

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

August 25, 2025

[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 07/22/2025 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: WEIKERT'S CARE HOME License #: 33743 License Expiration: 06/15/2026  
 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: Labor and Industry  
 Type: Other Date: 01/04/2002 Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/22/2025

## Inspection Dates and Department Representative

07/22/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 8 Residents Served: 6

## Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 0

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 6  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 1

## Inspections / Reviews

## 07/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2025

## 08/18/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/23/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/25/2025

Inspections / Reviews *(continued)*

08/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2025

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

On 7/22/25 at 9:00 AM, the hallway where the medication cart is kept was unlocked, unattended, and accessible and included several pieces of paper attached to the wall that were readily visible and included protected health information like medications prescribed for resident 1 [REDACTED] resident 1's blood pressure checks from 7/13 through 7/22; and medication administration records (MARs) for resident 2 including [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/18/2025

On 7/22/25 Inspector found Confidential papers hanging above the medication cart where the staff works with medications and office work. This area is in the office that is located in a hallway that leads to another side of the home where resident rooms are located.

On 7/22/25 after the inspector left, the administrator removed all papers from the bulletin boards.

on/7/23/25 the administrator made a medical binder for the staff to review all updates on residents, reminders of medication changes, appointments for residents that are coming up, and schedules for all resident rooms and linens and showers. This binder also includes all new orders that are given by the physician in written form.

On 7/26/25 the administrator emptied a room that was used for a possible 8th bed and made this room into an office for staff to leave important notes or reminders for other staff, to give report and for administrator to work on resident files and staff files in a private setting. This room will also be used for when the DHS performs annual inspections so all materials needed will remain confidential.

This violation was corrected on 07/22/25 and to ensure ongoing compliance, on 07/23/25 and 07/26/25 was completed with corrective actions listed above. POC was submitted by the Administrator on 08/15/25 for completion.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 08/25/2025

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The care facility carbon monoxide alarms standards act requires that batteries shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. The battery in the carbon monoxide alarm in the main floor kitchenette (across from resident [REDACTED])

**18 - Compliance With Laws (continued)**

bedroom) was not dated; the battery in the carbon monoxide alarm in furnace room 2 (downstairs) was not dated; the battery in the carbon monoxide alarm in the canning room (downstairs) was dated 3/17/22.

**Plan of Correction****Accept ( [REDACTED] - 08/18/2025)**

On 7/22/25 inspector found 3 carbon monoxide detectors that did not have dates on the batteries that were in the detectors.

On 7/23/25 Administrator removed the carbon monoxide detectors and replaced all the batteries and added the dates on the batteries.

On 7/25/25 Administrator made a Yearly Plan and a yearly home maintenance binder to ensure this doesn't happen again. These forms include due dates of all maintenance and inspections due that is required by regulations for the home. This binder also includes the documents for The Entrance Conference Guide, Self-Inspection and Declaration Tool, and The Facility Check List and Room List to review twice a year.

To ensure on going compliance, this Binder will also be reviewed yearly by the staff at Weikert's Care Home as part of their training.

On 8/15/25 Administrator completed the POC with Proof of plans and documents for Binder.

**Licensee's Proposed Overall Completion Date: 08/15/2025**

**Implemented ( [REDACTED] - 08/25/2025)****25b - Contract Signatures****3. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

The resident-home contract, dated [REDACTED] for resident 3 was not signed by the resident.

**Plan of Correction****Accept ( [REDACTED] - 08/18/2025)**

On 07/22/25, Inspector found resident 3's contract signed by Administrator and the Designed Person/ Payor, but Resident 3 did not sign the contract.

On 07/22/25, Administrator had resident sign the contract while the inspector was present.

On 07/31/25, the administrator created a Check list to ensure the on going compliance with regulation 2600.25b. The administrator will use a New Resident Checklist that includes the contract on this list, along with all the other required documents needed upon admission.

On 07/31/25, the administrator created a Resident File Audit form to review the resident files every 6 months to ensure all documents are accounted for according to the regulations and to ensure all documents are completed according to the regulations.

25b - Contract Signatures (continued)

On 08/15/25, the Administrator will submit copies of these documents to show proof of correction and completion of this violation.

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented (█) - 08/25/2025

64c - Annual Training

4. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

█ the home's administrator, completed only 20 hours of Department-approved training in training year January 2024 to December 2024.

Plan of Correction

Accept (█) - 08/18/2025

On 07/22/25, Inspector found that Administrator only had 20 hours of the 24 total hours required by 2600.64.c regulation annually.

On 07/31/25, The administrator created a training log to ensure the on going compliance with the regulation 2600.64.c. The training log will list the date of trainings, Time spent in trainings, Topic of Trainings, How the training was delivered, and who the trainer was that held the training. This form will be kept in the administrator's employment file and updated after each training is completed.

The Administrator will also included a copy of the Regulation with the training log to ensure the Administrator is counting the trainings hours correctly according to the hours allowed from each type of training. For example, Up to 4 hours of CPR , obstructed airway and first aid training.

On 7/31/25, Administrator used the training log to start logging year 2025 trainings and hours.

On 08/15/25, The Administrator provided copies of this log and a copy of the printed regulation for proof of completion of violation.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 08/25/2025

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/22/25 at 9:00 AM, the medication cart was unlocked, unattended, and accessible in the open hallway in the front of the home. The cart contains all of the home's medications including resident 3's █

183b - Meds and Syringes Locked (continued)

[redacted]; resident 1's [redacted], and resident 4's [redacted]

Plan of Correction

Accept ([redacted] - 08/18/2025)

On 07/22/25, Inspector found the Medication Cart unlocked, unattended and accessible in the open hallway in the office. The medication cart contains all the homes medications for all the residents.

On 07/23/25, The administrator held a staff meeting to discuss the violation of the regulation 2600.183.b and reviewed the Med Cart safety and policies and procedures for the medication carts and medications. All staff who are med tech certified was present. All staff signed a record of training sheet. This training took a hour to review.

To ensure the ongoing compliance of this violation, the administrator has added this review to the annual staff training plan.

On 08/15/25, The administrator included a signed training log as evidence of correction for this violation of 2600.183.b.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented ([redacted] - 08/25/2025)

187a - Medication Record

6. Requirements

2600.

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

11. Special precautions, if applicable.

Description of Violation

Resident 1 is prescribed [redacted] The medication administration record (MAR) does not include the special instruction [redacted]

Resident 1 is prescribed [redacted] The MAR does not include the special instruction [redacted]

Plan of Correction

Accept ([redacted] - 08/18/2025)

On 07/22/25, Inspector found that resident 1 was prescribed [redacted] The medication administration does not include the special instructions [redacted]

Inspector also found that Resident 1 was prescribed [redacted]. The MAR did not include the special instructions [redacted]

On 07/23/25, The administrator reported the consistent hold on [redacted] to the Primary care physician and this medication was discontinued due to frequent Hold [redacted]

On 07/23/25, The administrator also reported the few Holds [redacted] to the Primary Care Physician, [redacted] returned [redacted] back to the original order, [redacted]

187a - Medication Record (continued)

On 07/23/25, The administrator contacted the Pharmacy to review the need of special instructions needing to be present on the E-MAR as well as the medication pack. Plan of action will consist of returning all medications back to the pharmacy and receive bubble packs for the medications that require special instructions so that all the information will fit on the label. The pre-packaged medication packs don't have enough space for these instructions to be printed on.

To ensure ongoing compliance with this regulation. The Administrator will send all written orders that are given for residents for medication changes to the pharmacy and will keep a copy in the medical binder kept in the locked med cart for the med tech/staff to review to stay informed of all medication changes.

On 08/15/25, POC completed for correction of violation for regulation 2600.187.a.

08/20/25, The Administrator will provide a document signed by the pharmacy stating this agreement to have all medications with special instructions changed to bubble packs and that all instructions on the E-Mars will be changed to meet the new orders given. The Administrator will also provide copies of the discontinued order for the [REDACTED] as well as the return to the original order for [REDACTED]

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented ([REDACTED] - 08/25/2025)

190b - Insulin Injections

7. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A does not have current diabetic education. Staff A checked resident [REDACTED] blood sugar on 7/15/25 at 8:50 PM and 4:30 PM; on 7/13/25 at 11:30 AM and 7:30 AM; and on 7/11/25 at 12:00 PM and 8:00 AM. Staff A administered insulin to resident [REDACTED] on 7/15/25 at 8:52 PM and 4:43 PM; on 7/13/25 at 11:30 AM and 7:42; and on 7/11/25 at 7:50 AM.

Plan of Correction

Accept ([REDACTED] - 08/18/2025)

On 07/22/25, Inspector found that staff person A has a expired Diabetic Training Certificate. Staff A Checked Blood Sugars for Resident [REDACTED] as well as administered insulin for resident [REDACTED]

On 07/22/25, Staff person A informed Inspector that [REDACTED] currently has a scheduled Diabetic Training course for August. That there was not a Course available during the time [REDACTED] Diabetic Training expired.

On 08/13/25 Staff person A completed [REDACTED] recertification for diabetic Training. Received [REDACTED] Certificate on 08/15/25 from [REDACTED], Non-Credited, Approved DHS Course.

On 08/13/25, To ensure a ongoing compliance with 2600.190.b, Staff Person A has added the due date of [REDACTED] diabetic training to [REDACTED] reminder planner that lists all important dates and deadlines. It will also show a date for a

190b - Insulin Injections (continued)

reminder date, one month before the recertification is due.

On 08/15/25 correction of violation 2600.190.b was competed and proof of planner reminders was provided. Certification of completion of Diabetic Training was also provided for Staff person A.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented ( [redacted] - 08/25/2025)

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 5 was admitted on [redacted], however, the resident's assessment wasn't completed until [redacted]

Plan of Correction

Accept ( [redacted] - 08/18/2025)

On 07/22/25, Inspector found that Resident 5, who was admitted on [redacted] and the assessment part of the RASP wasn't completed until [redacted]

On 07/30/25, Administrator completed an audit on all RASPs for all Residents to ensure the RASPs are completed correctly according to regulation 2600.225.a.

On 07/31/25, The Administrator created a check list for Completing a RASP. This check List will have the time Frames of the sections and as well as a list of all important required information and checks throughout the RASP process.

This check list will be used by the Administrator during all admissions to ensure there is an ongoing compliance with this regulation, 2600.225.a.

On 08/15/25 Plan of correction was completed by the Administrator.

On 08/20/25, proof of correction and Check Lists for RASPs that is made to ensure ongoing compliance will be submitted.

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented ( [redacted] - 08/25/2025)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 4's most recent assessment was completed on [redacted] and does not include [redacted]

225c - Additional Assessment (continued)

█ that was ordered for the resident on █

**Plan of Correction**

Accept (█ - 08/18/2025)

On 07/22/25, The inspector found that Resident 4s most recent assessment was completed on █ and did not include █ that was ordered for the resident on █

On 08/01/25, The Administrator started a new RASP for a significant change for Resident 4. Resident 4 was █ allowed by DHS.

On 08/15/25, The Administrator completed the Assessment part of the RASP for Resident 4.

To ensure the ongoing compliance for this regulation, the administrator has included a list of qualifying medical conditions, situations that would be considered a reason for a new RASP for a Significant Change. This list will be included in the RASP Check List.

On 08/15/25, the administrator completed the POC and on 08/20/25 the Administrator will provide proof of correction and ongoing compliance for this regulation, 2600.225.c.

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented (█ - 08/25/2025)

227h - Support Plan Refuse Sign

**10. 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**

Resident 4's support plan, dated █ was not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.

Resident 5's support plan, completed █, was not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.

**Plan of Correction**

Accept (█ - 08/18/2025)

On 07/22/25, Inspector found that Resident 4 and Resident 5's RASP was not signed by the resident and did not have notation regarding the resident's refusal or inability to sign.

The Administrator already requests that on admission day, when reviewing the Facilities policies and procedures, The designated person will review and sign a policy for the inability to sign or comprehend required policies and procedures, that the designated person is taking full responsibility of these policies and procedures due to their loved one having a diagnosis that would cause them to be unable to sign for themselves or comprehend the required information.

On 07/31/25, The Administrator completed a full audit on all RASPs to ensure all notations were present on all the RASPs. The Administrator also had Residents sign or witness the notation being marked unable to sign.

**227h - Support Plan Refuse Sign (continued)**

*To ensure the ongoing compliance with this regulation, 2600.227.h, The Administrator will use a Check list with all the required information for the RASP as well as the required notations. This Check List will be added to the RASP Lists created for the assessment violations addressed in this POC for this inspection that was on 07/22/25*

*On 08/15/25, The Administrator completed the Plan of Correction.*

*On 08/20/25, The Administrator will provide the check list for RASPs information and important notations required. The Administrator will also provide a copy of the policy the administrator created 3 years ago for the designated person taking responsibility for policies and procedures due to a diagnosis that would cause the resident to be unable to sign or comprehend the Facilities policies and procedures. Administrator will also provide proof of the signatures and notations corrected on the forms for resident 4 and resident 5.*

**Licensee's Proposed Overall Completion Date: 08/20/2025**

**Implemented (█) - 08/25/2025)**