

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

July 16, 2025

[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 review on 06/11/2025 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: 06/03/2026
 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: Other Date: 10/24/1980 Issued By: L&I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/11/2025

Inspection Dates and Department Representative

06/11/2025 - On-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: 6 Are 60 Years of Age or Older: 12
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/11/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2025

07/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/14/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/14/2025

Inspections / Reviews *(continued)*

07/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102k - No Common Towel

1. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

At approximately 10:45 a.m. there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the upstairs bathroom closest to the rear exit.

Plan of Correction

Accept (█) - 07/09/2025)

The paper towels were immediately refilled at time of inspection. All staff have been re-educated on 6/28/25 on sanitary practices, importance of hygiene and regulation 2600.102. Starting 6/12/25 AM cleaning staff will be in charge of filling the towels wether empty or not in all bathrooms by 7am and the evening directcare staff will be in charge of filling the towels by 7pm. If these staff persons find that the paper towels are empty when filling it is to be reported to the administrator by adding it to their daily communication notes before their shift is over. There has been no instances of empty towels but if instances start occuring the home will devise a plan for filling them every 8 hours instead of 12.

Licensee's Proposed Overall Completion Date: 07/05/2025

Implemented (█) - 07/16/2025)

103e - Left Overs

2. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:30 a.m. there was a large bag of frozen bacon wrapped in plastic wrap, a Ziploc bag of frozen potatoes, and a large bag of frozen chicken unlabeled and undated found in the home's freezer located nearest the door to the food storage room.

At approximately 10:35 a.m. there was a large bag of deli sliced salami found in the refrigerator not dated with the date it was removed from the freezer and stored in the refrigerator.

Plan of Correction

Accept (█) - 07/09/2025)

Both freezers and the refrigerator were emptied completely and checked for unlabeled or undated food . All food placed back in the freezers and refrigerators have labels and dates this was completed 6/12/25. The home purchased containers for the lunch meat that is easier to mark with dates . These containers help with the condensation so the writing stays on without issue. All staff have been re-educated on food handling safety and regulation 2600.103 on 6/28/25. The staff person in charge of serviing the 5 pm. meal will be in charge of checking for unlabel and undated food after completion of the meal preparation on a daily bases. Any unlabeled food should be removed and disposed of . A list of these items be kept and reveiwed by the administrator weekly for compliance.

Licensee's Proposed Overall Completion Date: 07/05/2025

Implemented (█) - 07/16/2025)

121a - Unobstructed Egress

3. Requirements

2600.

121a - Unobstructed Egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:53 a.m. the exit door located in the basement required excessive force to be opened due to the door sticking to the bottom of the frame.

Plan of Correction

Accept () - 07/09/2025)

On 6/14/25 the door jam in question was shaved down a 1/4 inch and the door now opens without sticking. All staff have been educated on regulation 2600.121a and unobstructed egress definitions. All doors and exits will be checked monthly for mechanical issues by the administrator. A record will be kept of this on the facility's monthly fire drill log.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented () - 07/16/2025)