

Department of Human Services  
Bureau of Human Service Licensing

December 16, 2021

[REDACTED], EXECUTIVE DIRECTOR  
MERAKEY MONTGOMERY COUNTY

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 review on 10/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

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

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *MERAKEY MONTGOMERY COUNTY*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *10/20/2021*

**Inspection Dates and Department Representative**

10/20/2021 - 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: *na*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *7*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/20/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2021*

**11/29/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2021*

Inspection Dates and Department Representative (*continued*)

10/20/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Residents Rights information was posted on 10/20/21, the date of the inspection by program administrator. Facilities installed a new enclosed case where items required by regulations are hung (see attached) in the dining area. Program Administrator created a monthly checklist on 10/20/21(attached). The checklist was then completed on 10/20/21 by Program Assistant [REDACTED]. It will be the responsibility of the assistant administrator or administrator to complete the checklist monthly. The checklist was also completed on 11/19/21.

Attachments:

55.PA 2600.41C Rights Poster

Checklist for Rights Poster and Bedroom Charis 55.PA.2600. 41C & 101j 22021-11-22-083651

Completion Date: 10/20/2021

Document Submission

Implemented

Residents Rights information was posted on 10/20/21, the date of the inspection by program administrator. Facilities installed a new enclosed case where items required by regulations are hung (see attached) in the dining area. Program Administrator created a monthly checklist on 10/20/21(attached). The checklist was then completed on 10/20/21 by Program Assistant [REDACTED]. It will be the responsibility of the assistant administrator or administrator to complete the checklist monthly. The checklist was also completed on 11/19/21 and 12/15/21.

Attachments:

55.PA 2600.41C Rights Poster

Checklist for Rights Poster and Bedroom Charis 55.PA.2600. 41C & 101j 22021-11-22-083651

12.15.21 PCH Monthly checklist

Completion Date: 10/20/2021

101j2 - Bedroom Chairs

1. Requirements

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #2 is occupied by one resident; however, there are no chairs in this room.

101j2 - Bedroom Chairs (continued)

Plan of Correction

Accept

The two chairs were placed in the room the date of inspection 10/20/21. Program Administrator created a monthly checklist on 10/20/21(attached). The checklist was then completed on 10/20/21 by Program Assistant [redacted]. It will be the responsibility of the assistant administrator or administrator to complete the checklist monthly. The checklist was also completed on 11/19/21.

Attachments:

55.PA. 2600 101j2 Bedroom Chairs

Checklist for Rights Poster and Bedroom Charis 55.PA.2600. 41C & 101j 22021-11-22-083651

Completion Date: 10/20/2021

Document Submission

Implemented

The two chairs were placed in the room the date of inspection 10/20/21. Program Administrator created a monthly checklist on 10/20/21(attached). The checklist was then completed on 10/20/21 by Program Assistant [redacted]. It will be the responsibility of the assistant administrator or administrator to complete the checklist monthly. The checklist was also completed on 11/19/21 and 12/15/21.

Attachments:

Checklist for Rights Poster and Bedroom Chairs 55.PA.2600. 41C & 101j 22021-11-22-083651

12.15.21 PCH Monthly checklist

Completion Date: 10/20/2021

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

On 10/20/2021, at 10:47 AM, Resident #1's glucometer read the time as 18:06.

Repeat Violation: 12/01/2020

Plan of Correction

Accept

On 10/22/21, [redacted] (staff) contacted Contour (the glucometer company) and the representative explained to staff that the glucometer was reading based on 12-hour clock vs. the 24-hour clock. The glucometer was updated to report in the 24-hour time frame.

On November 1st, 2021, [redacted], Nurse, completed a training on using, testing, tracking and safe storage of the glucometer. (See attached materials and sign in sheet). In addition to the training, the nurse will utilize the "Glucometer Calibration & Quality Control log" on a weekly basis until the end of the year 2021, and monthly, beginning January 2022, to identify any errors or issues. The administrator will review the log to ensure its completion.

Attachments:

55PA2600.185A Glucometer Control Sign Sheet and training material 2021-11-22

185a - Implement Storage Procedures (continued)

Glucometer Calibration & Quality Control Log 55Pa2600. 185a &187d

Completion Date: 12/15/2021

Document Submission

Implemented

On 10/22/21, staff contacted Contour (the glucometer company) and the representative explained to staff that the glucometer was reading based on 12-hour clock vs. the 24-hour clock. The glucometer was updated to report in the 24-hour time frame.

On November 1st, 2021, Nurse, completed a training on using, testing, tracking and safe storage of the glucometer. (See attached materials and sign in sheet). In addition to the training, the nurse will utilize the "Glucometer Calibration & Quality Control log" on a weekly basis until the end of the year 2021, and monthly, beginning January 2022, to identify any errors or issues. The administrator will review the log to ensure its completion.

Attachments:

55PA2600.185A Glucometer Control Sign Sheet and training material 2021-11-22

Glucometer Calibration & Quality Control Log 55Pa2600. 185a &187d

12.15.21 PCH Glucometer

Completion Date: 12/15/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed a daily test of blood sugar levels at 8:00 AM. However, there is no reading in the resident's glucometer on [redacted]/2021.

Repeat Violation: 12/01/2021, et al.

Plan of Correction

Accept

On November 1st, 2021, [redacted], Nurse, completed a training on using, testing, tracking and safe storage of the glucometer. (See attached materials and sign in sheet). In addition to the training, the nurse will utilize the "Glucometer Calibration & Quality Control log" on a weekly basis until the end of the year 2021, and monthly, beginning January 2022, to identify any errors or issues. The administrator will review the log to ensure its completion.

Attachments:

Glucometer Calibration & Quality Control Log 55Pa2600. 185a &187d

Completion Date: 12/15/2021

Document Submission

Implemented

On November 1st, 2021, [redacted], Nurse, completed a training on using, testing, tracking and safe storage of the glucometer. (See attached materials and sign in sheet). In addition to the training, the nurse will utilize the "Glucometer Calibration & Quality Control log" on a weekly basis until the end of the year 2021, and monthly, beginning January 2022, to identify any errors or issues. The administrator will review the log to ensure its completion.

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