



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 16, 2018

Mr. Joseph S. Martz
Chief Executive Officer
Merakey Pennsylvania
4251 Crums Mill Road
Harrisburg, Pennsylvania 17112

RE: Merakey Pennsylvania
108 Cedarwood Circle
Russellton, Pennsylvania 15078
Certificate #: 438420

Dear Mr. Martz:

As a result of the Department's Bureau of Human Services Licensing inspection on June 15, 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.

Sincerely,


Jen Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 4

PCH Name: MERAKEY PENNSYLVANIA		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15078		County: Allegheny
Administrator: Lianne Danko		Region: WEST
Legal Entity Name: MERAKEY PENNSYLVANIA		
Legal Entity Address: 4251 CRUMS MILL ROAD, HARRISBURG, PA 17112		
Certificate(s) of Occupancy R-4 01/04/2017 West Deer Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 10 Waking Staff: 8		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Incident		
On-Site Inspection Dates and Department Representatives On-Site 08/15/2018: Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable 08/15/2018: Grace, Desmond		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 Number of Residents Served: 10 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 3 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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WEST REGION FIELD OFFICE
Human Services Licensing

Tennessee Snyder

Tennessee Snyder, VP of MLTSS

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Violation Report: **WEST REGION FIELD OFFICE**
 PCH Name: **VERAKEY PENNSYLVANIA**
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
 2600.15(a) The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 8 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons

2a. DESCRIPTION OF VIOLATION
 On 6/9/18 at 2:45 p.m. direct care staff person B used profanity when talking to resident #1 while in the presence of other residents and staff. Direct care staff person stated "go back to your mother f*****g room and sleep your f*****g bed and I want to see a f*****g one on you". Then grabbed the resident's wheelchair handles and proceeded to push the resident into the bad room. The resident stated the staff person's comment made him/her feel unwanted. However, the home did not report the suspected verbal abuse to Protective services until 6/11/18.

On 6-9-18 at approximately 8:30 a.m. direct staff person B profanity when talking to resident #2 while in the presence of other residents and staff in the home. Direct care staff person B stated "resident #2 can get off the ground and chicken wing and cheesecake. Then the tap water is fine. Filtered water isn't going to improve her health". The statements of the staff person made the resident feel very angry and embarrassed. However, the home did not report the suspected verbal abuse to Protective services until 6/11/18.

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.

Plan of Correction (POC)	Responsible Party	Target Dates	Monitoring Method
1. All staff were reeducated on Abuse reporting procedures during supervisions and documented in the minutes.	1. Management	1. 7/5/2018	1. Individual Supervision
2. Management will hold group supervisions during which staff will participate in mock scenarios around abuse reporting.	2. Management	2. 10/1/18	2. Group Supervision
3. Quality Improvement Division will create a workgroup that includes Operations to review Internal Morale training related to abuse reporting to allow for a forum to determine how to improve the training.	3. QI Division with the Quality and Compliance Division	3. By 9/1/18 (A workgroup meeting)	3. Email threads then Updated Training
4. Management will review abuse/suspected abuse reporting procedures during staff monthly supervision to ensure a clear understanding of process and expectations.	4. Management	4. Ongoing	4. Individual Supervision

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Tinnesia Snyder, VP of MLTSS** Date **7/26/18**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-6-18 (Date)

The above plan of correction was approved by [Signature] (Print Name)

Plan of correction implementation status as of 8-6-18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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Violation Report

FGH Name: MERAKEY PENNSYLVANIA

**WEST REGION FIELD OFFICE
Human Services Licensing**

1. REGULATION 55 Pa.Code §2600

2600 16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law)

2a. DESCRIPTION OF VIOLATION

On 6/9/18 at 2:45 p.m. direct care staff person B used profanity when talking to resident #2 while in the presence of other residents and staff. Direct care staff person B stated "go back to your mother f*****g room and strip your f*****g bed and I want to see a f*****g brief on you". Then grabbed the resident's wheelchair handles and proceeded to push the resident into the bed room. The resident stated the staff person's comment made him/her feel unwelcome. However, the home did not report the suspected verbal abuse to the Department until 6/11/18.

On 6-9-18 at approximately 8:30 a.m. direct staff person B profanity when talking to resident #2 while in the presence of other residents and staff in the home. Direct care staff person B stated "resident #2 can get off the ground and chicken wing and cheesecake. Then the tap water is fine. Filtered water isn't going to improve her health". The statements of the staff person made the resident feel very angry and embarrassed. However, the home did not report the suspected verbal abuse to the Department until 6/11/18.

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. All steps cannot be completed immediately include dates by which the steps will be completed.

Plan of Correction (POC)	Responsible Party	Target Dates	Monitoring Method
1. All staff were reeducated on Abuse reporting procedures during supervisions and documented in the minutes.	1. Management	1. 7/6/2018	1. Individual Supervision
2. Management will hold group supervisions during which staff will participate in mock scenarios around abuse reporting.	2. Management	2. 10/1/18	2. Group Supervision
3. Quality Improvement Division will create a workgroup that includes Operations to review Internal Merakey training related to abuse reporting to allow for a forum to determine how to improve the training.	3. QI Division within Quality and Compliance Division	3. By 9/1/18 (1 st workgroup meeting)	3. Email threads then Updated Training
4. Management will review abuse/suspected abuse reporting procedures during staff monthly supervision to ensure a clear understanding of process and expectations.	4. Management	4. Ongoing	4. Individual Supervision

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Terresia Snyder

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Terresia Snyder, VP of MLTSS

Date: 7/26/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8-6-18
(Date)

Plan of correction implementation status as of

8-6-18
(Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by

[Signature]
(Initials)

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Violation Report:

POH Name: TAERAKEY PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2500 42(c) - A resident shall be treated with dignity and respect

2a. DESCRIPTION OF VIOLATION

On 6/9/18 at 2:45 p.m. direct care staff person B used profanity when talking to resident #1 in the presence of other residents and staff. Direct care staff person stated "go back to your mother f*****g room and your f*****g bed and I want to see a f*****g brief on you". Then grabbed the resident's wheelchair handles and attempted to push the resident into the bed room. The resident stated the staff person's comment made him/her feel unwelcome.

On 6-9-18 at approximately 8:30 a.m. direct staff person B profanity when talking to resident #2 while in the presence of other residents and staff in the home. Direct care staff person B stated "resident #2 can get off the ground and chicken wing and cheesecake. Then the tap water is fine. Filtered water isn't going to improve anything". The statements of the staff person made the resident feel very angry and embarrassed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you may need additional correction pages.)

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

Direct care STAFF person B no longer works in the homes. 8-6-18.

Plan of Correction (POC)

1. All staff were retrained on Resident Rights.

Responsible Party
1. Management/ County Ombudsman

Target Dates
1. 7/17/18

Monitoring Method
1. Documented in meeting minutes

2. Staff will receive additional training in Motivational Interviewing centered around recovery driven language and person-centered treatment.

2. Management/ACHH training

2. 11/1/18 (training completion) 8/1/18 (to contact ACHH)

2. Email Thread and sign in sheet from training

3. All residents will receive reinforcement regarding their rights and be encouraged to speak with staff if needed. This session will occur on August 15, 2018 during the Residential Council meeting.

3. Program Management

3. By 9/1/18

3. Residential Council Minutes

Immediately! The admin's trainer or designated staff person shall interview at least two residents twice for three months to ensure residents are treated with dignity and respect. 8-6-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Innesia Snyder

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Innesia Snyder

Date *7/26/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-6-18
(Date)

Plan of correction and violation status as of 8-6-18
(Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by _____
(Signature)