

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

January 31, 2024

[REDACTED]
MERAKEY PENNSYLVANIA
[REDACTED]

RE: MERAKEY PENNSYLVANIA
515 DELAWARE AVENUE
BETHLEHEM, PA, 18015
LICENSE/COC#: 22401

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2023, 12/04/2023, 12/11/2023 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 PENNSYLVANIA* License #: *22401* License Expiration: *06/11/2024*
 Address: *515 DELAWARE AVENUE, BETHLEHEM, PA 18015*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MERAKEY PENNSYLVANIA*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/11/2023*

Inspection Dates and Department Representative

12/01/2023 - Off-Site: [REDACTED]
 12/04/2023 - Off-Site: [REDACTED]
 12/11/2023 - 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: *8*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/01/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2024*

01/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/30/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2024*

Inspections / Reviews *(continued)*

01/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2024

01/31/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted] at approximately [redacted], an agent of the Department of Human Services requested resident records from Staff Person A via telephone. On [redacted] at approximately [redacted], a second request for the same records was made via telephone to Staff Person A. The requested records were not received until [redacted] at [redacted]

Plan of Correction

Accepted [redacted] 01/19/2024)

Education was provided to the Assistant Administrator and all staff on the expectation of providing notification to the supervisor or designee immediately and to provide requested documentation to DHS the same day as requested by the Administrator on [redacted]. The supervisor or designee will verify via email confirmation that the requested documentation is submitted to DHS within the requested timeframe prior to end of business on the day requested.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/31/2024)

15a - Resident Abuse Report

2. 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 [redacted], Resident [redacted] was found in Resident [redacted] bedroom, hitting Resident [redacted] with [redacted] cane. Later that day, Resident [redacted] was found in Resident [redacted] bedroom with [redacted] hands down [redacted] own pants, touching [redacted] own genitals. This incident was not reported to Aging as required.

Plan of Correction

Accepted [redacted] - 01/26/2024)

The Program Administrator corrected the problem on [redacted] by completing a DHDS incident report and sending it to the Regional office via email that same day. The Program Administrator will review/discuss all incidents with the Product Leadership Team via email and or phone call with-in 12 hours of the occurrence. If warranted a DHS incident report will be completed by the Program Administrator and sent via email to the Regional office with-in the 24 hour requirement. If warranted the incident will be reported by the Program Administrator to the Adult Protective Services via phone with-in the 24 hours of the incident and the corresponding report will be completed with-in 48 hours of the phone call notification. The Program Administrator will send an email to the Product Leadership Team when the reports and/or APS notifications are completed and also when it is accepted by the Regional office. Product Leadership will review the email notification received from the Program Administrator to ensure all entities that needed notification were completed. An incident monitoring form was updated by the Program Administrator on January 23, 2024, to include the dates that notification was sent to the Product Leadership Team, the date the report was received by the Regional office, the date reported to APS (if applicable), and the date the Fountain Hill Police were notified (if applicable). All staff were informed of the incident report process including DHS requirements for incident reporting and timeframe by the Program Administrator on 10/24/2023. Additional training was provided to all staff on the DHS requirements, APS

15a - Resident Abuse Report (continued)

requirements, and police notification process when an incident occurs by the Program Administrator on January 24, 2024.

The program Administrator completed a DHS incident report and forward it to the Regional office on 12/11/2023. Plan previously approved, implemented, and verified by DHS on 11/28/2023: Effective 9/26/2023, after an incident occurs an email notification that provides information for the incident will be sent to the Product Leadership Team for review within 12 hours of the incident. After review, the Product Leadership Team will provide next steps to the Administrator for reporting if needed. If a DHS incident report is warranted, one will be completed by the Administrator and forward it to the DHS Regional Office within the 24-hour requirement. A follow up email will be sent by the Administrator to the Product Leadership Team with the dates the incident report was completed and when it was received by the Regional Office. If an incident does need to be reported and notification of reporting to DHS has not been received within 24 hours, the Product Leadership Team will follow up with the Administrator to ensure completion.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 01/31/2024)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] was found in Resident [redacted] bedroom, hitting Resident [redacted] with [redacted] cane. Later that day, Resident [redacted] was found in Resident [redacted] bedroom with [redacted] hands down [redacted] own pants, touching [redacted] r own genitals. This incident was not reported to the Department as required.

Plan of Correction

Accept [redacted] - 01/19/2024)

The Program Administrator completed a DHS incident report and forward it to the DHS Regional office on 12/11/2023. Plan previously approved, implemented and verified by DHS on 11/28/2023: Effective 9/26/2023, after an incident occurs an email notification that provides information for the incident will be sent to the Product Leadership Team for review within 12 hours of the incident. After review, the Product Leadership Team will provide next steps to the Administrator for reporting if needed. If a DHS incident report is warranted, one will be completed by the Administrator and forward it to the DHS Regional Office within the 24-hour requirement. A follow up email will be sent by the Administrator to the Product Leadership Team with the dates the incident report was completed and when it was received by the Regional Office. If an incident does need to be reported and notification of reporting to DHS has not been received within 24 hours, the Product Leadership Team will follow up with the Administrator to ensure completion.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] 01/31/2024)