



**Date: March 17, 2020**

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

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

Dear Mr. Barton:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *MERAKEY PENNSYLVANIA*

License Number: *32100*

Address: *1071 PAGE ROAD,, HARRISBURG, PA 17111*

County: *DAUPHIN*

Region: *CENTRAL*

## Administrator

Name: *Heather Dickison*

Phone: *717-545-3760*

Email:

## Legal Entity

Name: *MERAKEY PENNSYLVANIA*

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

## Certificate(s) of Occupancy

Type: *R-4*

Date: *11/15/2006*

Issued By: *Lower Paxton 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

*02/04/2020 - On-Site: Laura Heemer*

## 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: *6*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident 1 was not administered the prescribed Depakote on 1/9/2020 and 1/10/2020 at 8pm, and the prescribed Vitamin B-12 on 1/5/2020 through 1/13/2020. The home did not report these medication errors to the Department.

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.)

Any identified medication omissions or errors will be reported to the Assistant Director or Staff Supervisor immediately. Upon notification of the medication omission/error, the Assistant Director or designee will follow the State Medication Administration Policies and Procedures. All staff will be retrained on the incident reporting procedures by March 16, 2020. The Assistant Director or designee will follow the Regulatory Compliance Guide (Regulation 2600.16c) to notify the Department within 24 hours of receiving a report of the medication omission/error. On-going the LPN Supervisor will be checking the MAR daily for any medication errors, the Staff Supervisor will be checking the MAR weekly as a secondary check and the Administrator will check the MAR's at the end of the month. The Assistant Director, staff supervisor and LPN supervisor will be meeting weekly and pulling two charts to audit together. Documentation of the MAR checks will be sent to the department by March 2, 2020. Documentation of the staff training will be captured on a Merakey training sign-in sheet. Training sign-in sheets will be sent to the department by March 16, 2020 to demonstrate compliance.

Legal Entity Representative

  
Signature

Maximilian Zurat Regional Director 2/25/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 2/27/2020 Plan of correction implementation status as of 3/17/2020  
(Date) (Date)

The above plan of correction was approved by BAS  Implemented  
(Initials)  Not Implemented

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The record for Direct Care Staff Person A, does not document Direct Care Staff Person A having a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

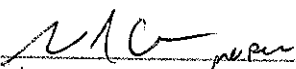
Plan of Correction (POC)

(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.)

Merakey Credentialing Department will request education records for all newly hired applicants. The Credentialing Department will then notify the Program Leadership when a newly hired staff has been cleared for their start date. The Assistant Director will schedule a PCH Orientation with the staff during their initial week of training and request documentation of verification of education. If staff doesn't provide documentation, Assistant Director will support staff in obtaining necessary documents and staff will not be cleared to provide direct care until documentation is verified. The Assistant Director and Staff Supervisor will be completing an audit of all employee Files to ensure compliance. The audit will be completed and proof will be sent to the department by March 16, 2020.

By March 16<sup>th</sup>, 2020 documentation of the diploma will be Forwarded to DHS to demonstrate compliance. The staff person in question is in the process of getting their diploma from Harrisburg School District.

Legal Entity Representative

  
Signature

*Martinian Zurek Program Director 4/2/2020*  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Atorvastatin 40 mg. However, the home incorrectly administered Atorvastatin 20 mg to the resident on 1/25/2020 through 2/4/2020.

Resident 1 was not administered the prescribed Depakote on 1/9/2020 and 1/10/2020 at 8pm, and the prescribed Vitamin B-12 on 1/5/2020 through 1/13/2020.

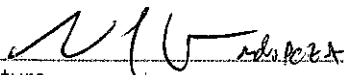
Plan of Correction (POC)


The LPN Supervisor and Staff Supervisor will follow the State Medication Administration Policies and Procedures. LPN Supervisor and/or Staff Supervisor will re-order medications via fax when they have a 7-day supply remaining. Fax transmission sheets will be kept in a binder for Pharmacy orders. Additionally, any identified issues with re-ordering medications will be documented in the Nursing notes and will be reported to the Assistant Director. Assistant Director will collaborate with Physician/Psychiatrist to resolve identified issue. If we are unsuccessful in obtaining the medication, we will contact the doctor and request the medication be placed on hold until the medication is available for the resident. All staff will receive a refresher training on the instructor lead portion of the State's Medication Administration training by March 16, 2020 to ensure they are following the guidelines for administering medications.

On-going the LPN supervisor will check the MAR daily for any possible medication errors. If an error is found, the LPN supervisor will immediately notify the administrator of the error. The assistant director/ designee will complete the required state incident report and will send it to the department within 24 hours. The administrator will locate which staff is responsible for the error and they will be required to complete medication remediation with a certified medication trainer. Staff Supervisor will be going through the medications every Friday and comparing the medications to the MAR and ensuring we have the correct medications for each entry. The Assistant Director will complete a review of the MAR's monthly as an additional check. The Assistant director, staff supervisor and LPN supervisor will be meeting weekly. Each week we will be choosing two residents to make sure all medications are current, orders are correct, and diagnoses are recorded on the RASP. This will allow for a four-week rotation of the supervisory staff to look in-depth at the resident's charts. The first meeting took place on February 10, 2020.

Documentation of the staff training will be captured on a Merakey training sign-in sheet. Sign - in sheets will be sent to the department by March 16, 2020 to demonstrate compliance. The Assistant Director, Staff Supervisor and LPN Supervisor had our first meeting on 2/7/2020, to formulate our plan. Documentation of the meetings taking place will be sent to the department by March 2, 2020.

Legal Entity Representative

  
Signature

 *Maximilian Zucht, Program Director*  
Printed Name and Title

*2/25/2020*  
Date

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident 1 was admitted on 6/13/2019. The Preadmission screen completed for Resident 1 was missing Resident 1's medical and psychological diagnoses and a determination of the resident's ability to safely use and avoid poisons.

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.)

Upon completion of the Pre-admission screening, the Program Director or designee will review the form within 1 week to ensure it is completed in its entirety prior to the resident moving into the facility. If any additional information is needed, the Assistant Director or designee will acquire the information from the Resident and/or the Resident's referral information.

Legal Entity Representative

  
Signature

Maximilian Zorat Program Dir. 2 2/15/2020  
Printed Name and Title Date

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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation


Resident 1's assessment, dated 6/13/2019, does not include Resident 1's diagnoses of Epilepsy, edema, and COPD.

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.)

Upon completion of the RASP within the initial 15 days, the Assistant Director or designee will review the form to ensure it is completed in its entirety and cross-reference the Documentation of Medical Evaluation, Psychiatric Evaluations or Psychiatric notes and the MAR. If any additional information is needed, the Assistant Director or designee will acquire the information from the Resident and/or the Resident's referral information or the Resident's Medical or Psychiatric providers. All charts will be audited by the assistant director / designee and the staff supervisor monthly to ensure RASP's remain in compliance and all valid medical diagnoses are added to the RASP. Documentation of the initial audit will be sent to the department by 2/28/2020.

Legal Entity Representative

Signature 

Printed Name and Title Maximilian Zwart Program Direct Date 2/27/2020

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225c - Additional Assessment

Regulations

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.

Description of Violation


The Assessment dated 5/03/2019, for Resident 3 has not been updated to include Resident 3's diagnoses of COPD, EPS, and the need for Resident 3's blood pressure to be checked.

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.)

Annually, as the updated RASP is being completed, all documentation, including the MAR's, will be checked for current diagnoses. LPN supervisor will enter all new diagnoses and treatments onto the RASP within 24 hours of being notified of the new diagnosis or treatment. The Assistant Director or designee will check all completed RASP'S to ensure they are completed appropriately prior to the resident's team meeting. All charts will be audited by the Assistant Director or designee and the Staff Supervisor monthly to ensure RASP's remain in compliance and all valid medical diagnoses are added to the RASP. The initial audit will be completed by 2/28/2020. The completed audit worksheet will be sent to the department by 2/28/2020.

Legal Entity Representative

Signature 

Printed Name and Title Maximilian Zwart Regional Director Date 2/27/2020

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan developed for Resident 1 on 6/13/2019 was not signed by the staff person who developed the plan.

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 initial and annual RASP's will be reviewed in a team meeting including all team members: The Resident, Program Director, Assistant Director, LPN and Staff Supervisors and Case Managers (if available). The RASP will be signed by everyone in attendance at the team meeting. Team meetings will be scheduled at least 30 days prior to the RASP's completion date. The Assistant Director and Staff Supervisor will review all current RASPs to ensure necessary signatures are present on document by February 28, 2020. The completed audit worksheet will be sent to the department by February 28, 2020 to demonstrate compliance.

Legal Entity Representative

Signature 

Printed Name and Title Maxmilron East Program Dir Date 2/27/2020

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