

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

June 5, 2024

[REDACTED], PROGRAM ADMINISTRATOR  
MERAKEY PENNSYLVANIA

RE: MERAKEY PENNSYLVANIA  
1071 PAGE ROAD  
HARRISBURG, PA, 17111  
LICENSE/COC#: 32100

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2024 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 PENNSYLVANIA License #: 32100 License Expiration: 06/02/2024  
 Address: 1071 PAGE ROAD, HARRISBURG, PA 17111  
 County: DAUPHIN Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: MERAKEY PENNSYLVANIA  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: R 4 Date: 11/15/2006 Issued By: Lower Paxton Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 05/09/2024

**Inspection Dates and Department Representative**

05/09/2024 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 8 Residents Served: 7  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 5  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

05/09/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/25/2024

Inspections / Reviews *(continued)*

05/28/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/03/2024  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/04/2024

06/05/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/03/2024  
Reviewer: [REDACTED] Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

During the dates and times indicated below there were approximately 7 Residents present in the home, requiring at least 1 staff member be certified in CPR and First Aid; however, there was no staff present in the home certified in both CPR and First Aid as follows:

On 4/30/24 from 4:30pm to 11:00pm Staff Member A and Staff Member B were present in the home; however, both staff members are certified in Basic Life Support (BLS) which does not include the First Aid certification.

On 5/6/24 and 5/7/24 from 7:00am to 8:30am Staff Member C was present in the home however, their CPR and First Aid certification expired 5/5/22.

On 5/6/24 from 4:30pm to 11:00pm Staff Member B was present in the home; however is certified in Basic Life Support (BLS), which does not include the First Aid Certification.

On 5/7/24 from 4:30pm to 11:00pm Staff Member B and Staff Member D were present in the home; however, Staff Member B is certified in Basic Life Support (BLS) and Staff Member D is certified in Child CPR and First Aid.

Repeated Violation: 2/22/24, et al

Plan of Correction

Accept ( ) - 05/28/2024

Staff Member C received full certification on 5.16.2024.

Staff Members A, B, and D will be scheduled to complete their CPR and First Aid training and skill out before 6/15/2024.

Beginning 3/1/24, the Program Director will begin utilizing the Learning Management System (LMS) Gap Report which tracks First Aid/CPR certification expiration dates. The Program Director will review the report bi-weekly to ensure upcoming due dates have been identified. Beginning May 21,2024, after reviewing the Gap Report, the Program Director will schedule allotted time for identified staff to complete their CPR and First Aid eLearning. Staff will be notified of their scheduled time and days for completing their CPR and First Aid eLearning via text and /or in person. The Program Director will review LMS training records to ensure eLearning portion has been completed within 24 business hours of the scheduled training day. Within 72 hours after confirming completion of the CPR and First Aid eLearning, the Program Director will begin coordinating with the CPR Instructor to schedule the identified staff to complete the skill-out portion of the CPR and First Aid training. After the skill-out has been completed, the Program Director will request the CPR and First Aid Certification from the staff member completing the training and/or the CPR instructor if not received within 72 hours of completion. The CPR Instructor is responsible for ensuring completion of the CPR and First Aid training is indicated in the LMS system. If a staff member does not complete the training prior to expiration, the Assistant Program Director will ensure the staff member is not scheduled alone on any shift until certification is achieved.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ( ) - 06/05/2024

## 95 - Furniture and Equipment

## 2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

## Description of Violation

On [REDACTED] at approximately [REDACTED] Resident #1's nightstand was observed missing a knob on the right side of the top drawer.

## Plan of Correction

Accept [REDACTED] - 05/28/2024)

The knob on the bedside table for Resident #1 was replaced by the Merakey Facilities Department on 5/9/2024. The weekly walk-through checklist was updated to include specific language regarding "broken furniture" by the Program Coordinator on 5/9/2024. The Program Director reviewed the checklist completed prior to the date of the review which indicated no repairs were needed for the bedside table.

Beginning on 3/4/2024, the Assistant Program Director or designee began weekly walk-throughs using a checklist to check furniture or equipment for repairs needed. Any problems with furniture or equipment identified will be reported by the staff member completing the walk-through to the Program Director or designee within 24 hours to have a work order completed. If staff notice the furniture or equipment is broken or dysfunctional at any time, they are to report to the Assistant Program Director or designee to have a work order completed. The new work order system utilized by Merakey provides an e-mail notification when the work order has been completed in addition to the fact that the person submitting the work order can also now check the system for the status of the work order. The Program Director will monitor the status of the work order to ensure timely completion. Beginning fall 2023, the Program Director now completes the Residential Safety Walk-through Checklist Praesidium Updates monthly which also assess for broken or dysfunctional furniture. After utilizing the replacement, the Assistant Program Director will ensure or purchase any replacement furniture within 72 hours.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 06/05/2024)

## 101j3 - Bed/Linens/Pillows/Blankets

## 3. 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 5/9/24 at 10:00am and 1:00pm, there were no pillowcases observed on the pillows on resident #1's bed.

## Plan of Correction

Accept [REDACTED] - 05/28/2024)

The Program Director discussed with Resident #1 regulation 2600 101.j.3 regarding pillows, bed linens, and blankets being present and clean and in good repair on May 21, 2024. A For the Record was completed to capture Resident #1's preference of not having a pillowcase on [REDACTED] pillows and that if he decides [REDACTED] would want one then [REDACTED] will have immediate access to one upon his request. Resident #1's preference has also been documented on his RASP which was updated on May 21, 2024.

Moving forward, if a resident states that their personal preference does not align with a physical-site regulation, education on the regulatory requirement will be provided to the individual and their preference will be indicated on their RASP.

101j3 Bed/Linens/Pillows/Blankets (continued)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ( [REDACTED] - 06/05/2024)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 5/9/24 Resident #2's MAR was reviewed and there was no diagnosis listed for the following medications:

- [REDACTED] Take One Tablet (0.5mg) by mouth in the morning; and Take 1 Tablet by mouth at night.
- [REDACTED] Take 1 Capsule by mouth Daily.

Repeated Violation: 2/22/24, et al

Plan of Correction

Accept ( [REDACTED] - 05/28/2024)

Following the 5/9/2024 review, Resident #2 MAR were updated to include diagnosis by LPN Supervisor. Beginning 4/1/24 upon the arrival of the new monthly MARs, all medications and MAR documentation will be reviewed to ensure that all diagnosis are present as required by the LPN Supervisor or designee. Beginning April 1, 2023, all incoming medications and MAR documentation will be reviewed by LPN Supervisor or designee prior to storage to ensure all diagnosis are present as required. Any MAR documentation or medications that does not have a diagnosis will be filled in by the LPN Supervisor/designee. Beginning 4/1/24, when medication audits are completed weekly by Assistant Program Director or LPN Supervisor, they will ensure that the MAR documentation includes the diagnosis. Beginning the week of May 27, the Program Coordinator or designee will complete a review the MAR documentation for the upcoming month to ensure the diagnosis is present. Additionally, the Program Coordinator will review the completed weekly medication audit documents for the month prior to ensure they are being completed as required.

The LPN supervisor has been working with Lifetree Pharmacy on the MAR document deficiencies and beginning May 21, 2024, program leadership also began collaboration with the pharmacy to address the systematic issue of the MAR documentation being incomplete, including missing diagnosis. Supervision will be provided to the staff member who completed the medication audits prior to the review date on the importance of fully completing the weekly and monthly MAR audit to include specifically missing diagnoses.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ( [REDACTED] - 06/05/2024)