



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

Mr. Michael A. Barton,  
Executive Vice President  
Merakey Pennsylvania  
4251 Crums Mill Road  
Harrisburg, Pennsylvania 17112

RE: Merakey Pennsylvania  
1460 Peiffers Lane  
Steelton, Pennsylvania 17113  
Certificate #: 310360

Dear Mr. Martz:

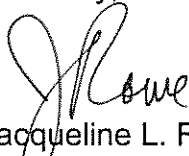
As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on November 19, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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](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: 31036
Address: 1460 PEIFFERS LANE, STEELTON, PA 17113		County: Dauphin
Administrator: Heather Dickison		Region: CENTRAL
Legal Entity Name: MERAKEY PENNSYLVANIA		
Legal Entity Address: 4391 Strubridge Dr. Harrisburg PA 17110, HARRISBURG, PA 17112		
<b>Certificate(s) of Occupancy</b> R-S 03/24/2006 Swatara Twp		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
-11/19/2018: Heemer, Laura		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 5 Number of Residents Served: 5 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 3 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31036 - 11/19/2018 - Heemor, Laura  
 PCH Name: MERAKEY PENNSYLVANIA

**1. REGULATION 55 Pa.Code §2600**  
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

**2a. DESCRIPTION OF VIOLATION**

The wooden ramp at the front door of the home and the wooden exit ramp at the back door/smoking area of the home do not have non-skid surfaces.

**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.*

POC:

11/19/2018—Program Director submitted a Work Order to Merakey Maintenance Department to apply non-skid strips to the above noted ramps.

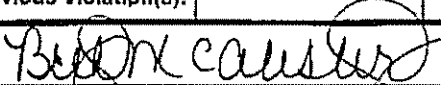
11/20/2018—Merakey Maintenance purchased non-skid strips for the ramp. Prior to applying the non-skid strips it was noted that the minimum temperature for proper strip adhesion is 50 degrees with the surface dried for 2 days.

Starting 11/28/2018 Staff will monitor the ramps/egress areas each shift to maintain safety. This task will be added to the staff assignment sheets for each shift. Staff will monitor more often if inclement weather dictates a need.

Ongoing—Starting 12/14/2018, any issues relating to the ramps will be reviewed with the Merakey Quality Compliance Organization (QCO), Capital/Stevens Management Meeting and/or Capital/Stevens Safety Committee by the Program Director or the Assistant Program Director as appropriate.

Maintenance will apply the strips as soon as weather permits.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Beth McAlistar Reg. Exec. Director	12/19/2018

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

The above plan of correction is approved as of <u>12/20/18</u> (Date)	Plan of correction implementation status as of <u>12/20/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31036 - 11/19/2018 - Hoemer, Laura  
 PCH Name: MERAKEY PENNSYLVANIA

**1. REGULATION 65 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home did not implement procedures for the safe use of medical equipment for Resident 1. This resident is permitted to measure his own blood sugars, which is done in the presence of a staff person. The resident tells the staff member the blood sugar level so it can be documented, however the staff person does not view the reading of the glucometer. The blood glucose reading recorded on the Medication Administration Record (MAR) for Resident 1 did not match the actual blood sugar measurements stored in Resident 1's glucometer on the following dates:

- 11/14/2018 the MAR records a blood sugar reading of 159 when the glucometer records 150.
- 11/15/2018 the MAR records a blood sugar reading of 184 when the glucometer records 155.
- 11/16/2018 the MAR records a blood sugar reading of 173 when the glucometer records 186.

**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.*

**POC:**

As of December 15, 2018, a new detailed Glucometer checks and Control Logs form will be introduced to staff and staff will be trained on its usage by the Assistant Director and the LPN Supervisor. The form allows for the resident and staff to sign off stating that the reading on the Glucometer is correct. The LPN Supervisor or Assistant Program Director will monitor and sign off on the logs weekly for compliance. Any staff that has not completed Glucometer training will complete the glucometer training by 1/31/2019. A policy from the Personal Care Homes Policy and Procedure Manual regarding the use of a Glucometer in the Personal Care Homes will be reviewed with staff. All staff will sign off on the glucometer sign off form stating that they understand the Glucometer Policy. A sign off area is already in the TO BE COMPLETED WITHIN THE FIRST 40 SCHEDULED WORKING HOURS section of the Orientation checklist. All new staff will be trained on the Glucometer protocols within the first 40 scheduled working hours. All signed forms will be kept in the Staff's HR file. The Assistant Director or the LPN Supervisor will review each new hire's paperwork to ensure completion. This information will be added to the PCH Needs annual training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Beth McAulister Reg. Exec. Director	12-19-2018

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Violation Report: 31036 - 11/19/2018 - Heamer, Laura  
 PCH Name: MERAKEY PENNSYLVANIA

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent assessment for Resident 2, completed 8/20/2018, does not include Resident 2's diagnoses of diabetes

**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 most recent Resident assessment did not have the diagnosis of Diabetes.

11/30/2018 Assistant Director will add the diagnosis of diabetes to residents RASP form.

From this point in time forward, the author of a RASP will not only check the DME for diagnosis but also will utilize the MAR to ensure that all diagnosis are listed.

From this point in time forward, the assistant director will check the RASP for completeness during monthly QCO chart audits.

Ongoing—any issues relating to the RASPs will be reviewed with the Merakey Quality Compliance Organization (QCO), Capital/Stevens Management Meeting and/or Capital/Stevens Safety Committee by the Program Director or the Assistant Program Director as appropriate.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beth McAlister Reg. Ed. Director* Date *12-18-2018*

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