected this on 7/24/24 by replacing the old order with the correct order label after pharmacy confirmed the order was still active and correct. The administrator and Med-Tech/Direct Care Staff completed a medication and MAR audit to ensure all residents medications and MAR was compliant with regulation 2600.184.a. On 8/30/24, the administrator will start a 2 person PRN medication audit to make sure all medication labels match with the MAR labels. These audits will be completed on PRN medication every other month by the administrator and a certified med tech at the end of the month when new MARs are being reviewed before starting the new month. This audit document will also ask if there was any mistakes found and what was done to fix the problem and will keep these documents in a binder filed in the locked filing cabinet with residents files. All residents medications will be audited every other month and will be continued to make sure regulation 2600.184.a is being followed. Administrator and certified med tech will sign off on the audit forms once they are completed. The administrator will start the audits on 8/30/24. The administrator will provide a copy of the audit form created for this correction. This correction will be completed on 8/30/2024 after the first med audit is completed.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented ([REDACTED] - 09/04/2024)

187a - Medication Record

**5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

Resident #2 is prescribed [REDACTED] as needed. However, the resident's July 2024 Medication Administration Record does not have the following information for the medication:

- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN)

**Plan of Correction**

Accept ( [REDACTED] ) - 08/16/2024)

The administrator contacted the pharmacy on 7/24/2024 to report the medication documentation error. The pharmacy has provided documentation stating this prescription was still active and was dropped off the MAR by the pharmacy. The administrator corrected the MAR 7/25/24 by adding the medication back onto the MAR after receiving the confirmation of the medication still being active. The administrator will start having a certified med tech staff person present when the administrator reviews the MARs and medications every month to have 2 people reviewing the medications and making sure regulation 2600.187.a is being followed and that the med cart is compliant. On 7/25/24 the administrator started this audit for immediate review of July's MAR's as well as August's MARs for all of the residents medications and PRN meds so we can stay compliant with regulation 2600.187a. The administrator has made a check list audit for comparing the MAR and medications with 2 staff person and will continue to use the check list every month to ensure this regulation is being followed. The administrator and certified med tech completing the review will sign off on the review and the forms will be stored in the same binder as the medication audits and locked in file cabinet with resident files. The administrator will provide document from the pharmacy as well as a copy of the check list made that will be used every month. The next audit for all medications will be 8/30/24 using Septembers MAR's.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ( [REDACTED] ) - 09/04/2024)