



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MERAKEY PENNSYLVANIA  
LEGAL ENTITY

To operate MERAKEY PENNSYLVANIA  
NAME OF FACILITY OR AGENCY

Located at 1071 PAGE ROAD, HARRISBURG, PA 17111  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 10, 2018 until June 2, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **321000**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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MAY 10 2018

Mr. Joseph S. Martz,  
President  
Merakey Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: Merakey Pennsylvania  
1071 Page Road  
Harrisburg, Pennsylvania 17111  
Certificate #: 321000

Dear Mr. Martz:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on March 23, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

The license indicates the facility's recent change in the name of the legal entity from NHS Pennsylvania to Merakey Pennsylvania and the facility's recent change in the name from NHS Capital Region to Merakey Pennsylvania.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

Mr. Joseph S. Martz

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosure  
License  
License Inspection Summary



Violation Report: 32100 - 03/23/2018 - Bomberger, Cybil  
 PCH Name: NHS CAPITAL REGION


**1. REGULATION 55 Pa.Code §2600**  
 2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

**2a. DESCRIPTION OF VIOLATION**  
 The second floor of the home which consists of two resident bedrooms and a bathroom has only one means of egress. The only way to access the second floor of the home is by a stairway from the living room on the first floor to the second floor.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The contract to install a Second Egress from the Mezzanine was awarded to Dan Mione. The project consists of adding an exterior door with a stairwell leading to the outside deck. The Residential Program Director will inform DHS when the project starts and will also submit pictures of the finished project.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maximilian S. Zwart Program Director	Date 5/7/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/8/18  
 (Date)

The above plan of correction was approved by BOS  
 (Initials)

Plan of correction implementation status as of 5/8/18  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32100 - 03/23/2018 - Bomberger, Cybil

PCH Name: NHS CAPITAL REGION

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #1 did not document that the prescribed Atorvastatin, Brimonidine solution, Docusate Sodium, Cosopt, and Olanzapine were administered on 3/9/18 at 8pm.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

187a. Missed Initials on the MAR: As indicated on Night Shift Assignment Sheet, the Full Time Night Shift Direct Care Worker will audit the MAR making a note of the information regarding missed initials. The Dayshift LPN Supervisor will determine who could have missed marking the MAR. The LPN Supervisor will make the appropriate person aware. The appropriate person has 24 hours to correct the documentation. If the appropriate person does not make corrections regarding the medication, the LPN supervisor will inform the Assistant Program Director. The Assistant Program Director will initiate Corrective Action with the appropriate person in order to assure proper protocols in the future.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative: *Beth Malister / dcf*  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Beth MALISTER*      Date: *4.10.2018*  
(Required on EVERY Page)      *Regional Executive Director*

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The above plan of correction is approved as of 5/8/18  
(Date)

Plan of correction implementation status as of 5/8/18  
(Date)

The above plan of correction was approved by BAS  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented