



7/3/19

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

RE: Merakey Pennsylvania
515 Delaware Avenue
Bethlehem, Pennsylvania 18015
License #: 224010

Dear Mr. Barton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22401 - 04/04/2019 - Deluca, Amy
 PCH Name: MERAKEY PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The License Inspection Summary (LIS) dated 4/4/2018 was not posted in the home as required.

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.

2600.3c – Corrected at time of inspection. A copy was placed in the binder in foyer.

Administrator will check the binder monthly to ensure presence of the current year licensing survey.

See attached monthly monitoring sheet (Attachment A)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Beth McAlistar Reg Director*

Date *May 21, 2019*

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

The above plan of correction is approved as of 5-30-19
 (Date)

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

Plan of correction implementation status as of 5-30-19
 (Date)

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

Violation Report: 22401 - 04/04/2019 - Deluca, Amy
 PCH Name: MERAKEY PENNSYLVANIA

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 2/10/2019 there was an incident in which resident #1's glucometer was mistakenly used to test the blood sugar of resident #2. The home did not report the incident to the department's regional office until 2/12/2019.

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.

2600.16c - The Administrator (or designee) will send an initial report within 24 hours of the events that have occurred even if the Administrator (or designee) has not been able to do a full investigation into the incident. The Administrator (or designee) will complete the final report once all details are obtained and submit to DHS. If the administrator is not available the following designee structure is in place - Assistant Administrator, Director adult services then lead direct care staff on duty will do report and send to DHS.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Beth McAuster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Beth McAuster Reg. Director* Date *May 21, 2019*

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

The above plan of correction is approved as of <u>5-30-19</u> (Date)	Plan of correction implementation status as of <u>5-30-19</u> (Date)
The above plan of correction was approved by <u>MM</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: 22401 - 04/04/2019 - Deluca, Amy
 PCH Name: MERAKEY PENNSYLVANIA

- 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

The home did not have documentation that staff persons A and B received fire safety training by a fire safety expert in 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.

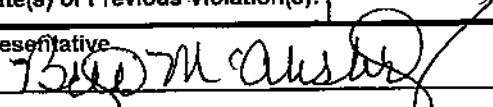
2600.65g –PCH Administrator is a certified Fire safety expert as of June 2018 and is certified to provide the required fire safety training. All staff will be trained in Fire Safety on 5/28/2019 by administrator for year 2019 and yearly after that. Administrator will hold 2 team meetings going forward to ensure all staff are trained in fire safety. If a staff member misses the training the Administrator will ensure the staff is trained by their next working shift. This will be discussed in team meeting on 5/28/2019 so that all staff are aware.

See attached certification (Attachment B)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Beth McAlister Regional Director

Date

May 21, 2019

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

The above plan of correction is approved as of 5-30-19
 (Date)

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

Plan of correction implementation status as of 5-30-19
 (Date)

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

Violation Report: 22401 - 04/04/2019 - Deluca, Amy
 PCH Name: MERAKEY PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/10/2019 there was an incident in which resident #1's glucometer was mistakenly used to test the blood sugar of resident #2.

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.

2600.85a – All residents have a primary glucometer and individual back up meter, both identified with their names on it.

As of February 2019, all staff and residents will sign out the individual's meter to ensure that they are using the correct meter prior to testing the resident's blood sugar. After testing the blood sugar the machine will be signed back into the med room. The nurse working on shift will check that the staff is signing the meter in/out and resident verifying that it is the correct meter being used prior to blood glucose test. A monitoring log was implemented to check meters weekly by nurse and monthly by Administrator for accuracy of blood glucose results in resident MAR. Any issue found will be reported to Administrator and an incident report to be completed within 24 hours.

See attached monitoring forms (Attachment C and D)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Beth McAulister Regional Director* Date *May 21, 2019*

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

The above plan of correction is approved as of <u>5-30-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>5-30-19</u> (Date) <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: 22401 - 04/04/2019 - Deluca, Amy
 PCH Name: MERAKEY PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The Documentation of Medical Evaluation (DME) form dated 09/25/2018 for resident #3 doesn't include the following information: weight, pulse, temperature, blood pressure, and ability to self-administer medications.

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.

2600.141a2 – Corrected at time of inspection.

MA51 was sent via fax to PCP office with request for MD to initial updated MA51 and was received back on same day 4/3/2019. . All MA51/DME paper work will be completed by nurse prior to PCP appointment and areas that the MD needs to fill out/ sign off on will be flagged with "please sign/fill out tags". Direct care staff will check that all areas are completed prior to leaving PCP office. Nurse/Administrator will review the paper work upon return to the house for completion.

See attached monitoring sheet and corrected MA51 (attachment E and F)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Beth McAister Registered Nurse* Date *May 21, 2019*

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

The above plan of correction is approved as of 5-30-19
 (Date)

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

Plan of correction implementation status as of 5-30-19
 (Date)

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