

Department of Human Services
Bureau of Human Service Licensing

June 1, 2022

,
MERAKEY PENNSYLVANIA

RE: MERAKEY PENNSYLVANIA
1071 PAGE ROAD
HARRISBURG, PA, 17111
LICENSE/COC#: 32100

■ ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2021 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 PENNSYLVANIA* License #: *32100* License Expiration: *06/02/2022*
Address: *1071 PAGE ROAD, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

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 Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/03/2021 - 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: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2022*

Inspections / Reviews (*continued*)

05/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2022*

06/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the current licensing inspection summary posted.

Plan of Correction

Accept

The Program Director placed the current plan of correction on display on 11/4/2021. As of 5/2/22, the Assistant Program Director/Designee will perform a weekly walk through (with the attached check list) to assure all required paperwork required is on display. Upon completion, the checklist will be reviewed by the Residential Program Director. The checklist will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 05/06/2022

Document Submission

Implemented

The current plan of correction is in place by the main front entrance. Attached is a weekly walk through confirming the POC.

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/2/21, Resident 1 alleged that he was struck in the head by Resident 2. This incident was reported to Staff Person A on 9:30 AM, however, the allegation was not reported to the local area agency on aging.

Plan of Correction

Accept

Immediately: any physical altercations will be reported by the Program Director, Assistant Program Director/Designee in accordance with the Older Adults Protective Services Act. The Associate Regional Director Residential Programs will review during Capital Region Residential Supervisor meetings to assure compliance. The entire Plan of Correction as well as any allegations will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 11/04/2021

Document Submission

Implemented

at this point in time there has been no need to make a call to aging. This administrator will ensure the appropriate call will be made as needed. The Assistant Program Director has been informed of the need.

86b - Bathroom

1. Requirements

2600.

- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom at the front entrance of the home does not have a window and the ventilation fan is inoperable.

86b - Bathroom (continued)

Plan of Correction

Accept

A Merakey Facilities work order was submitted November 4, 2021. Parts were ordered and the exhaust fan was working as of November 11, 2021. As of 5/2/22, the Assistant Program Director/Designee will perform a weekly walk though checking all lights and fans. (See attached checklist). Upon completion, the checklist will be reviewed by the Residential Program Director. The checklist will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person). On 11/18/2021, all Direct Care Staff were instructed via paper memo to inform a supervisor or any items in need of repair so the supervisor can submit a work order to Merakey facilities.

Completion Date: 11/11/2021

Document Submission

Implemented

attached is a walk through checklist showing that the resident bathrooms have functional fans.

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

The bedroom closest to the kitchen is occupied by two residents, however, there are no chairs in the room.

Plan of Correction

Accept

Plan of Correction: On 11/9/2021, the Program Director placed appropriate number of chairs in each bedroom. As of 5/2/22, the Assistant Program Director/Designee will perform a weekly walk though (with the attached check list) to assure all rooms have sufficient chairs. Upon completion, the checklist will be reviewed by the Residential Program Director. The checklist will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 11/09/2021

Document Submission

Implemented

Folding chairs are in each room. Attached is a weekly walkthrough checklist confirming. There are extra chairs in the event that a resident needs to have a chair replaced.

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 window in the bedroom adjacent to the main office has a miniblind that is damaged and missing slats.

Plan of Correction

Accept

The Program Director submitted the Merakey Facilities work order to replace the mini-blind with a curtain on November 4, 2021. The work to replace the mini-blind with a curtain was completed 11/22/2021. Starting the week of 5/2/22the Assistant Program Director/Designee will perform a weekly walk though (see attached check list) and submit a work order to repair any needed items, including mini blinds. Upon completion, the checklist will be reviewed by the Residential Program Director. The checklist will be reviewed during the regular Merakey Local

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

Quality Product Improvement (LPQI) meetings (either Zoom or in person). On 11/18/2021, all Direct Care Staff were instructed via paper memo to inform a supervisor or any items in need of repair so the supervisor can submit a work order to Merakey facilities.

Completion Date: 11/22/2021

Document Submission

Implemented

Attached is a picture of the black out curtain which was installed in the bedroom. Please note that the particular room in question had its miniblinds replaced multiple times a year and the resident would break them. It was the advice of the inspector that a curtain be installed. Attached is a weekly walk through showing curtains are in place.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept

Starting 11/4/2021, the Assistant Director will complete the activities calendar and assure that the calendar is on display. As of 5/2/22, the Assistant Program Director/Designee will perform a weekly walk though (with the attached check list) to assure all required paperwork is on display. Upon completion, the checklist will be reviewed by the Residential Program Director. The checklist will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 05/02/2022

Document Submission

Implemented

Attached is a photo of the current activity calendar as posted. An upcoming activity calendar is also attached as well as a weekly walkthrough checklist.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 3's most recent assessment was completed on 10/7/20.

Plan of Correction

Accept

On 11/22/2021, the Assistant Director began monitoring the RASP due dates and completion dates on a spreadsheet. The Assistant Director will complete the RASPs that are due in a timely manner. The Assistant Director will share updated spreadsheet with the Program Director and the Merakey Associate Regional Director of Residential Programs monthly. If the Assistant Director is unable to complete the RASP in a timely manner, the Assistant Director will assign a designee to complete the RASP. RASPs will be reviewed at the regular Merakey Capital Region Personal Care Management meetings (either Zoom or in person). The Plan of Correction will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 05/02/2022

225c - Additional Assessment (*continued*)**Document Submission****Implemented**

attached is the date tracker which will allow the dates of all needed documentation are available. Thus far the dates have been discussed via email, the Zoom meetings have not yet started due to several administrative staff being out on leave.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 3's record does not include the previous 2 years medical evaluation forms.

Resident 4's record does not include the previous 2 years medical evaluation forms.

Plan of Correction**Accept**

Immediately: Assistant Director/LPN Supervisor will monitor the DME due dates and completion dates on a spreadsheet, schedule with the PCP and follow up with the PCP to ensure completion in a timely manner. The Assistant Director and LPN Supervisor will keep written documentation of all attempts to have the DME completed and signed in appropriate time frames. The Assistant Director will share updated spreadsheet with the Program Director and the Merakey Associate Regional Director of Residential Programs monthly. The spreadsheet will be reviewed at the regular Merakey Capital Region Personal Care Management meetings (either Zoom or in person). The Spreadsheet will be reviewed during the regular Merakey Local Quality Product Improvement (LPQI) meetings (either Zoom or in person).

Completion Date: 05/02/2022

Document Submission**Implemented**

Attached is the date tracker which will allow the dates of all needed documentation are available. Thus far the dates have been discussed via email, the Zoom meetings have not yet started due to several administrative staff being out on leave.