



Mailing Date: December 10, 2019

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

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

Dear Mr. Barton:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 28, 2019 and November 26, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

If you need assistance, please contact me at 717-418-9656 or email at bswanger@pa.gov.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: MERAKEY PENNSYLVANIA

License Number: 31036

Address: 1460 PEIFFERS LANE,, STEELTON, PA 17113

County: DAUPHIN

Region: CENTRAL

Administrator

Name: Heather Dickison

Phone: 7174413700

Email:

Legal Entity

Name: MERAKEY PENNSYLVANIA

Address: 4251 CRUMS MILL ROAD, HARRISBURG, PA, 17112

Certificate(s) of Occupancy

Type: Other

Date: 03/24/2006

Issued By: Swatara Township

Staffing Hours

Resident Support Staff: 6

Total Daily Staff: 12

Waking Staff: 9

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/26/2019 - On-Site: Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 6

Residents Served: 6

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 3

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

141a-1-10 Medical Evaluation Information

Regulations

2600.

- 141.a. 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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation for Resident 1, dated 7/29/2019, does not document any assessed level for the resident's "Health Status".

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.)

See Attached Page 2A

Legal Entity Representative



Michael A. Barton
Executive Vice President

12-09-2019
Date

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 12/10/2019 Plan of correction implementation status as of _____ (Date) (Date)

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

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

Plan of Correction: Merakey Pennsylvania, 1460 Pieffers Lane, Steelton,
Pennsylvania 17113
Certificate # 310360

Regulation § 2600.141. a. Resident medical evaluation and health care.

Continuing: as is current practice, all clinical paperwork is being reviewed by Assistant Director as well as the Nursing Supervisor and Staff Supervisor to ensure no errors or missed information

Ongoing: Starting December 3, 2019, all incomplete resident medical paperwork will be returned to the residents' respective PCP for completion by the Assistant Director and/or Nursing Supervisor. If the PCP does not respond to the request to redo paperwork, all attempts for correction will be documented and filed in the chart by the Assistant Director and/or Nursing Supervisor.

An initial audit of the most recent DMEs for all current residents will be completed by the administrator to ensure they are completed in full. This audit will be completed by 12/31/19 with documentation sent to the Department upon completion.

Legal Entity Representative



Signature

Michael A. Barton
Executive Vice President

Printed Name and Title

12-09-2019

Date

144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

A can containing cigarette butts and evidence of smoking was observed under a tree in the front lawn of the home. This is not one of the designated smoking areas for the home.

A representative of the Department observed cigarette ashes laying directly on top of dried leaves on the side porch of the home's designated smoking area,

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.)

See Attached Page 3A

Legal Entity Representative

Michael A. Barton
Signature

Michael A. Barton
Executive Vice President
Printed Name and Title

12-09-2019
Date

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

The above plan of correction is approved as of 12/10/19
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Plan of Correction: Merakey Pennsylvania, 1460 Pieffers Lane, Steelton,
Pennsylvania 17113
Certificate # 310360

Regulation § 2600.144. c. Use of tobacco.

November 26, 2019, Program Director submitted a Work Order to Merakey Facilities to have leaves removed.

November 29, 2019. Merakey Facilities is removing all leaves from the Pieffers Lane Property.

November 29, 2019 The program director submitted a maintenance work order to get quotes for adding a smoking area to the front lawn area of the Pieffers Lane facility. If the facility is going to add this area as a new designated smoking area, the home will provide documentation for this to the Department upon completion.

Starting December 13, 2019, the assistant program director and/or Staff Supervisor will be speaking with each resident regarding only smoking in the designated smoking areas as well as keeping their ashes and burnt out cigarettes in an appropriate container (Containers are provided in the smoking areas). Assistant director will document each conversation in the resident's chart. The meetings will be completed by 12/31/19 and documentation for the completion of these meetings will be provided to the Department.

Ongoing: The program director and/or the assistant program director and/or designee will monitor the designated smoking area(s) on a weekly basis for 4 weeks and then ongoing during walks of the grounds monthly. Any issues regarding safety, including fire safety will be reported directly to the Merakey Facilities Manager. The results of all safety walks will be reported to the quarterly Merakey Capital/Stevens Safety Committee Meeting. Completion of the first four weeks of monitoring will be by 1/17/19 with documentation sent to the Department upon completion.

Legal Entity Representative


Signature

Michael A. Barton
Executive Vice President

Printed Name and Title

12-09-2019

Date