

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

October 10, 2025

[REDACTED]
MERAKEY PENNSYLVANIA
[REDACTED]

RE: MERAKEY PENNSYLVANIA
108 CEDARWOOD CIRCLE
RUSSELLTON, PA, 15076
LICENSE/COC#: 43842

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025 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 #: 43842 License Expiration: 08/15/2026
 Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076
 County: ALLEGHENY Region: WESTERN

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: 10/01/2022 Issued By: West Deer Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/11/2025

Inspection Dates and Department Representative

09/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 10 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/11/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

09/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/10/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/15/2025

Inspections / Reviews *(continued)*

10/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. 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] at approximately 10:30 a.m., direct care staff person A reported allegations that resident [redacted], age [redacted] slapped resident [redacted], age [redacted] across the face. However, the incident of alleged resident to resident abuse was not immediately reported to Adult Protective Services or the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to Adult Protective Services or the Department of Aging verbally or in writing as of [redacted].

Plan of Correction

Accept [redacted] - 09/26/2025)

Immediate Solution: The PCH Administrator submitted a written report detailing the incident of alleged resident to resident abuse and submitted it to the Office of Adult Protective Services on 9/16/25.

Corrective Action Plan: The PCH Administrator will review all Incident reporting regulations and procedures for Merakey, Office of Behavioral Health (county), Bureau of Human Services Licensing (State), and Mandated reporting procedures to the Office of Adult Protective Services for any suspected incidents of abuse and/or neglect with all PCH Staff at the next monthly PCH Staff meeting scheduled for September 25, 2025. During the meeting, the Administrator will communicate the need to notify the person on-call immediately whenever any incident report is completed and the person on-call will immediately follow up to ensure an incident report was completed and submitted to all necessary entities within the allotted time frame per ch. 2600 regulations.

Monitoring: The PCH Administrator & Assistant Administrator will monitor and review all incident reports made at the facility on a monthly basis at the LPQI meetings. The next LQPI meeting is scheduled for October 14, 2025.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [redacted] 10/10/2025)

16c - Written Incident Report

2. 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] at approximately 10:30 a.m., direct care staff person A reported allegations that resident [redacted] slapped resident [redacted] across the face. However, the incident of alleged resident to resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department as of [redacted].

REPEAT VIOLATION [redacted]

Plan of Correction

Accept [redacted] - 09/26/2025)

Immediate Solution: The PCH Administrator completed a second written incident report detailing the incident of alleged resident to resident abuse and submitted to the Bureau of Human Services Licensing on 9/16/25.

16c Written Incident Report (continued)

Corrective Action Plan: The PCH Administrator will review all Incident reporting regulations and procedures for Merakey, Office of Behavioral Health (county), Bureau of Human Services Licensing (State), and Mandated reporting procedures to the Office of Adult Protective Services for any suspected incidents of abuse and/or neglect with all PCH Staff at the next monthly PCH Staff meeting scheduled for September 25, 2025. During the meeting, the administrator will communicate the need to notify the person on call immediately whenever any incident report is completed and the person on call will immediately follow up to ensure an incident report was completed and submitted to all necessary entities within the allotted time frame per ch. 2600 regulations.

Monitoring: The PCH Administrator & Assistant Administrator will monitor and review all incident reports made at the facility on a monthly basis at the LPQI meetings. The next LQPI meeting is scheduled for October 14, 2025.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented (█ - 10/10/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On dates ranging from █ through █ resident █ displayed multiple signs of agitation that required involuntary commitment and emergency calls to the local police department in addition to multiple reportable incidents to the Department and was involuntarily committed at Western Psychiatric Institute as recently as █. However, resident █ most recent assessment, dated █ indicated that the resident had no problem with agitation and is not easily upset or unsettled.

REPEAT VIOLATION █

Plan of Correction

Accept (█ - 09/26/2025)

Immediate Solution: The PCH Administrator updated the identified resident's RASP on 9/16/25 to reflect the more recent changes in the resident's behaviors, specifically in regard to agitation, and subsequent support plan to meet these needs.

Corrective Action Plan and Monitoring: The PCH Administrator and Assistant Administrator will perform quarterly (every 3 months) chart audits on all resident's charts. The audit will include a section requiring the auditor(s) to specifically review the contents of each resident's support plan to ensure they're present in the charts, up to date and reflect any& all needs and recent/significant changes per ch. 2600 regulations. The first round of updated quarterly chart audits will be completed by October 14, 2025 and continue to be completed on a quarterly basis thereafter.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented (█ - 10/10/2025)