

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

December 17, 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 11/26/2024 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 #: 22401 License Expiration: 06/11/2025
 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

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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - 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: 8
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/26/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2024

12/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/17/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/17/2024

Inspections / Reviews *(continued)*

12/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 8pm staff person A inadvertently used resident [redacted] glucometer to test the blood sugar of resident [redacted]

Plan of Correction

Accept [redacted] - 12/12/2024)

A DHS incident report was completed on [redacted]. Resident [redacted] received a new glucometer on [redacted] (resident was inpatient in the hospital at the time). The daily Blood Sugar Check forms were updated for each Diabetic resident having their own daily sheet and a weekly glucometer reading checks form was updated. The Blood Sugar Check forms are now located in a red binder with individual tabs section for each resident. Each month individual daily forms and weekly check forms are printed and placed in the binder. All forms from the prior month are placed in their individual charts with the MAR. Backup meters are in a labeled cabinet in the med room in the residents PRN bin. Backup meters are to be used in any situation in which the individual's meter is unable to be used. The Administrator provided retraining on [redacted] and [redacted] to all staff on the importance and processes for ensuring that the glucometers are used correctly.

A weekly MAR review is completed by the Nurse to verify that the information on the glucometer matches the information on the MAR. If an error is found, the nurse or Administrator will complete an incident report and will review the error with the staff who completed the entry.

Licensee's Proposed Overall Completion Date: 12/12/2024

Implemented [redacted] 12/17/2024)