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

August 19, 2026

[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 06/02/2026 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**: *06/03/2027*

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**: *15* **Waking Staff**: *11*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/02/2026*

Inspection Dates and Department Representative

06/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* **Residents Served**: *15*

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: *13* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/02/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/21/2026*

Inspections / Reviews *(continued)*

08/19/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

101j7 Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 11:24 a.m. Resident #1 did not have access to a source of light that can be turned on/off at bedside as the lightbulb in the resident's lamp was inoperable.

Plan of Correction ***Accept (- 07/17/2026)***

The light bulb was replaced during inspection period rendering the light operable. Cleaning staff will check the bed side lights for any operational issues every week during the routine cleaning of the lights. Staff will be educated on this information and the importants of correct lighting during an extention of the facilities already scheduled edcution class on 6/13/26. The extended class will be title the importance of lighting and correct documentation of fire drill logs.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented (- 08/19/2026)

132c Fire Drill Records

2. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 5/10/26 at 1:00 p.m., 4/23/26 at 10:00 a.m., 3/20/26 at 6:00 p.m., 2/3/26 at 10:00 p.m., 1/30/26 at 4:00 p.m., and 12/13/25 at 1:00 a.m. does not include the actual time the fire drills were conducted. Staff interviews confirmed the times recorded were approximate times the fire drills were conducted.

Plan of Correction ***Accept (- 07/17/2026)***

The facility was documentig the time the preparation started for the fire drill not the exact time the alarm was pulled . Going forward the exact time the alarm was pulled will be documented on the fire drill log not an estimate by the person sounding the alarm. The administrator will review the logs on a monthly basis to assure proper documentation is being done. Staff will be educated on this information during and extended education class 6/13/26 titled the importance of lighting and correct documentation of fire drill logs.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented (- 08/19/2026)

141b1 Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation dated does not include if the resident's needs can be met in a

141b1 - Annual Medical Evaluation (continued)

personal care home or if the resident would need to receive care in a skilled nursing facility.

Plan of Correction ***Accept (- 07/17/2026)***

The administrator has contacted the physician and proper documentation has been added to the the residents annual medical evaluation so that it is now complete. The staff member receiving the medical evaluation for the physician is going to be checking the documentation for completetion and accuracy before accepting the form this is the best time to address any issues. In addition the administrator will be checking the residents records for all required documents and their accuracy every 3 months. All direct care staff will be trained on this informantion during an extended education class on 7/11/26 titled importance of correct documentation.

Licensee's Proposed Overall Completion Date: *07/11/2026*

Implemented (- 08/19/2026)

187a - Medication Record

4. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

Description of Violation

Resident #3 is prescribed Escitalopram 20 mg tablets to be administered daily at 8:00 a.m. The resident's June 2026 medication record lists the dosage of the medication as 10 mg instead of the prescribed 20 mg dose.

Plan of Correction ***Accept (- 07/17/2026)***

The wrong dose of the medication was immediately discontinued and the correct dose was entered. Medication staff will immediately document any medication changed upon receipt with no exceptions or delays. The practicum observer will check MARS weekly for a month and the monthly for six months to ensure proper documentation is being done. All direct care and medication staff will be educated on this subject during an extended education training titled the importance of correct documentation.

Licensee's Proposed Overall Completion Date: *07/11/2026*

Implemented (- 08/19/2026)