Department of Human Services
Bureau of Human Service Licensing

September 17, 2021

[redacted], ENTITY
MERAKEY MONTGOMERY COUNTY
2506 NORTH BROAD STREET
ATTN: [redacted]
COLMAR, PA 18915

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/19/2021, 05/20/0202, 06/23/2021 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.

Sincerely,
[redacted]

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**: *05/26/2022*
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**: *whitpain twp*

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**: *05/20/2021*

Inspection Dates and Department Representative

05/19/2021 - On-Site: [redacted]
05/20/2021 - Off-Site: [redacted]
06/23/2021 - Off-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

05/19/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/13/2021*

9/15/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/17/2021*

9/17/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/18/2021*

5a1 - DHS Access

1. **Requirements**

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 6/23/21 at 11:56am, an agent of the Department requested access to records from resident #1 and #2's financial institution. Staff person A would not provide this information to the Department Representative.

Plan of Correction **Accept**

Staff person A provided the financial information available at the site at the time of inspection.
Executive Director, Administrator and Client Funds Department met on 9/10/21 to review over internal processes regarding managing client funds and process for requesting individual statements.
Information received from Client Funds Department that shows how the accounts are linked to the larger financial institution will be added to the resident's financial information held at the site. Attached is a statement from National Datacare explaining the account process. Also included is information on RFMS.

Attachments:
2600.5a DHA Access
2600.5a DHA Access 2

Completion Date: *09/30/2021*

18 - Compliance With Laws

1. **Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 5/19/21, there was no influenza poster in the home.

18 - Compliance With Laws *(continued)*

Plan of Correction **Accept**

Influenza information is posted on the door to the staff office. Influenza information will also be placed in the dining area. To ensure the influenza information remains in a public location, staff will add to monthly checks. Monthly checks are reviewed by the administrator. Management is working with facilities to purchase plastic casing to install in the kitchen area to place over the information to ensure staff or residents do not remove the documents. Attached is a picture of the flu information located on the door to the staff office.
Each month, the program assistant will walk around the home and utilize a monthly checklist to ensure required items are present and accessible in the home. All rooms in the home are checked to ensure compliance with regulation. If something is missing from the room or broken, a work order will be submitted with facilities and the administrator will be notified immediately so the issue can be corrected as soon as possible. The administrator will review all monthly checks as they are completed.

Attachment:
2600.18 Compliance with Laws Flu Info
Completion Date: *09/12/2021*

20b5 - No Commingling

1. **Requirements**

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 6/23/21, the home did not provide proof that the resident funds and the home's funds are not commingled. The home employs a private company to manage the resident's funds. These funds are held at an unknown financial institution. The home would not provide bank statement or other document to show that the resident funds are kept separate from the home's funds.

Plan of Correction **Accept**

Residents' funds are held at PNC bank. Merakey utilizes the RFMS system. Merakey receives ledgers from RFMS which do not specify the financial institution (PNC). Each resident has their own subaccount with account number which is listed on the ledger. These are resident funds, not home funds.
Executive Director, Administrator and Client Funds Department met on 9/10/21 to review over internal processes regarding managing client funds and process for requesting individual statements.
Information received from Client Funds Department that shows how the accounts are linked to the larger financial institution will be added to the resident's financial information held at the site. Attached is information on the RFMS process and information on National Datacare.

Attachments:
2600.20.b No Commingling
2600.20.b No Commingling 2
2600.20.b.5 No Commingling RFMS Sub Account Letter Resident 1
2600.20.b.5 No Commingling RFMS Sub Account Letter Resident 2
Completion Date: *09/30/2021*

25c10 - Advance Notice

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

On 4/22/21, the home provided a letter to Resident #1 that explains that, due to an increase in the resident's increase in Social Security income, the home would be increasing the monthly room and board rate to [redacted] effective 4/22/21. The home withdrew [redacted] from the resident's account for the increased rate on 4/15/21.

Plan of Correction **Accept**

The home will ensure the resident is given a 30-day notice before any changes are made to the contract. Once the home is made aware of increases to social security benefit amounts, the administrator will complete the letter template and review with all residents. This letter will serve as their 30-day notice. When the administrator receives the social security letters with specific amounts, room and board contracts will be updated to include the increase. The increase will not go into effect until 30 days after the notification letter (example attached) is signed by the resident. All letters and room and board contracts will be sent to client funds to ensure proper billing and notification.

Attachment:
2600.25.c10 Advanced Notice Rent Letter

Completion Date: *09/12/2021*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home's entity uses a private company to manage resident finances. The company provides a statement to the home showing full accounting of the resident's funds. The home then provides a modified report to the residents.

On 2/5/21, Resident #1 received a stimulus payment of [redacted], which is reflected on the statement provided by the private financial management company. After this deposit, the resident's balance was [redacted]. On 2/5/21, the home provided an inaccurate transaction report to resident #1 showing a balance [redacted]. The [redacted] stimulus payment was not reflected.

On 4/9/21, Resident #1 received a stimulus payment of [redacted], which is reflected on the statement that the private financial management company provides to the home. After this deposit, the resident's balance was [redacted]. On 4/9/21, the home provided a modified report to resident #1 showing a balance of [redacted]. The [redacted] stimulus payment does not show on the statement provided to the resident.

Resident #1 states they were not aware of the receipt of federal stimulus funds.

42b - Abuse *(continued)*

Plan of Correction **Accept**

Residents were verbally informed of the receipt of federal stimulus funds. Residents were also informed they can make requests to client funds for additional purchases.
There were multiple documents reviewed by the department representative when she was on site. One document was the statement from RFMS. This document shows the deposits and withdrawals from the resident's account. The resident is given a PNA (personal needs allowance) check every month. This is listed as Personal Needs Items on the Residential Statement Landscape. A PNA ledger is completed at the site to detail cash provided to the resident for personal needs spending as they request it. This document shows how much cash is given to the resident at any given time during the month.
Moving forward, notification of additional funds provided to resident will be in a written format and explained to the resident. Documentation of notification will be filed in the resident's chart.

Completion Date: *09/30/2021*

54a - Direct Care Staff

1. **Requirements**

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

Direct care staff person B and direct care staff person C, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file.

Plan of Correction **Do Not Accept**

Merakey utilizes a third-party agency to verify education as approved by DPW. Staff B and C did not have physical copies of their degrees in their file however, both had verifications completed by the Merakey credentialing department. Staff B has an associate degree (attached), and Staff C has a high school diploma verification (attached). Attached is a letter from DPW indicating that providers can use third party agencies to verify education. Merakey presented the verification information at the time of the inspection. Administrator will ensure verifications are available on-site for future licensing reviews.

Attachment:
2600.54a Employee Degree
Completion Date: *05/19/2021*

54a - Direct Care Staff *(continued)*

Plan of Correction **Accept**

Merakey recruiting and credentialing department has been notified that all staff must have physical evidence of diploma or highest degree available and a copy on site at the facility. Merakey administrator will ensure that all staff submit physical evidence of degree at time of hire and will have that documentation on site with other necessary documentation. This documentation will be kept in the staff credentialing/training binder in the administrator's office and will be available for review on site. Merakey will review all current staff files and administrator will ensure copies of degree are on site for licensing reviews and inspections.

Completion Date: *10/15/2021*

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.

Description of Violation

Staff person A, who is the [redacted] was hired as the [redacted]:

1. Did not successfully complete the orientation approved and administered by the department until 2/11/2021.

2. Did not complete a 100-hour standardized Department-approved administrator training course until 3/24/21. and

3. Did not complete the Department-approved competency-based training test with a passing score until 3/30/21.

The home did not apply for a waiver of this regulation.

Plan of Correction **Accept**

Staff person A was hired [redacted]. However, [redacted] was not acting in [redacted] role as administrator during that time. From [redacted], Staff Person A was training and learning [redacted] role as [redacted] at Merakey. Staff B who is the [redacted] was the [redacted] until Staff A fulfilled [redacted] credentials. Staff B is fully trained [redacted] and was in the home over 20 hours per week during the time frame of [redacted]. The program met the requirements of the regulations during this time as an administrator was on site. All of Staff B's [redacted] information was provided to the Department Representative at the time of the review and therefore Merakey was in compliance with this regulation at the time of the inspection.

Moving forward should a vacancy occur, Merakey will hire someone who already has the [redacted] at time of hire. If Merakey were to hire someone without the [redacted] we will designate who the administrator is until that individual is fully credentialed. We will also designate on the new hire [redacted] job description the date they officially became the [redacted] after they are fully trained.

Completion Date: *05/19/2021*

65a - FS Orientation 1st Day

1. Requirements

65a - FS Orientation 1st Day *(continued)*

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:

Description of Violation

Staff person C whose first day of work was [redacted] did not have any direct care staff person training and orientation training on file at the time of inspection.

Plan of Correction **Accept**

Staff person C completed [redacted] Department of Human Services direct care staff training course on [redacted]. Staff person C completed the rest of the orientation training on [redacted]. Staff person C was not onsite until [redacted] when [redacted] took the trainings. The training on [redacted] timecard for [redacted] was the online Medication Administration training that [redacted] took off site. Staff C is a PRN employee and is not onsite every week. Verification of trainings attached. Training information was on site at the time of inspection.

Staff training information is kept in a binder on site in the administrator's office. The administrator tracks all trainings in the binder and trainings are also upload into the Merakey Learning Management system by the employee or administrator.

Executive Director will review over licensing expectations with Staff person A. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit.

Attachments:
2600.65a. Staff C Training

Completion Date: *10/15/2021*

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 C's training records were not available in the home to determine if the staff person completed training on 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), or the reporting of reportable incidents and conditions within 40 scheduled working hours.

65b - Rights/Abuse 40 Hours *(continued)*

Plan of Correction **Accept**

Staff person C completed [redacted] Department of Human Services direct care staff training course on 4/1/21. Staff person C completed the rest of the orientation training to include all items on the above citation on 4/22/21. Staff person C was not onsite until 4/22/21 when [redacted] took the trainings. The training on her timecard for 4/12/21 was the online Medication Administration training that [redacted] took off site. Staff C is a PRN employee and is not onsite every week. Verification of trainings attached.

Staff training information is kept in a binder on site in the administrator's office. The administrator tracks all trainings in the binder and trainings are also upload into the Merakey Learning Management system by the employee or administrator. Staff Person C's training were on site at the time of the inspection.

Executive Director will review over licensing expectations with Staff person A. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit.

Attachment:
2600 65a Staff C Training

Completion Date: *10/15/2021*

65c - Ancillary Staff Orientation

1. **Requirements**

2600.
65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person C whose first day of work was [redacted], did not have a general orientation to their specific functions as it relates to their position.

65c - Ancillary Staff Orientation *(continued)*

Plan of Correction **Accept**

Staff C was at the home on 4/22 with the administrator and review all information on the site orientation check list. (attached) This checklist was available at the time of the inspection and was included with Staff member C training documentation. During the information shared on 4/22 the individual is coached on job duties and expectations. The staff was with the administrator on this date and was not alone with residents until after this information was completed. Merakey has met this regulation and was in compliance at the time of the inspection. Staff training records were available on site at the time of the review.

Executive Director will review over licensing expectations with Staff person A. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit. Staff person A will complete a formal job description with the staff person at [redacted] next shift.

Attachment:
2600 65a Staff C Training

Completion Date: *10/15/2021*

101j6 - Mirror

1. **Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident #3 .

Plan of Correction **Accept**

During the time of inspection, there was a mirror on the inside of the door in bedroom #3. The mirrors are at the same location in all bedrooms. The resident had clothing hanging covering the mirror at the time of inspection. Mirrors are checked during the monthly checks to ensure there is a mirror in all bedrooms.

Merakey Administrator will be available at future inspections to ensure all requirements in the resident bedrooms are seen by reviewer. If clothing is covering the mirror it will be removed for the inspection.

Attachment:
2600.101.j bedroom mirror 2

Completion Date: *05/19/2021*

101r - Bedroom - shades/drapes/window covering

1. **Requirements**

2600.
101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The shade on window located in resident #4's bedroom was torn.

101r - Bedroom - shades/drapes/window covering *(continued)*

Plan of Correction **Accept**

The damaged shade was identified in the monthly checklist from May 2021 and a work order was created for the replacement of the blind/shade. The blind/shade in resident #4 bedroom was replaced on 5/21/21. Checking window dressings for damages is included on the monthly checklist to ensure regulations are met. The Administrator will review monthly checklist to ensure compliance.

Attachment:
2600.101r blinds

Completion Date: *05/21/2021*

107b - Emergency Procedures

1. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

Description of Violation

The home's written emergency procedures was not available at the time of inspection. Therefore, it cannot be determined if the home's emergency procedures include the following:
1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Plan of Correction **Accept**

The Emergency Action Plan is in a red binder and kept in the administrator's office. All information described above is in that binder. The information and the red binder was on site at the time of the inspection.

Executive Director will review licensing expectations with Staff person A. Staff person A and Executive Director will review the contents of the emergency plan and ensure it is updated and accurate to meet Merakey standards and regulations. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit.

Completion Date: *10/15/2021*

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

The emergency procedures are posted in the staff office and in the dining area. To ensure the emergency procedures are not removed from this location, they will be placed in a plastic enclosure. Staff will ensure the procedures are updated as needed and posted by adding it to their monthly checklist. The administrator will review the monthly check list to ensure compliance. See attached picture of procedures posted in the dining area.

Attachment:
2600.123b emergency procedures posted

Completion Date: *09/12/2021*

130h - Inoperable Smoke Detector

1. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's written emergency procedures was not available at the time of inspection. Therefore, it cannot be determined if the home's emergency procedures indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction **Accept**

This policy is in a blue DHS readiness book in the administrator's office. All information described above is in that binder. The binder was on site at the time of the inspection.

Executive Director will review licensing expectations with Staff person A. Staff A and Executive Director will review this procedure to ensure it meets Merakey standards and licensing regulations, and make updates as needed. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit. Emergency procedures implemented when a smoke detector or fire alarm is inoperable will be made available at future licensing inspections.

Completion Date: *10/15/2021*

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted *(continued)*

Description of Violation

On 5/19/21, the home's menu for the current week of 5/17-5/23 was posted. However, the following week's menu was not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Menus are posted for 2 weeks in the kitchen area. Staff will add this to the monthly checklist. Administrator will review monthly checklist to ensure compliance.

Attachment:
2600.122.c menu posted

Completion Date: *09/12/2021*

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

Resident 1's has a glucometer device for the home to monitor blood sugar level daily one-time at 8am. The following MAR entries do not match the glucometer readings:

[redacted]

Resident # 5 is prescribed [redacted] *. On 5/19/21,* [redacted] *pills were present in the home during inspection. The narcotic/controlled substance log states that 9 pills are left. The home was unable to explain the discrepancy.*

Plan of Correction **Accept**

As of 5/24/21, the staff are expected to double check the MAR at the end of their shift for accuracy. Staff are also instructed to count any controlled substances and confirm the count with the person exiting the shift and starting shift. The administrator and PCH nurse also audit the MAR weekly. Staff are provided direction and training on corrections that need to be made and how to improve documentation to avoid errors as soon as the errors are identified by the review.

Completion Date: *05/24/2021*

190a - Completion Medication Course

1. **Requirements**

2600.

190a - Completion Medication Course *(continued)*

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to Resident #1 on 5/3/21, 5/4, 5/5, 5/6, 5/7, 5/9, 5/17, 5/18, and 5/19/21.

Plan of Correction **Do Not Accept**

Staff Person B completed the medication administration training on 4/12/17. All training documentation is reviewed by the administrator upon completion and placed in the staff training/credentialing binder. Training documents are also uploaded to the Merakey Learning Management System by the staff or administrator. The administrator is responsible to review all training prior to a staff member providing services at the PCH. Verification of trainings attached. Staff trainings were available at the time of the inspection.
Executive Director will review over licensing expectations with Staff person A. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit. Administrator will ensure staff training documents are available for future on site reviews.

Attachment:
2600.190a Completion of Medication Course
2600.190c Record of Training Staff B
2600.190c Record of Training Staff B 2

Completion Date: *10/15/2021*

Plan of Correction **Accept**

The PCH administrator tracks staff training to include medication administration training, medication observations, and MAR reviews. Merakey is in the process of having the administrator trained to be a trainer of medication administration and therefore once trained be able to provide training to staff. Merakey will ensure Staff person B has proper training to administer medications and will provide the documentation to support this CAP.
All staff training documentation is kept in the administrator's office in a staff training/credentialing binder. The administrator will ensure all training documentation is made available at time of inspection.

Completion Date: *10/15/2021*

190c - Record of Training

1. **Requirements**
2600.

190c - Record of Training *(continued)*

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include any training from 2014-2021.

Plan of Correction **Accept**

Reviewed documentation shows medication administration training and medication passes were complete. This information was available in the staff training binder at the time of the inspection. Verification of trainings attached.

Executive Director will review over licensing expectations with Staff person A. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit. Administrator will ensure all training documents are available at time of inspection.

Attachments:
2600.190a Completion of Medication Course
2600.190c Record of Training Staff B
2600.190c Record of Training Staff B 2

Completion Date: *10/15/2021*

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction **Accept**

On [redacted] Resident 1 signed the resident rights document (attached page 2) confirming "a resident has the right to question or refuse a medication if the resident believes there may be a medication error." The signed resident's rights are kept the resident's chart. Merakey has met this regulation and was in compliance at the time of the inspection. Merakey Administrator will continue to obtain a signed resident's rights document upon intake into the program.

Completion Date: *03/08/2015*

254b - Policy and Procedures

1. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

254b - Policy and Procedures *(continued)*

Plan of Correction **Accept**

The home follows Merakey Record Retention and Retrieval Policy located in the home Policy and Procedure Manual. The manual is in the Administrator's office and all information described above is in that binder. The policy was on site at the time of inspection.

Executive Director will review licensing expectations with Staff person A. Executive Director and Administrator will review the Record Retention Policy and Procedure to ensure it meets Merakey standards and licensing regulations. Another Merakey PCH Administrator will conduct a mock licensing to ensure Staff person A is knowledgeable of all materials that will need to be present during an unannounced licensing visit. Administrator will ensure this procedure is available at the time of inspection.

Completion Date: *10/15/2021*