Department of Human Services
Bureau of Human Service Licensing

August 18, 2021

[redacted], ADMINISTRATOR
[redacted]

RE: MERAKEY PENNSYLVANIA
515 DELAWARE AVENUE
BETHLEHEM, PA, 18015
LICENSE/COC#: 22401

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]
Human Services Licensing Supervisor

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 PENNSYLVANIA* **License #:** *22401* **License Expiration Date:** *06/11/2021*
Address: *515 DELAWARE AVENUE, BETHLEHEM, PA 18015*
County: *LEHIGH* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *R-4* **Date:** *04/23/2012* **Issued By:** *Fountain Hill Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *14* **Waking Staff:** *11*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *05/11/2021*

Inspection Dates and Department Representative

05/11/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served:** *14*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older:** *7*
Diagnosed with Mental Illness: *14* **Diagnosed with Intellectual Disability:** *2*
Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

05/11/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/24/2021*

7/22/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/26/2021*

8/18/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

LIS dated 3/13/2020 & 4/4/2019 were posted with the privacy code page attached.

Plan of Correction **Accept**

1. Privacy Code page removed from posted LIS's dated 3/13/2020 & 4/4/2019. Corrected on day of inspection

2. Upon receipt of LIS, privacy code page will not be included in posting

3. Tracker created to monitor LIS posting in binder

4. On a monthly basis, tracker and posting binder will be reviewed during supervision with Administrator and Adult Services Director

Completion Date: *07/30/2021*

Document Submission **Implemented**

Privacy Code page was removed from the foyer binder at time of inspection. A tracker form was implemented and will be completed with each notice of a violation.

25b SOPb2 - Rent Rebate: Intended Use

1. Requirements

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

Description of Violation

The signed contract for Resident 1 does not list the intended use of the money withheld for the rent rebate.

Plan of Correction **Accept**

1. Addendum will be completed to include intended use of money withheld with updated signatures by the Administrator

2. program will review all current resident rental contracts to ensure there is an indication for use of the money withheld. Addendum will be completed and updated if required. A progress note will be completed to include indication that the rental contract has been updated by the Administrator

3. The Administrator will place correct rental contract in 2021 folder to ensure the correct form is being utilized

4. Program will review any Alerts and Bulletins on a quarterly basis to ensure that the correct forms are being utilized

Completion Date: *07/30/2021*

Document Submission **Implemented**

An addendum notice for each contract was done and resident, administrator and rep-payee signed off acknowledgment of addendum to resident contract and notice was attached to the 2021 contract.
Correct rental contract information placed in folder to ensure correct form is being utilized.

63a - First Aid/CPR Training

1. Requirements

63a - First Aid/CPR Training *(continued)*

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/18/2021, from 7:00am until 9:30am there was no CPR certified staff member present in the home.

Plan of Correction **Accept**

1. Staff have been retrained in CPR/First Aid 6/15/2021

2. The remaining 2 staff will be retrained in July 2021

3. Tracker created to monitor CPR/First Aid training dates

4. Training section added to Supervision note to monitor training dates

5. If staff have expired training, scheduled will be monitored to ensure that there is always a CPR certified staff on shift

6. Administrator will add outlook calendar reminders to alert to expiring trainings

Completion Date: *07/30/2021*

Update - 07/22/2021

Please send/Attach proof of staff training. 7-22-2021 [redacted]

Document Submission **Implemented**

Group CPR/First Aid held June 15th and July 8th for all staff who needed CPR.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's 1st aid kit in the 1st floor medical cart room did not have a thermometer, eye protection, or a breathing shield as required.

Plan of Correction **Accept**

1. Missing items have been added to First Aid kit. Corrected on day of inspection

2. Additional items have been purchased to ensure that kits include all required materials

3. Upon receipt of new First Aid kits, Administrator will review contents to ensure all required items are included within kit

4. Staff will notify administrator when First Aid materials are used so that kits can be replenished

5. Monthly checks will occur for all first aid kits to identify all materials are present. Missing items will be documented on tracker and given to Administrator. Administrator will replenish any missing item.

Completion Date: *05/28/2021*

Document Submission **Implemented**

Missing items placed on day of inspection 5/11/2021. Red totes have been purchased and labeled First Aid with all necessary materials inside. A tag was placed for staff to write what items were removed and to give to admin for items to be replaced.

141a - Medical Evaluation

1. Requirements

141a - Medical Evaluation *(continued)*

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.

Description of Violation

The DME dated [redacted] for Resident 1 was signed but not dated by the physician.

Plan of Correction **Accept**

1. Citation will be reviewed with all staff. Mock forms provided to staff as a tool to ensure all areas within form are completed in their entirety

2. Documentation will be reviewed for completion prior to exit from physician visit

3. Cover sheet developed to sign off on all elements of the DME by Nurse and Administrator

4. If information is missing from DME, corrections will be documented on form. Any DME's not including signature will be sent back to physician to be corrected

5. Administrator will review all completed DME and MA-51 forms

Completion Date: *06/29/2021*

Update - 07/22/2021

Document Submission **Implemented**

All staff were in-service on completion of a MA-51 and DME. Initial form to be completed by the nurse and reviewed by the administrator before appointment. Staff were in-serviced on reviewing MA-51 and DME forms prior to leaving MD appointment.

141a 1-10 Medical Evaluation Information

1. Requirements

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 Repeat Violation

The Documentation of Medical Evaluation of Resident 1 dated [redacted] was incomplete. The body positioning section was left blank and the box for none was also unchecked. The DME dated [redacted] for Resident 2 was incomplete. The health status and cognitive functioning section was not completed.

141a 1-10 Medical Evaluation Information *(continued)*

Plan of Correction **Accept**

1. Citation will be reviewed with all staff. Mock form provided to staff as a tool to ensure all areas are completed in their entirety

2. Documentation will be reviewed for completion prior to exit from physician visit

3. Cover sheet developed to sign off on all elements of the DME as completed

4. If information is missing from DME, corrections will be documented on the form. Any DME's not including dated signature will be sent back to physician to be corrected

5. Administrator will review all completed DME and MA-51 forms

Completion Date: *06/29/2021*

Document Submission **Implemented**

All staff were in-service on completion of a MA-51 and DME. Initial form to be completed by the nurse and reviewed by the administrator before appointment. Staff were in-serviced on reviewing MA-51 and DME forms prior to leaving MD appointment.

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.

Description of Violation

The Glucometer of Resident 1 was not calibrated with the correct time.

Plan of Correction **Accept**

1. Glucometer for 1 resident was corrected during inspection to reflect correct time

2. Citation reviewed with nursing staff. Expectation of notifying any discrepancies to Administrator

3. Administrator will add outlook calendar reminder during Daylight savings

4. Nursing staff will review Glucometer readings weekly utilizing updated tracking form

5. Daily forms updated by Administrator to reflect actual time blood sugar was checked for each resident

Completion Date: *06/22/2021*

Document Submission **Implemented**

Glucometer was corrected at time of inspection on 5/11/2021. Outlook reminder added to administrator calendar checking of glucometer for change in time during both Daylight savings time start and end. Weekly tracker updated to add time of blood glucose check and reviewed with all staff.