



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 06 2018

Mr. Joseph S. Martz
Chief Executive Officer
Merakey Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

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 annual inspection on October 30, 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.

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.

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 Inspection Summary

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

PCH Name: MERAKEY PENNSYLVANIA		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076		County: Allegheny
Administrator: Leann 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 Twp.		
Staffing Hours Resident Support: N/A Total Daily Staff: 10 Waking Staff: 8		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/30/2018: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED 11/29/2018 Western Region Field Office Bureau of Human Services Licensing</p>		
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: 7 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Tinnesia Snyder, VP of MLTSS

Tinnesia Snyder, VP of MLTSS 11/29/2018

Violation Report: 43842 - 10/30/2018 - Marini, Michael PCH Name: MERAKEY PENNSYLVANIA	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
 The following cash disbursements were dispensed to resident #1 by the home; however, the home did not obtain a written receipt from the resident at the time of the cash disbursements:
 * 10-23-18: cash disbursement of \$60
 * 9-24-18: cash disbursement of \$50

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	Responsible Party	Target Dates	Monitoring Method
1. Immediately, a receipt book was purchased and will be utilized for all future cash disbursements	1. Management	1.11/5/18 & On-going	1. Carbon copy receipts will be kept for each resident.
2. An audit will occur quarterly to ensure that a receipt was received each time there was a cash disbursement	2. Management	2. On-going	2. Quarterly audit

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder, VP of MLTSS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tinnesia Snyder, VP of MLTSS	Date 11/29/2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/29/18</u> (Date) The above plan of correction was approved by <u><i>LSM</i></u> (Initials)	Plan of correction implementation status as of <u>11/29/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LSM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43842 - 10/30/2018 - Marini, Michael PCH Name: MERAKEY PENNSYLVANIA	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has not received a quarterly statement of financial transactions.

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	Responsible Party	Target Dates	Monitoring Method
1. Immediately, obtained a copy of the quarterly financial summary and placed it in the money binder, in the safe, for each resident.	1. Management	1. 11/5/18 & On-going	1. Signed copy placed in safe for each resident.
2. A copy of the financial summary will be completed and initialed at the end of each quarter, for each resident.	2. Management	2. 12/31/18 & End of each quarter	2. Initialed copy placed in safe for documentation purposes.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 43842 - 10/30/2018 - Marini, Michael
PCH Name: MERAKEY PENNSYLVANIA
Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Staff person A, hired on 11-15-10, did not receive annual training on the following topics during the 2017 training year:
* Medication self-administration training
* Safe management techniques

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	Responsible Party	Target Dates	Monitoring Method
1. All training records are being reviewed for completeness. Management will work to get staff up to date on outstanding training by 12/31/18.	1. Management	1. 12/5/18 & 12/31/18	1. Staff training log
2. The management team will implement a training log review, monthly, to ensure completeness of all required trainings.	2. Management	2. 12/5/18 & Monthly thereafter	2. Training log review
3. All required, annual, training topics will be assigned to staff at monthly staff meetings, order to ensure that all topics are covered throughout the year.	3. Management	3. 12/19/18 & Monthly thereafter	3. Staff meeting sign-in and agenda
4. Staff person A will receive training on medication self administration and safe management techniques.	4. Management	4. Date of training 10/26/18 Date of Inspection 10/30/18 Documentation Provided 11/30/18	4. Quiz, certification statement and staff training log

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

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Tinnesia Snyder, VP of MLTSS 11/29/2018

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Violation Report: 43842 - 10/30/2018 - Marini, Michael PCH Name: MERAKEY PENNSYLVANIA	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired on 11-15-10, did not receive annual training on the Older Adult Protective Services Act during the 2017 training year.

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

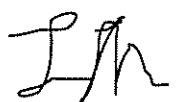
Plan of Correction	Responsible Party	Target Dates	Monitoring Method
1. All training records are being reviewed for completeness. Management will work to get staff up to date on outstanding training by 12/31/18.	1. Management	1. 12/5/18 & 12/31/18	1. Staff training log
2. The management team will implement a training log review, monthly, to ensure completeness of all required, annual trainings.	2. Management	2. 12/5/18 & Monthly thereafter	2. Training log review
3. All required, annual training topics will be assigned to staff at monthly staff meetings in order to ensure that all topics are covered throughout the year.	3. Management	3. 12/19/18 & Monthly thereafter	3. Staff meeting sign-in and agenda
4. Staff person A will receive training on the Older Adult Protective Services Act.	4. Management	4. 12/5/18	4. Quiz, certification statement and staff training log

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder, VP of MLTSS*

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Violation Report: 43842 - 10/30/2018 - Marini, Michael
 PCH Name: MERAKEY PENNSYLVANIA
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 No emergency telephone numbers were posted on or near the telephone in the hall near the back door.

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	Responsible Party	Target Dates	Monitoring Method
1. Upon notification, a copy of the emergency numbers was replaced immediately, in the back hallway, by the phone.	1. Management	1. 10/30/18	
2. Management will provide individual supervision by 12/31/18, to all staff, to review the importance around ensuring that emergency numbers are posted by each telephone. This will also be reviewed in the staff meeting on 12/19/18	2. Management	2. 12/31/18 & 12/19/18	2. Supervision notes and staff meeting agenda
3. A permanent hard sleeve will be installed by eachphone location, to hold a copy of the emergency numbers and ensure permanency.	3. Management & Maintenance team	3. 12/31/18	
4. When monthly fire drills are conducted, staff will also check all phones to be sure that emergency numbers remain by the phones and are in fact.	4. Direct care staff and Management	4. Monthly	4. Checklist kept in fire drill binder

Repeat Violation: Yes
 Date(s) of Previous Violation(s): 11/07/2017

Signature of Legal Entity Representative (Required on EVERY Page)
Tinnesia Sndyer, VP of MLTSS

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tinnesia Sndyer, VP of MLTSS
 Date 11/29/2018

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Violation Report: 43842 - 10/30/2018 - Marini, Michael PCH Name: MERAKEY PENNSYLVANIA	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 10-30-18, the home served 10 residents, requiring a minimum of 30 gallons of emergency drinking water. However, there were only 28 gallons of water available on-site. The home does not have a contractual agreement with a water supplier to provide water in an emergency.

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.

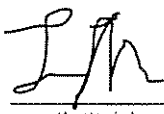
Plan of Correction	Responsible Party	Target Dates	Monitoring Method
1. Immediately, upon notification, five extra gallons of water were purchased in order to maintain a 3-day supply of drinking water for residents.	1. Management	1. 10/30/18	
2. Administrator or designee will check water supply, monthly, to ensure that there is always at least 30 gallons of water on site.	2. Management	2. 11/30/18 & Monthly	2. Spreadsheet to log water supply

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43842 - 10/30/2018 - Marini, Michael PCH Name: MERAKEY PENNSYLVANIA	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the home on 10-2-17; however, the resident's medical evaluation was completed on 7-7-17, which exceeds 60 days prior to admission.

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	Responsible Party	Target Dates	Monitoring Method
1. Administrator will retrain nurse on where to locate the date in which the individual was evaluated and not the date the evaluation was signed.	1. Management and Nurse	1. 12/31/18	1. Training certification statement
2. Conduct an audit on all current individuals' medical evaluations and add the evaluation dates to our RASP spreadsheet to ensure that yearly appointments are completed at least annually.	2. Management and Nurse	2. 12/31/18	2. Spreadsheet
3. For all future, incoming residents, administrator or designee will inspect all resident records to ensure that each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission.	3. Management	3. Upon admission	3. Inspection of resident records
4. An admission checklist will be created to ensure that all documents are received and/or completed within the regulatory timeframes, for all new admissions.	4. Management and Nurse	4. 12/31/18	4. Admission checklist for each new admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 43842 - 10/30/2018 - Marini, Michael
 PCH Name: MERAKEY PENNSYLVANIA
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation was completed on 9-25-18; however, the previous medical evaluation was completed on 7-7-17.

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	Responsible Party	Target Dates	Monitoring Method
1. Administrator will retrain nurse on where to locate the date in which the individual was evaluated and not the date the evaluation was signed.	1. Management and Nurse	1. 12/31/18	1. Training certification statement
2. Conduct an audit on all current individuals' medical evaluations and add the evaluation dates to our RASP spreadsheet to ensure that yearly evaluations are completed.	2. Management and Nurse	2. 12/31/18	2. Spreadsheet
3. Administrator and nursing staff will review all medical evaluations prior to scheduling resident appointments in order to ensure that a medical evaluation is completed at least annually.	3. Management and Nurse	3. Ongoing	3. Regular review of medical evaluations

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tinnesia Snyder, VP of MLTSS Date 11/29/2018

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(Date)

Plan of correction implementation status as of 11/29/18
(Date)

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

The above plan of correction was approved by *IM*
(Initials)