



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

Mr. Michael A. Barton
Executive Vice President
Merakey Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

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

Dear Mr. Barton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 22, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 32100 - 02/22/2019 - OPake, Hope
 PCH Name: MERAKEY PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was a water leak at the top of the window pane, in the center of the window in Resident #1's bedroom, resulting in pooling water on the sill and 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.

February 22, 2019. Merakey Facilities repaired the area on the roof. On going there has not been any water leaking in the facility.

Ongoing, Direct Care Staff will continue hourly room checks. Any issue regarding leaks or repairs will be reported to the Assistant PCH Director. Merakey Facilities does weekly walk through and will inform the Administrative staff of needed work orders. The Assistant PCH Director will submit Work Orders so facilities can initiate appropriate repairs.

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

Printed Name and Title of Legal Entity Representative **BETH MCAULISTER** Date **4.8.2019**
 (Required on EVERY Page) **REGIONAL EXECUTIVE DIRECTOR**

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The above plan of correction is approved as of 4/8/19
 (Date)

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

Plan of correction implementation status as of 4/8/19
 (Date)

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

Violation Report: 32100 - 02/22/2019 - OPake, Hope
 PCH Name: MERAKEY PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The home did not complete a pre-admission screening for Resident #2, admitted 4/23/2018.

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.

All Certified Personal Care Home Administrators and administrative staff who may be involved with a resident's intake will be reminded of the protocols for admission set forth in the 2600 regulations. The Program Director sent out an email on April 4, 2019.

March 15, 2019, Assistant Program Director and Staff Supervisor audited charts. The intake information as well as other needed information and created a chart which would be kept in the administrative area so the information will not be lost.

Ongoing, the administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. - GE-4/8/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *B.M. McAister / dgp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BETH McALISTER REGIONAL EXECUTIVE DIRECTOR** Date **4.8.2019**

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| | |
|--|---|
| The above plan of correction is approved as of <u>4/8/19</u> (Date) | Plan of correction implementation status as of <u>1/8/19</u> (Date) |
| The above plan of correction was approved by <u>GE</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 |