

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

August 21, 2024

[REDACTED], ADMINISTRATOR  
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 07/31/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *IDA P. WEITZ PERSONAL CARE HOME* License #: *22314* License Expiration: *06/03/2025*  
 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: *13* Waking Staff: *10*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/31/2024*

**Inspection Dates and Department Representative**

*07/31/2024 - 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: *11* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*07/31/2024 - Full*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND