

Department of Human Services
Bureau of Human Service Licensing

July 12, 2022

[REDACTED] RESIDENTIAL DIRECTOR OF ADULT BEHAVIORAL HEALTH
MERAKEY PENNSYLVANIA
[REDACTED]

RE: MERAKEY PENNSYLVANIA
108 CEDARWOOD CIRCLE
RUSSELLTON, PA, 15076
LICENSE/COC#: 43842

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC

Facility Information

Name: *MERAKEY PENNSYLVANIA* License #: *43842* License Expiration: *08/15/2022*
Address: *108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *R-4* Date: *10/01/2022* Issued By: *West Deer TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/02/2022*

Inspection Dates and Department Representative

06/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2022*

06/28/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/30/2022*

07/06/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/11/2022*

07/12/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/2/22, the toilet paper holder had been pulled from the wall leaving two holes measuring approximately 1" each in diameter in wall next to the toilet.

Plan of Correction**Accept**

A maintenance request was completed on 6/10/22 to repair toilet paper holder.

Daily Checklist was revised on 6/22/22.

PCH Staff conduct daily checks using Daily Checklist to include bathrooms.

Any identified areas of concern will be elevated to the Administrator or Assistant Administrator and repairs will be submitted through a maintenance request.

Completion Date: 06/22/2022

Document Submission**Implemented**

A maintenance request was completed on 6/10/22 to repair toilet paper holder.

Daily Checklist was revised on 6/22/22.

PCH Staff conduct daily checks using Daily Checklist to include bathrooms.

Any identified areas of concern will be elevated to the Administrator or Assistant Administrator and repairs will be submitted through a maintenance request.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On [REDACTED] a.m., the required emergency numbers were not posted on or near the resident telephone in the living room.

Plan of Correction**Accept**

The emergency list was relocated to the resident telephone in the living room on 6/8/22.

To monitor this citation, PCH Staff will notify the Administrator if emergency numbers are moved or damaged to ensure list is replaced. PCH Administrator or designee will check daily during checks to make sure the phone list is still up.

Completion Date: 06/08/2022

Document Submission**Implemented**

The emergency list was relocated to the resident telephone in the living room on 6/8/22.

To monitor this citation, PCH Staff will notify the Administrator if emergency numbers are moved or damaged to ensure list is replaced. PCH Administrator or designee will check daily during checks to make sure the phone list is still up.

91 - Telephone Numbers (continued)

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 6/2/22, there were no pillowcases on the two small bed pillows on resident #3's bed.

Plan of Correction

Accept

Residents' pillowcase was being laundered on day of inspection.

On 6/14/22, new pillowcases were bought for the residence to ensure extra bedding is on-site to replace damaged or aging bedding.

PCH Staff were reminded in an email on 6/16/22 when doing daily room checks that they should also check that residents have everything needed in their room (including bedding). This will be monitored daily using Daily Checklist.

Any identified areas of concern will be elevated to the Administrator or Assistant Administrator.

Completion Date: 06/16/2022

Document Submission

Implemented

Residents' pillowcase was being laundered on day of inspection.

On 6/14/22, new pillowcases were bought for the residence to ensure extra bedding is on-site to replace damaged or aging bedding.

PCH Staff were reminded in an email on 6/16/22 when doing daily room checks that they should also check that residents have everything needed in their room (including bedding). This will be monitored daily using Daily Checklist.

Any identified areas of concern will be elevated to the Administrator or Assistant Administrator.

101j5 - Bedside Table/Shelf

1. Requirements

2600.

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

- 5. A bedside table or a shelf.

Description of Violation

On 6/2/22, the bedside table for resident #2 is approximately 2' from the resident's bedside in bedroom #9.

Plan of Correction

Accept

The table was relocated next to the bed on 6/8/22.

A revised daily checklist will be implemented to identify what items should be checked in each room.

Daily Checklist was revised on 6/22/22.

All PCH staff were reminded in an email on 6/16/22 on this regulation.

Completion Date: 06/22/2022

101j5 - Bedside Table/Shelf *(continued)***Document Submission****Implemented**

The table was relocated next to the bed on 6/8/22.

A revised daily checklist will be implemented to identify what items should be checked in each room.

Daily Checklist was revised on 6/22/22.

All PCH staff were reminded in an email on 6/16/22 on this regulation.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/2/22, resident #1, does not have a source of light that can be turned on/off from the resident's bedside in bedroom #6. The floor lamp on the left side of the bedside table measures approximately 39" from the residents bedside.

On 6/2/22, resident #2's bedside lamp measures approximately 3' from the resident's bedside. The resident does not have a source of light that can be turned on/off from the bedside in bedroom #9.

Plan of Correction**Accept**

The table and lamps were relocated next to the bed on 6/8/22.

Extra clip-on lamps will also be ordered to be utilized on bedside tables.

A revised daily checklist will be implemented to identify what items should be checked in each room.

Daily Checklist was revised on 6/22/22.

All PCH staff were reminded in an email on 6/16/22 on this regulation.

Completion Date: 06/22/2022

Document Submission**Implemented**

The table and lamps were relocated next to the bed on 6/8/22.

Extra clip-on lamps will also be ordered to be utilized on bedside tables.

A revised daily checklist will be implemented to identify what items should be checked in each room.

Daily Checklist was revised on 6/22/22.

All PCH staff were reminded in an email on 6/16/22 on this regulation.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 6/2/22, at approximately 10:55 a.m., there was an unlabeled, used bar of green/white soap in-between the double sink counter top in the Jack and Jill bathroom between bedrooms #9 and #10, that is shared by both residents.

102i - Soap Dispenser (continued)**Plan of Correction****Accept**

All residents were notified on date of inspection, that they are not permitted to share these items (6/2/22).

Items in shared bathroom were labeled with Resident's names on 6/14/22.

Daily Checklist was revised on 6/22/22.

This citation will be monitored during daily checks utilizing the Daily Checklist to ensure name labels are intact.

Completion Date: 06/22/2022

Document Submission**Implemented**

All residents were notified on date of inspection, that they are not permitted to share these items (6/2/22).

Items in shared bathroom were labeled with Resident's names on 6/14/22.

Daily Checklist was revised on 6/22/22.

This citation will be monitored during daily checks utilizing the Daily Checklist to ensure name labels are intact.

102k - No Common Towel**1. Requirements**

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

On 6/2/22, at approximately 10:55 a.m., there was a used unlabeled towel on the left wall by the double sink in the Jack and Jill bathroom between bedrooms #9 and #10, that is shared by both residents.

Plan of Correction**Accept**

All residents were notified on date of inspection, that they are not permitted to share these items (6/2/22).

Items in shared bathroom were labeled with Resident's names on 6/14/22.

Daily Checklist was revised on 6/22/22.

This citation will be monitored during daily checks utilizing the Daily Checklist to ensure name labels are intact.

Completion Date: 06/22/2022

Document Submission**Implemented**

All residents were notified on date of inspection, that they are not permitted to share these items (6/2/22).

Items in shared bathroom were labeled with Resident's names on 6/14/22.

Daily Checklist was revised on 6/22/22.

This citation will be monitored during daily checks utilizing the Daily Checklist to ensure name labels are intact.

103d - Storing Food Off Floor**1. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 6/2/22, there were multiple food items on the floor in the small pantry across from bedroom #6, to include:

** A 3 lb. can of Green Beans.*

** Two-96 oz. bottles of Vegetable Oil.*

103d - Storing Food Off Floor (continued)

- * One 3.15-quart bottle of Olive Oil.
- * A cloth grocery bag with individual pieces of assorted chocolate candies.
- * A 52 Variety box of Quaker Oatmeal.
- * Approximately 14 – 12 packs of assorted soda with other 12 packs stacked on top.

Plan of Correction

Accept

On date of inspection, boxes were put under these items or items were moved immediately so they are off the floor.
 A maintenance request was completed on 6/12/22 to request shelving.
 On 6/13/22, maintenance came to PCH and took measurements for shelving. Shelving was installed on 6/22/22
 PCH administrator or designee will check daily during checks to make sure food is not stored on the floor.

Completion Date: 06/22/2022

Document Submission

Implemented

On date of inspection, boxes were put under these items or items were moved immediately so they are off the floor.
 A maintenance request was completed on 6/12/22 to request shelving.
 On 6/13/22, maintenance came to PCH and took measurements for shelving. Shelving was installed on 6/22/22
 PCH administrator or designee will check daily during checks to make sure food is not stored on the floor.

109b - Rabies Vaccination

1. Requirements

- 2600.
- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 6/2/22, the home's cat, "Mutton" was present, from 9:00 a.m. to 7:00 p.m., in the home. The cat does not have a current certificate of rabies vaccination the cat. Documents indicated the last rabies vaccine was 9/14/2020.

Plan of Correction

Accept

Program contacted cat's veterinarian and verified that the Rabies vaccination was scheduled for 6/24/22.
 Pet's records indicated vaccination was required every 3 years. Pet will see veterinarian annually to obtain required vaccinations.

Completion Date: 06/24/2022

Document Submission

Implemented

Program contacted cat's veterinarian and verified that the Rabies vaccination was scheduled for 6/24/22.
 Pet's records indicated vaccination was required every 3 years. Pet will see veterinarian annually to obtain required vaccinations.

121a - Unobstructed Egress

1. Requirements

- 2600.
- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (*continued*)**Description of Violation**

On 6/2/22 at approximately 10:28 a.m., the emergency exit door from the kitchen was locked.

Plan of Correction**Accept**

The door was immediately unlocked while the inspector was on site on 6/2/22.

An email was sent to all PCH staff on 6/12/22 to remind everyone that none of the exits can be locked at any time.

To monitor this citation, Administrator or Assistant Administrator/Designee will check emergency exits daily to ensure they are unlocked and functioning properly.

Completion Date: 06/12/2022

Document Submission**Implemented**

The door was immediately unlocked while the inspector was on site on 6/2/22.

An email was sent to all PCH staff on 6/12/22 to remind everyone that none of the exits can be locked at any time.

To monitor this citation, Administrator or Assistant Administrator/Designee will check emergency exits daily to ensure they are unlocked and functioning properly.

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 6/2/22, interviews indicate staff are informed of the fire drills prior to being conducted, to include, the fire drill conducted on 5/5/22 at 12:57 p.m.

Plan of Correction**Accept**

All PCH staff were reminded on 6/12/22 that if they are assigned a fire drill, they are not able to notify the other staff or residents.

Staff conducting fire drills has been reassigned to Administrator or Assistant Administrator until new Peer Specialist is trained on task. Transition to occur on or before 7/15/22.

Completion Date: 07/15/2022

Document Submission**Implemented**

All PCH staff were reminded on 6/12/22 that if they are assigned a fire drill, they are not able to notify the other staff or residents.

Staff conducting fire drills has been reassigned to Administrator or Assistant Administrator until new Peer Specialist is trained on task. Transition to occur on or before 7/15/22.

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

The support plan for resident #2, dated [REDACTED] does not have the assessor's or the resident's signature and does not

227g -Support Plan Signatures (continued)

indicate if the resident participated in the development of the plan, was unable to participate, or if the resident refused to sign the support plan.

Plan of Correction**Accept**

The residents support plan was reviewed and signed by the evaluator and resident the day of the inspection (6/2/22). Administrator or Assistant Administrator will conduct a quarterly review of all records by June 23, 2022 to ensure all are up to date with required signatures.

Moving forward the Administrator, Assistant Administrator and Nurse will all review for completion prior to being filed into the chart. Any areas of concern will be elevated to the plan author to make corrections.

Completion Date: 06/23/2022

Document Submission**Implemented**

The residents support plan was reviewed and signed by the evaluator and resident the day of the inspection (6/2/22). Administrator or Assistant Administrator will conduct a quarterly review of all records by June 23, 2022 to ensure all are up to date with required signatures.

Moving forward the Administrator, Assistant Administrator and Nurse will all review for completion prior to being filed into the chart. Any areas of concern will be elevated to the plan author to make corrections.