



October 17, 2019

Ms. Antonia Mann-Ruane, MS
Administrator
Merakey Montgomery County
2506 North Broad Street
Colmar, Pennsylvania 18915

RE: Merakey Montgomery County
478 Bethlehem Pike
Fort Washington, PA 19034
License #: 127950

Dear Ms. Mann-Ruane:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 11, 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 "Kevin Hancock", written in a cursive style.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: MERAKEY MONTGOMERY COUNTY

License Number: 12795

Address: 478 BETHLEHEM PIKE, FORT WASHINGTON, PA 19034

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Antonia Mann-Roane

Phone: 2156414935

Email: KCATON@MERAKEY.ORG

Legal Entity

Name: MERAKEY MONTGOMERY COUNTY

Address: 2506 NORTH BROAD STREET, ATTN: KIM CATON, COLMAR, PA, 18915

Certificate(s) of Occupancy

Type: Other

Date: 05/12/1998

Issued By: Whitpain Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/11/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 6

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 10/29/18 does not include the number of staff and the number of residents who were present in the home at the time of the fire drill.

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 fire drills will be conducted on Merakey's fire drill record, which includes a section for names of all participants. Staff were reminded at our monthly staff meeting on 8/15/19 to include all participants on the fire drill record. After each fire drill is completed the program administrator will check to ensure that it is completed correctly in its entirety and includes all staff and residents who participated in the drill. (see copy of Merakey's fire record attached).

Legal Entity Representative

Signature

Antonia Mann-Roane, MS Residential Director 8/19/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 6/10/19, the home received 60 Clonazepam pills, 0.5mg for Resident #1. On 6/18/19 the home counted the medication as 29 pills left, when actually the home had 59 pills. The medication accountability count had been calculated incorrectly from 6/18/19 to 7/11/19.

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.)

Staff were informed on 7/11/19 that all control medication should be calculated correctly and display the accurate count on the control sheet. Staff will check the control count after each administration of the control medication to ensure the the control count is accurate and reflected on the control sheet. The control count will be checked weekly by the home's registered nurse to ensure that all counts are accurate and reflect the correct count on the control sheet.

The nurse will start checking the control counts starting 8/23/19. Please see the new control sheet thats attached. It will be implemented Sept 1, 2019. This control sheet has spaces for staff to sign in at the start of the shift to ensure that the control count is correct and for the staff member leaving the shift to acknowledge that the control count is correct.

Legal Entity Representative



Signature

Antonia Mann-Roane, MS Residential Director 8/19/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

The above plan of correction was approved by A.A.A
(Initials)

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