

Department of Human Services
Bureau of Human Service Licensing

March 25, 2022

[REDACTED]
MERAKEY PENNSYLVANIA
[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 12/28/2021, 12/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *06/11/2022*
Address: *515 DELAWARE AVENUE, BETHLEHEM, PA 18015*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6108668331* Email: [REDACTED]

Legal Entity

Name: *MERAKEY PENNSYLVANIA*
Address: *4251 CRUMS MILL ROAD, HARRISBURG, PA, 17112*
Phone: *6108668331* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *14* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/30/2021*

Inspection Dates and Department Representative

12/28/2021 - Off-Site: [REDACTED]
12/30/2021 - Off-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: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/04/2022*

02/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/07/2022*

03/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1 within 15 days of admission. Resident #1 was admitted to the home on [redacted] The date used for the assessment was the date resident#1 had a Documented Medical Evaluation on [redacted]

Plan of Correction

Accept

The Administrator/Assistant Administrator will place the correct resident assessment date on the Rasp which will be within 15 days of admission/annual assessment. A tracker was implemented to monitor dates of completion. A Direct Care staff member will be educated on the tracker and the tracker process. Process - after the RASP is completed the Administrator/Assistant Administrator will review the RASP with the resident, both the resident and the Administrator/Assistant Administrator will sign and date the RASP. The RASP will then be given to the Direct Care Staff member to review. The tracker will be signed off on by the reviewers once documentation is reviewed.

Completion Date: 02/02/2022

Update: 02/24/2022

Please submit a tracker sheet that is in use for Step 2 of the process.

AG, 2-24-22

Document Submission

Implemented

Submitted with step 1 process

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On [redacted] resident#1 claimed [redacted] had a seizure and was sent to the hospital. Resident#1 returned to the home on [redacted] with a new order for Abilify which was discontinued by a doctor the next day. Resident #1's support plan was not revised to indicate how staff will address resident#1's care needs upon return to the home.

On [redacted], [redacted] and [redacted], resident #1 was sent to the hospital emergency room. Upon resident#1's return to the home on dates unknow, there was no documentation in resident #1's support plan to indicate updates or revisions in resident #1's care plan were made.

Plan of Correction

Accept

The Administrator/Assistant Administrator will utilize the RASP Addendum sheet following any return of a resident from a hospital stay to reflect any changes they may have occurred during that hospitalization, as well as behaviors that the resident displayed prior to the transfer to the hospital. A tracker was implemented to monitor a resident's return from the hospital and that the RASP Addendum sheet was utilized to reflect any changes. The RASP and the Addendum sheet will be reviewed with the resident by the Administrator/Assist Administrator, and both will date and sign the RASP and Addendum sheet. A tracker was implemented to monitor dates of completion. A Direct Care staff member was educated on the tracker and the process. Process - the Administrator/Assistant Administrator will complete the RASP Addendum sheet, review it with the resident and the Administrator/Assistant Administrator and

227c - Support Plan Revision (continued)

the resident will sign and date the Addendum sheet. The Addendum sheet will be given to the Direct Care staff member to review for completion. The tracker will be sign off on by the reviewers once the documentation is reviewed.

Completion Date: 02/02/2022

Update: 02/24/2022

The Northeast Regional Office suggests that these steps be completed within 5 days of return from the hospital, as a Significant Change RASP would have to be completed by the 5th day if warranted by regulation.

Please submit a copy of a tracker sheet in use for Step 2 of the process.

AG, 2-24-22

Document Submission

Implemented

Submitted with step 1 process

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan was completed by the Administrator/staff person "A" of the facility on [REDACTED]. The Administrator/staff person "A" failed to Date sign Resident #1's support plan. Staff person "A" also failed to include the name of resident#1 in PART -V Participation Section of the support plan.

Plan of Correction

Accept

The Administrator/Assistant Administrator will complete the RASP, review the RASP with the resident and then both the Administrator/Assistant Administrator will sign and date the RASP. A tracker was implemented to monitor for signatures and dates on the RASP. A Direct Care staff member was educated on the tracker and the process. Process - Administrator/Assistant Administrator will complete the RASP, review the RASP with the resident, both the Administrator/Assistant Administrator and the resident will sign and date the RASP. The RASP will be given to the Direct Care staff member for review of completion. The tracker will be signed off on by the reviewers once the documentation is reviewed.

Completion Date: 02/02/2022

Update: 02/24/2022

please submit a copy of the signed RASP signature page for Res # 1 in Step # 2 along with a copy of the tracker sheet that is in use

AG, 2-24-22

Document Submission

Implemented

Submitted with step 1 process