

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

March 20, 2024

[REDACTED], ADMINISTRATOR
MERAKEY MONTGOMERY COUNTY
[REDACTED]
[REDACTED]

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 01/17/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MERAKEY MONTGOMERY COUNTY License #: 12795 License Expiration: 05/26/2024
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]

Certificate(s) of Occupancy

Type: Other Date: 05/12/1998 Issued By: Whitmarsh Township

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 01/17/2024

Inspection Dates and Department Representative

01/17/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 8, Residents Served: 8), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and 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

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 01/17/2024 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/09/2024) and 02/14/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 03/18/2024, Reviewer: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/24/2024).

Inspections / Reviews *(continued)*

02/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/18/2024

03/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident 1. However, The home's financial records do not include an accurate current balance. It is unclear what the resident's actual balance is because funds are being held in two separate accounts and in cash at the home.

Plan of Correction

Accept [redacted] - 02/26/2024)

As of 2/1/2024, the PCH Administrator started a system whereby there are 2 documents that Resident 1 will be able to see, sign and gain access to if necessary:

(i) The record of the money withdrawal information from the PNC ATM. This will be accompanied by the PNC withdrawal slip that Resident 1 will sign showing that she understands the amount of money withdrawn on that account on that particular day and the amount of money remaining in the same PNC holding account. (Both Attached)

(ii) There is a similar record kept in a binder and in the safe in the administrator's office that shows how much money has been disbursed to Resident 1 and how much is left in the safe that Resident 1 can request for at any time. Resident 1 will sign this form together with the Administrator to show that she is aware of her available funds at home.

To make sure Resident 1 knows the total amount of money placed in the PNC bank from RFMS account, the Administrator will acquire monthly statements from Client Funds Department on a monthly basis or at the request of Resident 1. This statement will be issued to Resident 1 and it has the total balance of all her assets including the monthly account activity. This gives her the knowledge of how much money came into the account and how much money came out and what was paid. Resident 1 can request this information any time but at the minimum the Administrator will avail the same to Resident 1 at the end of every month. Attached are the documents that have so far been in use and the account activity that Resident 1 has been provided. All this information will also be shared with Resident 1's legal guardian.

To totally make it easy for Resident 1 and the legal guardian to access the financial information going forward, plans are underway to have the legal guardian take over the Representative Payeeship as soon as possible.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 03/20/2024)

20b8 - Quarterly Account

3. Requirements

2600.

20b8 Quarterly Account (continued)

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident 1 does not receive a quarterly account of financial transactions.

Repeat violation date: 6/6/2022

Plan of Correction

Accept [redacted] - 02/14/2024)

Administrator receives quarterly account transaction information from Merakey's client funds department. Once received, the administrator provides this statement to the resident. The resident signs and dates the statement on the date of review. This is then placed in the resident's chart. The attached statements are signed and dated by the resident. Moving forward, the administrator will email statements to the residents designated person on a quarterly basis. On 2/5/24 at 3:13pm, statements from November 2022 through December 2023 were emailed to Resident 1's designee. To ensure compliance, executive director will be cc'd on the emails starting in April of 2024.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/20/2024)

20b9 - Record Keeping

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions kept in resident 1's record.

Plan of Correction

Accept [redacted] - 02/14/2024)

Administrator receives quarterly account transaction information from Merakey's client funds department. Once received, the administrator provides this statement to the resident. The resident signs and dates the statement on the date of review. This is then placed in the resident's chart. The attached statements are signed and dated by the resident. Moving forward, the statements will be emailed to the residents designated person on a quarterly basis. The administrator will ask the designated person to reply to the email confirming receipt of the information. On 2/5/24 at 3:13pm, statements from November 2022 through December 2023 were emailed to Resident 1's designee. To ensure compliance, executive director will be cc'd on the emails starting in April of 2024, after the end of the first quarter. Chart audit check list completed by the administrator on a quarterly basis will be updated to include financial statements by 2/28/24.

The resident's designee is currently going through the process to become the representative payee of residents 1

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/20/2024)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/17/24 at 12:41 pm, there was an unlabeled bar of soap in the shower and the shower door was covered with soap scum.

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

Administrator removed the soap immediately upon discovery on day of inspection 1/17/24. On 2/6/24, Administrator reminded residents to remove soap and all shower items from the bathroom upon exiting the bathroom and store in the shower bins in their rooms. Residents signed attendance sheet to prove attendance and understanding of information. Reminder signs were created by the administrator on 2/8/24 and placed on the back of the bathroom door as a visual reminder to remove all personal items. Administrator will send an email by 2/16/24 to all staff with directives to check bathrooms during every shift to ensure there are no items left in the bathrooms. Staff will also check bathrooms for cleanliness and wipe down shower and sink as needed. Administrator developed a shift checklist on 2/8/24 and staff will start using the checklist by 2/20/24. Staff will utilize the checklist to document that all personal items have been removed from the bathroom. If items are found in the bathroom, staff will remove them immediately and document this on the shift checklist. Administrator will review shift checklist on a weekly basis to ensure completion.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented ([REDACTED] - 03/20/2024)

100b Removal Snow/Obstructions

7. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/17/24 at 9:00 am, there was an approximate 1 inch accumulation of ice on the steps and walkway in front of the home, making it difficult to walk to the front door. There was no snow or rain fall at the time. There were two residents outside in this area.

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

Administrator immediately salted the walks on the day of inspection 1/17/24. Staff will be informed via email by administrator by 2/16/24, that when leaving or coming on shift, to make observations of the walkways and steps. Beginning 2/17/24, If there is snow or ice on the walkways or steps, equipment such as a shovel or salt will be available for staff to clear the sidewalks/steps. Staff are expected to remove the snow utilizing the equipment available or contact facilities for assistance. Administrator developed a shift checklist on 2/8/24 and staff will start using the checklist by 2/20/24. Staff will utilize the checklist to document that they checked the outside sidewalk for ice, snow, or other debris. Staff are expected to remedy any issues or notify facilities at the time of the check. Administrator will review shift checklist on a weekly basis to ensure completion.

Licensee's Proposed Overall Completion Date: 02/20/2024

100b - Removal Snow/Obstructions (continued)

Implemented () - 03/20/2024

101o - Walls, Floors, Ceilings

8. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

There was a brown substance smeared on the wall by the bed, in room 7. The floor in the room was dirty and had an accumulation of dust bunnies and large crumbs.

Plan of Correction

Accept () - 02/12/2024

Administrator cleaned the walls and floor in bedroom 7 on 2/2/24. Administrator developed a shift checklist on 2/8/24 and staff will start using the checklist by 2/20/24. Staff will utilize the checklist to document that they checked the resident's bedrooms for cleanliness. Staff are expected to complete any cleaning tasks needed. Administrator will review shift checklist on a weekly basis to ensure completion.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented () - 03/20/2024

103i - Outdated Food

9. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage area, there were 2 boxes of Honey Bunches of Oats, 1 box of Frosted Flakes, and 1 box of Raisin Bran that were opened and undated.

Plan of Correction

Accept () - 02/26/2024

At time of inspection, food was dated with current date. Staff were sent an email on 2/16/24 from the administrator reminding them to date all food items upon opening if the item is not fully consumed at time of use. The administrator developed a shift checklist on 2/8/24 and staff will start using the checklist by 2/20/24. Staff will utilize the checklist to document that they checked the pantry and refrigerator to ensure any open food items are dated. If not dated, staff will either date items opened on that day if they have knowledge through being on shift or the daily menu that those items were opened on the day of the checklist completion. If staff are unsure, they will discard items.

The administrator will review shift checklist on a weekly basis to ensure completion.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented () - 03/20/2024

132c - Fire Drill Records

10. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

There is no record for the October 2023 Fire Drill other than a letter from the fire department. The letter was missing the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative

Plan of Correction

Accept ([redacted] - 02/12/2024)

All other fire drills from 2023 were present and met the requirements. Beginning 2/7/24, when the fire department conducts their yearly fire drill and inspection, program administrator will make sure a fire drill log is also completed at that time. Program administrator followed up with fire department and the form was completed and is attached for your review.

Fire drills are completed monthly and documented on the fire drill record form by staff on the shift in which the fire drill occurs. The administrator tracks when the fire drill is to be completed to ensure the fire drill is completed at alternating days and times and when most residents are present. Administrator reviews fire drill record within 72 hours of drill to ensure completion.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([redacted] - 03/20/2024)

132g - Fire Drills Days/Times

11. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the end of the month as evidenced by the following drills 1/27/23, 2/27/23, 3/29/23, 5/30/23, 6/29/23, 7/26/23, 8/28/23, 9/28/23, 11/27/23, and 12/31/23.

Plan of Correction

Accept ([redacted] - 02/26/2024)

Fire drills are completed monthly and documented on the fire drill record form by staff on the shift in which the fire drill occurs. The administrator has developed a calendar to ensure the fire drill is completed at alternating days, times, time of the month, and when most residents are present. This calendar is only accessible to the administrator. On the day of the fire drill, the administrator will communicate the time for the drill to be completed to the staff conducting the fire drill. Once fire drills are completed, the administrator reviews fire drill record within 72 hours of drill to ensure completion. An email was sent to staff by the administrator on 2/16/24 informing them of conducting the fire drill at different times of the month to ensure the residents cannot predict when a fire drill will occur.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented ([redacted] - 03/20/2024)

141a 1-10 Medical Evaluation Information

12. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 1's medical evaluation dated [redacted] did not include special health or dietary needs of the resident. The resident's medical evaluation dated [redacted] did not include a medication regimen.

Resident 2's medical evaluation dated [redacted] did not include special health or dietary needs of the resident and immunization history.

Plan of Correction

Accept [redacted] - 02/12/2024)

When medical evaluations are completed by the medical physician, staff who accompany residents to the appointment will review the form prior to leaving the medical office. If blanks appear on the form, the staff will request the physician complete prior to the staff/resident leaving the office. Once returned to the site, the form will be reviewed by program administrator to ensure all sections are completed prior to filing. If incomplete, the form will be faxed back to the physician’s office for completion. Program administrator will meet with staff who take residents to appointments and will train them on the form by 2/28/24 to ensure they know how to review the form for completion prior to leaving the office and the process of giving the form to the program administrator for review before filing in the chart. Due to changing physicians, the program will not be able to send the incomplete documents to the physician to be corrected/updated. Resident 2's evaluation will be completed on [redacted]. Resident 1's evaluation will be completed on the annual review of [redacted].

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 03/20/2024)

141b1 - Annual Medical Evaluation

13. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 02/12/2024)

A tracker is used by the administrator to ensure appointments are scheduled and completed to meet the requirements. The tracker will be updated by 2/28/24 to list the appointment date 1 week earlier than the due date to ensure appointment is completed on time. Staff will call the physician's office 3 months prior to the due date to schedule the appointment. Appointments will be placed on the calendar in the staff office. With medical insurance approval, Staff will attempt to schedule the annual medical evaluation a week prior to the expiration date to account for any last-minute cancellations from the physician's office. Program administrator will manage and update tracker and verify all appointments are scheduled and attended. If an appointment is rescheduled, the staff rescheduling the appointment will update the calendar and inform the administrator to update the tracker. Due to changing physicians, the program will not be able to send the incomplete documents to the physician to be corrected/updated. Resident 1's evaluation will be completed on the annual review of ()

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented () - 03/20/2024)

183d - Prescription Current

14. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On () () prescribed for individual resident 3, was in the home's medication cabinet; however, the medication was discontinued.

On () was in the medication cabinet for resident 3 but not on the resident's medication administration record. The pill was to be used one time prior to a medical procedure, but the resident did not go to the procedure and no longer has an order for this medication.

On () there was () in the home's first aid kit. The medication did not belong to any resident.

Plan of Correction

Accept () - 02/12/2024)

Administrator removed () from the first aid kit on the date of inspection 1/17/24. First aid kit check will be added to the monthly check list by the administrator to ensure all required content are present. The monthly checklist is completed by staff and reviewed by administrator upon completion. If items are missing from the first aid kit, it will be documented on the check list and refilled by the administrator.

The Administrator removed the Ciclopirox and Lorazepam at the time of the audit. When a medication is discontinued or not used, staff are to follow the Merakey medication disposal policy to ensure proper disposal. Starting 2/26/24, Program administrator or designee will weekly go through all medications to check for expired medications and will dispose of them as required. This will be part of the weekly MAR check and signed off to verify completion. A staff member who does not complete the weekly medication checks will also review medications and the MAR once a month to ensure all medications on the MAR are present and that any medication that is discontinued or expired have been removed.

Licensee's Proposed Overall Completion Date: 02/26/2024

183d - Prescription Current (continued)

Implemented () - 03/20/2024)

183e - Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] prescribed to resident 3, was opened and not dated. According to the manufacturer's instructions this medication must be discarded after 3 months after opening.

On [redacted], a blister pack of [redacted] prescribed to resident 3 was ripped in spot #1 and the pill was crushed in several pieces in the blister.

Plan of Correction

Accept () - 02/12/2024)

Administrator counted backwards the days the [redacted] was used and dated the medication on the date of the first use. The blister pack of [redacted] was disposed of. Starting the week of 2/26/24, During the weekly MAR review the Administrator or designee will also check for any damaged or crushed medicines, and ensure medications are dated if they have a specific expiration date after opening. All damaged medications will be reported by the administrator or designee within 24 hours to the pharmacy for replacement. Medications that are to be used within a specific time frame from first use will be dated by staff on the first day of administration with the date of first use and destroyed per Merakey policy if not used by the expiration date. This will be part of the weekly MAR check and signed off to verify completion.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/20/2024)

185a - Implement Storage Procedures

16. 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 [redacted], there was a blister pack of [redacted] with 30 tablets prescribed to resident 3, that did not have a completed controlled substance count sheet. The blank sheet was attached to the blister pack with a rubber band but had not been filled in with the information.

Plan of Correction

Accept () - 02/12/2024)

The blister pack of [redacted] was delivered, however, was not yet needed to be used as it was a refill pack. Staff will be notified via email by the administrator by 2/16/24 that all controlled substances whether being actively

185a - Implement Storage Procedures (continued)

used or in the refill bin needs a count at each shift. Monthly when reviewing the MAR and medications, the administrator or designee will check to ensure all controlled substance medications are being counted.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented () - 03/20/2024)

190c - Record of Training

17. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include documentation of successful completion of the training and the date.

Plan of Correction

Accept () - 02/26/2024)

Staff B's training and observations were both present during the review, however, the observations were not transcribed on the original training form. This was corrected at the time of the review on 1/17/24 by the staff that completed the observations and is attached. Administrator showed to the licensing agent. As of March 2024, the administrator will review all medication administration training documentation for new hires and will ensure the examination information and medication observations are recorded on the "Medication Administration Training Course Summary and Qualification Initial Form". Upon administrator review, if the form is incomplete, it will be sent back to the trainer for corrections within 48 hours of discovery. As of February 20, 2024, the Administrator reviewed all staff initial medication administration documentation and confirmed they are all in compliance with completed forms.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented () - 03/20/2024)

191 - Resident Right to Refuse

18. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 2, admitted (), has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept () - 02/12/2024)

Resident 2 signed an older version of the contract that was not updated with this language. The administrator had

191 - Resident Right to Refuse (continued)

the Resident sign a new contract describing these rights on 2/1/24. Program administrator will ensure correct form with this documentation is being used moving forward. All old forms have been discarded as of 2/1/24. Administrator will have all residents sign the new form with their 2024 rental contracts in February 2024. The updated contract for resident 2 is attached.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([redacted] - 03/20/2024)

221c - Post Activity Calendar

19. 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 [redacted] - 02/12/2024)

Residents and staff together developed an activity calendar for the month of February on 2/1/24. This calendar was posted in the dining room on 2/1/24. At the beginning each month, a calendar of activities will be created by the staff and residents. Attached is February's calendar for your review. Posting of monthly activities calendar will be added to the monthly site check list completed by staff. If the calendar is not present during the monthly walk through, staff will report this to the administrator.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] /20/2024)