

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

July 31, 2025

[REDACTED], ADMINISTRATOR  
MERAKEY PENNSYLVANIA  
[REDACTED]

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 06/02/2025 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: 06/02/2026  
 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]  
 Phone: [REDACTED] Email: [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: 8 Waking Staff: 6

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 06/02/2025

**Inspection Dates and Department Representative**

06/02/2025 - 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: 7 Are 60 Years of Age or Older: 5  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

06/02/2025 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2025

07/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/30/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/04/2025

Inspections / Reviews *(continued)*

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 185a - Implement Storage Procedures

## 1. 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

Resident #1 is prescribed controlled substance medication [REDACTED]. On 4/20/25 at 7:00am there were 24 pills documented as remaining; however, during the 3:00pm to 11:00pm shift there were a total of 22 pills counted.

## Plan of Correction

Accept ( [REDACTED] ) - 07/17/2025)

*Immediate Fix - The discrepancy in controlled substance pill count was reported to the department as a reportable incident and reviewed and rectified by the Administrator on 4/20/25.*

*Ongoing Plan- The Administrator will implement a new daily Controlled Count Sheet that includes a space for staff signature for each dose of a controlled substance administered to an individual in addition to signing the MAR. A new Confirmation of Count Signature Page will also be implemented to be completed and signed by two staff per shift. Any discrepancies will be immediately reported as a reportable incident and communicated to the Administrator. The Administrator will train all staff on the new procedure by 7/30/25. Acknowledgement of this training will be documented. Moving forward, new hires will be trained on the updated administration process as part of their medication administration training.*

*Monitoring -The Site Coordinator or their designee will complete daily spot checks of the Controlled Count Sheet and review and sign a weekly Controlled Count Monitoring Form beginning on 8/1/25 or 90 days (3 months) and bi-weekly thereafter. Any discrepancies will be immediately reported as a reportable incident and communicated to the Administrator.*

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented ( [REDACTED] ) - 07/31/2025)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident #1 is prescribed [REDACTED]. However, this medication was not administered to the resident on 5/11/25 at 8:00pm because the medication was not in the home.

Resident #1 is prescribed [REDACTED]. However, the medication was administered to the resident on 5/13/25 at 8:00am.

Resident #2 is prescribed [REDACTED]. However, this medication was not administered to resident #2 on 2/25/25 at 8:00pm because the medication was not available in the home.

Resident #3 is prescribed [REDACTED]. However, this medication was not administered to the resident on 3/5/25 at 8:00pm because the medication was not in the home.

## 187d - Follow Prescriber's Orders (continued)

Resident #3 is prescribed [REDACTED]. However, these medications were not administered to the resident on 4/15/25 at 2:00pm.

**Plan of Correction**

Accept ( [REDACTED] - 07/17/2025)

*Immediate Fix:* The program reported [REDACTED] incident for Resident #1 to the department on 5/12/25 and resident #1 obtained medication on 5/13/25. The program reported [REDACTED] incident for Resident #1 to the department 5/13/25 and resident #1 obtained the medication on 5/13/25. [REDACTED] incident for Resident #2 was reported to the department on 2/26/25. [REDACTED] incident for Resident #3 was reported to the department on 3/4/25 and 3/5/25 and resident #3 obtained medication on 3/6/25. The Administrator provided education with each staff member following each incident that is also detailed in the incident reports.

*Ongoing Plan:* The Administrator met with the pharmacy on 3/6/25, 4/2/25, 6/19/25, and 6/26/25 to discuss ongoing problems with obtaining required medications for individuals, review ongoing challenges of obtaining certain medications at home, and to review progress and resolve any outstanding issues. As a result, the pharmacy sends two weekly reports via email to the Program Administrator detailing a proactive review of prescriptions that need new refills to be obtained and a confirmation of what medications will be delivered to the program during that upcoming week, labeled the Zero Refill Report and the Flash Report. The Program Administrators have access to two [REDACTED] managers as primary contacts for daily problem review and resolution to ensure timely responses when questions/problems arise.

The Program Administrator will have all staff review the medication administration manual and acknowledge a memo about following directions of the prescriber for all residents' medications by 7/30/25. The medication administration manual is available for all staff in a staff common area daily for reference.

*Monitoring:* The Site Coordinator or their designee will begin completing MAR Monitoring Sheets daily starting 8/1/25 for 30 days (1 month) and weekly thereafter. Any discrepancies will be immediately reported as a reportable incident and communicated to the Administrator.

**Licensee's Proposed Overall Completion Date:** 08/01/2025

Implemented ( [REDACTED] - 07/31/2025)