

Department of Human Services  
Bureau of Human Service Licensing

December 23, 2020

██████████, EXECUTIVE DIRECTOR  
MERAKEY MONTGOMERY COUNTY  
2506 NORTH BROAD STREET  
ATTN: KIM CATON  
COLMAR, PA 18915

RE: MERAKEY MONTGOMERY COUNTY  
478 BETHLEHEM PIKE  
FORT WASHINGTON, PA, 19034  
LICENSE/COC#: 12795

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *MERAKEY MONTGOMERY COUNTY* License #: *12795* License Expiration Date: *05/26/2021*  
Address: *478 BETHLEHEM PIKE, FORT WASHINGTON, PA 19034*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2156414935* Email: [REDACTED]

**Legal Entity**

Name: *MERAKEY MONTGOMERY COUNTY*  
Address: *2506 NORTH BROAD STREET, ATTN: KIM CATON, COLMAR, PA, 18915*  
Phone: *2156414935* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/12/1998* Issued By: *Whitemarsh Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *12/01/2020*

**Inspection Dates and Department Representative**

12/01/2020 - On-Site: [REDACTED]

**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*

**Inspections / Reviews**

**12/01/2020 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2020*

Inspections / Reviews *(continued)*

12/22/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *12/29/2020*

12/23/2020 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED]/20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

Staff A will have the above training of 65a requirements as of [REDACTED]/20 and it will be documented on the onsite training checklist (see attachment A). All new staff starting 12/11/20 or after will complete a full orientation on the requirements of 65a. The administrator or program assistant will confirm at staff have completed the training and document on the onsite training checklist and filed in the employee file.

Completion Date: 12/28/2020

Document Submission

Implemented

Employee resigned and was termed in the system on [REDACTED]/20 see [REDACTED] term. Documentation attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on or about [REDACTED]/20. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

Staff A will have the above training of 65b requirements as of [redacted]/20 and it will be documented on the onsite training checklist(attachment A).

All new staff starting 12/11/20 or after will have orientation that include the requirements of 65b. . The administrator or program assistant will confirm at staff have completed the training and document on the onsite training checklist and filed in the employee file.

Completion Date: 12/28/2020

Document Submission

Implemented

Employee resigned and was termed in the system on [redacted]/20 see [redacted] term.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 and #2 do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

All rooms will be checked daily by staff to ensure that an operable lamp can be turned on at bedside Resident 1 lamp was placed at bedside during the time of visual inspection. Resident 2 light bulb was replaced during the time of inspection 12/1/20. Program Assistant will conduct weekly room checks (see attachment B) to ensure that all rooms are within regulation requirement. Residents were also informed that they should not move the lamp from the bedside at any time. Staff was also informed during a mandatory staff meeting on 12/9/20 via zoom of the 101.j7 regulation (see attachment noted mandatory staff meeting)

Completion Date: 01/04/2021

Document Submission

Implemented

Room check list attached and mandatory staff meeting documentation attached that states that staff were told that all residents must have a operable lamp at their bedside. Will implement room check list the week of 1/4/21 to be completed weekly by the program assistant.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been sent to the local emergency management agency since 6/18/2018.

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Accept

The administrator will update and email the written emergency procedures no later than 12/28/20 to the Office of Emergency Management of WhiteMarsh Township [REDACTED]. The administrator will review, update and submit the emergency procedures annually to the local emergency management agency annually.

Completion Date: 12/28/2020

Document Submission

Implemented

Updated and submitted the emergency plan to Fire Marshal [REDACTED] on 12/22/20 please see relayed email attached.

132c - Fire Drill Records

1. Requirements

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 3/26/20 at 11:25am does not include the time it took to complete the evacuation. .

Plan of Correction

Accept

The home will ensure that all fire drills conducted will include the time it took to evacuate and all required information that's stated in 132(c) All staff were informed on 12/9/20 at our mandatory staff meeting(see mandatory staff meeting) on how to complete the fire drill documentation and that it must include all the requirements of 132(c) Staff will turn in all fire drill records upon completion to the administrator to review to ensure that the fire drill record is completed following 132(c).

Completion Date: 12/09/2020

Document Submission

Implemented

Documentation of mandatory staff meeting attached where staff were informed on how to complete the fire drill documentation in its entirety.

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (continued)

Description of Violation

On 12/1/20 the [redacted] belonging to resident #1 was not calibrated to the correct time. Meter time reads [redacted] actual time is [redacted].

Resident #1 is prescribed [redacted] checks daily scheduled at [redacted]. The following [redacted] found in residents [redacted] are not recorded on the MAR:

- [redacted]/20- reading of [redacted]
- [redacted]/20- reading of [redacted]
- [redacted]/20- reading of [redacted]

Resident #3 is prescribed [redacted] take [redacted] and [redacted]. These medications are not present on the medication cart on 12/1/20.

Plan of Correction

Accept

All staff was reminded on 12/9/20 at our monthly staff meeting (see mandatory staff meeting) that they need to check the [redacted] prior to use to make sure that it is calibrated to the correct time. The administrator will have this topic as part of the monthly staff meeting for the next 6 months. Staff were also informed that all readings must be recording on the MAR, this will also be an outgoing topic covered at the monthly staff meeting for the next 6 months. MARs and [redacted] monitor will be checked weekly by the nurse starting 1/4/20. Staff will complete weekly MAR audits (attachment C) to ensure that staff is adhering to regulation 185a. All MAR audits once completed should be turn in to the administrator.

Resident 3 medication had been d/c by PCP(see attachment D) Staff will complete weekly MAR audits to ensure that all medications are at the site. If a resident is no longer taking a prescribed medication or the PCP d/c the medication the home will contact the PCP to obtain the d/c order. The home would then send the d/c order to the pharmacy to have the medication taken off the MAR

Completion Date: 01/04/2021

Document Submission

Implemented

Please see mandatory staff meeting that's attached as staff were informed to check the [redacted] prior to each use and that the readings must be recorded on the MAR. Staff will start weekly MAR audits on 1/4/21 and every week thereafter. Resident 3 no longer takes the above mentioned medication see attach from PCP.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

The following medications are prescribed for resident #1 and were not administered to the resident on the listed dates:

- [redacted]. Medication was not administered on [redacted]/20 and [redacted] 20 at [redacted].
- [redacted]. Medication was not administered on [redacted]/20 at [redacted] and [redacted] at [redacted].
- [redacted]. Medication was not administered on [redacted]/20 at [redacted].
- [redacted]. Medication was not administered on [redacted]/20 at [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted] through [redacted] at [redacted] at [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].

The following medications are prescribed for resident #2 and were not administered on the listed dates:

- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].
- [redacted]. Medication was not administered on [redacted].

Plan of Correction

Accept

All staff was reminded of the medication administration process and regulation 187d on 12/9/20 during our monthly staff meeting (see mandatory staff meeting). The staff were also informed that they need to check all MARS after each med pass to ensure that they gave all medication and document on the MAR to show that it was given. The administrator will go over regulation 187d during the home monthly staff meeting for the next 6 months. The staff will complete weekly MAR audits starting 1/4/21 to ensure that staff are initialing that the medications were given. The administrator will complete bi weekly MAR audits.

Completion Date: 01/04/2021

**187d - Follow Prescriber's Orders (continued)****Document Submission****Implemented**

*Please see attached staff meeting where this violation was discussed with staff. MAR audits will start on 1/4/21 and thereafter.*