



# Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]  
April 29, 2025

[REDACTED], Administrator  
Merakey Montgomery County

RE: Merakey Montgomery County  
478 Bethlehem Pike  
Fort Washington, Pennsylvania 19034  
License #: 12795

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on April 11 and 29, 2025 of the above facility, we have determined that your submitted plan of correction for the March 20, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *MERAKEY MONTGOMERY COUNTY* License #: *12795* License Expiration: *05/26/2025*  
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]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/12/1998* Issued By: *Whitemarsh Township*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *03/20/2025*

**Inspection Dates and Department Representative**

03/20/2025 - 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: *6* Are 60 Years of Age or Older: *5*  
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/20/2025 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2025*

Inspections / Reviews (*continued*)

04/11/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/25/2025

04/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 10:00 am, unlabeled, undated hotdog buns were observed in main kitchen freezer.

Plan of Correction

Accept (█ - 04/11/2025)

1. On 3/20/25 on the date of review, the Administrator removed the undated hotdogs from the freezer. On 3/30/25, the Administrator posted STOP! signage on all fridge/freezer/cabinets as a visual reminder for staff to make sure all food items are labeled and dated appropriately. (See Attachment #1)
2. Moving forward, Direct Care Staff will complete a physical check of the kitchen every morning for 30 days then weekly thereafter utilizing a new Kitchen Checklist to ensure all foods -dry, refrigerated, or frozen, are labeled and dated appropriately. Staff will place this checklist in the administrator's mail box at the end of each shift starting 4/25/25. If any issues are found, the Administrator will address immediately and review expectations with staff during individual supervision and intact any progressive discipline necessary (See Attachment #2).
3. The Administrator will retrain staff on this new procedure and checklist for food labeling and dating requirements during the April staff meeting on 4/24/25 and document in the minutes.
4. Beginning on 4/25/25, the checklists will be reviewed by the Administrator daily and by the Residential Director every 2 weeks during the supervision and documented in the supervision notes.

Licensee's Proposed Overall Completion Date: 04/25/2025

183e - Storing Medications

2. 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

The following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident #1's Vitamin D3 tablet
- Resident #1's Atorvastatin 10 mg tablet
- Resident #2's Gabapentin Cap 300 mg- afternoon dose
- Resident #2's Gabapentin Cap 300 mg- evening dose
- Resident #3's Escitalopram 5 mg tab

Plan of Correction

Accept (█ - 04/11/2025)

1. On 3/20/25, the Administrator and Site Nurse removed and disposed of all contaminated/punctured blister foils for Resident 1,2, and 3. On 3/20/25 during staff meeting, the Director of Nursing re-educated all staff on proper handling of blister packs and that all punctured pills have to be disposed of and documented this in the meeting minutes (See Attachment #3).
2. The Administrator and the Residential Director will update the MAR Audit Tool by 4/14/25 to include a review of blister foils to ensure medications are properly stored and maintained.
3. Beginning on 4/25/25, staff will review all blister packs and sign and date a Shift Change Med Checklist during

**183e - Storing Medications (continued)**

*each shift change (See Attachment #4). If any punctured blister packs are found, staff will inform the Administrator, dispose of the medication immediately, and document on the back of the MAR.*

*4. The Administrator will retrain staff on the Shift Change Checklist expectations during the April staff meeting on 4/24/25 and document in the minutes.*

*5. The Site Nurse will conduct a MAR/Medications Audit on weekly basis using the MAR Audit Tool. The Administrator will review this tool with the Site Nurse Weekly to make any necessary changes. (See Attachment #5).*

**Licensee's Proposed Overall Completion Date: 04/25/2025**