

Department of Human Services
Bureau of Human Service Licensing

June 7, 2022

[REDACTED], ADMINISTRATOR

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 05/03/2022 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: *06/11/2023*
Address: *515 DELAWARE AVENUE, BETHLEHEM, PA 18015*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MERAKEY PENNSYLVANIA*
Address: *4251 CRUMS MILL ROAD, HARRISBURG, PA, 17112*
Phone: *6108668331* Email: *doreen.muller@merakey.org*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/03/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

Inspections / Reviews (*continued*)

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/08/2022*

06/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

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

The home did not have a record that staff person "A" DOH [redacted] had receive their required first day training on the following topics: The home's evacuation Procedure in an emergency; Staff duties in and responsibilities in fire drill; Designated meeting area and fire safety areas; Smoking safety procedures & policy; Location and use of fire extinguishers; smoke detectors and fire alarms and telephone use and notification of emergency services.

Plan of Correction

Accept

The Administrator met with Staff "A" on [redacted] and reviewed the training for the PCH's evacuation procedure in an emergency; Staff duties and responsibilities in a fire drill; location of designated meeting area and fire safety areas; Smoking safety procedures and policy; location of fire extinguisher, smoke detectors and fire alarms, as well as telephone use and notification of emergency services. The Administrator/Assistant Administrator will meet with new staff on day 1 and review first day training to include but not limited to: Evacuation procedure in an emergency; Staff duties and responsibilities in a fire drill; location of designated meeting area and fire safety areas; Smoking safety procedures and policy; location of fire extinguisher, smoke detectors and fire alarms, as well as telephone use and notification of emergency services. A tracker was implemented on [redacted] to follow and track that each item is reviewed. A designated staff member will review the paperwork and sign off on the tracker that everything was reviewed with new staff on day 1. The Director of Adult Services will review all new staff orientation within 30days of hire for 6months to ensure compliance.

Completion Date: 05/10/2022

Update: 06/03/2022

Please send/Attach proof of Staff A's training. 6-3-2022 MM

Document Submission

Implemented

The Administrator met with Staff "A" on [redacted] and reviewed the training for the PCH's evacuation procedure in an emergency; Staff duties and responsibilities in a fire drill; location of designated meeting area and fire safety areas; Smoking safety procedures and policy; location of fire extinguisher, smoke detectors and fire alarms, as well as telephone use and notification of emergency services. The Administrator/Assistant Administrator will meet with new staff on day 1 and review first day training to include but not limited to: Evacuation procedure in an emergency; Staff duties and responsibilities in a fire drill; location of designated meeting area and fire safety areas; Smoking safety procedures and policy; location of fire extinguisher, smoke detectors and fire alarms, as well as telephone use and notification of emergency services. A tracker was implemented on [redacted] to follow and track that each item is reviewed. A designated staff member will review the paperwork and sign off on the tracker that everything was reviewed with new staff on day 1. The Director of Adult Services will review all new staff orientation within 30days of hire for 6months to ensure compliance.

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:

65b - Rights/Abuse 40 Hours (continued)

Description of Violation

The home did not have documentation that Staff Person "A" DOH [REDACTED] had received their first 40-hour training that included the following: resident right; resident emergency medical plan; Mandatory reporting of resident abuse and reportable incidents and conditions.

Plan of Correction**Accept**

The Administrator met with Staff "A" on [REDACTED] and reviewed Resident rights; resident emergency medical plan; Mandatory reporting of resident abuse and reportable incidents and conditions. The Administrator/Assistant Administrator will complete the following trainings during 1st 40 hours working: Resident rights; resident emergency medical plan; Mandatory reporting of resident abuse and reportable incidents and conditions. A tracker was implemented on [REDACTED] to track completion. Staff designee will review all paperwork and sign off on the tracker that everything was completed. The Director of Adult Services will review all new hire orientations within 30 days of hire for 6 months to ensure compliance.

Completion Date: 05/10/2022

Update: 06/03/2022

Please send/Attach proof of Staff A's training. 6-3-2022 MM

Document Submission**Implemented**

The Administrator met with Staff "A" on [REDACTED] and reviewed Resident rights; resident emergency medical plan; Mandatory reporting of resident abuse and reportable incidents and conditions. The Administrator/Assistant Administrator will complete the following trainings during 1st 40 hours working: Resident rights; resident emergency medical plan; Mandatory reporting of resident abuse and reportable incidents and conditions. A tracker was implemented on [REDACTED] to track completion. Staff designee will review all paperwork and sign off on the tracker that everything was completed. The Director of Adult Services will review all new hire orientations within 30 days of hire for 6 months to ensure compliance.

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident #1, DOA 1/5/22 and Resident #2, DOA [REDACTED] - preadmission forms did not indicate that the home was able to meet the resident's needs.

Plan of Correction**Accept**

The Administrator updated the prescreen tool on [REDACTED] - day of inspection to indicate that the home is able to meet the resident's needs for Resident #1 & #2. The Administrator/Assistant Administrator will complete the preadmission screening tool at time of assessment of a referral for consideration of admission and will check off if the home is capable or incapable of caring for a resident. A tracker was implemented on [REDACTED] to ensure all areas are completed and whether or not a resident's needs can be met at the PCH and will be marked off after the review of the tool. The Director of Adult Services will review all new consumer information within 30 days for 6 months to ensure compliance.

Completion Date: 05/02/2022

224c - Preadmission Screening (continued)

Document Submission

Implemented

The Administrator updated the prescreen tool on [redacted] - day of inspection to indicate that the home is able to meet the resident's needs for Resident #1 & #2. The Administrator/Assistant Administrator will complete the preadmission screening tool at time of assessment of a referral for consideration of admission and will check off if the home is capable or incapable of caring for a resident. A tracker was implemented on [redacted] to ensure all areas are completed and whether or not a resident's needs can be met at the PCH and will be marked off after the review of the tool. The Director of Adult Services will review all new consumer information within 30 days for 6 months to ensure compliance.

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 #3's RASP, dated [redacted], was not signed by the resident and it was not documented if the resident declined or was unable to sign their RASP.

Plan of Correction

Accept

The Administrator met with Resident #3 and reviewed [redacted] RASP with [redacted] following the inspection on [redacted]. The RASP was signed by the resident and [redacted] declined a copy. The Administrator/Assistant Administrator will review and update support plans with each resident when they are due and as needed if warranted. Upon completion of the support plan the Administrator/Assistant Administrator will review with the resident and with the resident's and designees signatures. A tracker was implemented on [redacted] to ensure all areas are completed and finalized with the resident signature, A staff designee will review for completion and signatures of the resident and Administrator and sign off on the tracker.

Completion Date: 05/02/2022

Document Submission

Implemented

The Administrator met with Resident #3 and reviewed [redacted] RASP with [redacted] following the inspection on 5/2/2022. The RASP was signed by the resident and [redacted] declined a copy. The Administrator/Assistant Administrator will review and update support plans with each resident when they are due and as needed if warranted. Upon completion of the support plan the Administrator/Assistant Administrator will review with the resident and with the resident's and designees signatures. A tracker was implemented on [redacted] to ensure all areas are completed and finalized with the resident signature, A staff designee will review for completion and signatures of the resident and Administrator and sign off on the tracker.

252 - Record Content

1. Requirements

2600.

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

Description of Violation

Resident #4's record did not include any identifiable marks, if any.

Plan of Correction

Accept

The Assistant Administrator with the assistance of a Direct Care Staff member assessed all the resident and updated all face sheets - Identifying marks on [redacted]. The designated staff member- Administrator, Assistant

252 - Record Content (continued)

Administrator and/or nurse on duty will complete the face sheet of any new admissions to the PCH. A tracker was implemented on 5/10/2022 to ensure all areas of the face sheet are completed. Any area that does not pertain to a resident upon admission "N/A" will be placed in the space provided. A staff designee will review all new admit face sheet and sign off on the tracker that all areas are filled in.

Completion Date: 05/06/2022

Document Submission

Implemented

The Assistant Administrator with the assistance of a Direct Care Staff member assessed all the resident and updated all face sheets - Identifying marks on 5/6/2022. The designated staff member- Administrator, Assistant Administrator and/or nurse on duty will complete the face sheet of any new admissions to the PCH. A tracker was implemented on 5/10/2022 to ensure all areas of the face sheet are completed. Any area that does not pertain to a resident upon admission "N/A" will be placed in the space provided. A staff designee will review all new admit face sheet and sign off on the tracker that all areas are filled in.