

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

January 13, 2026

[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 12/08/2025 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

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: 12/08/2025

Inspection Dates and Department Representative

12/08/2025 - 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

12/08/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/29/2025

12/29/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/02/2026

Inspections / Reviews *(continued)*

01/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:30 a.m., there was an approximate 1/2"-3/4" inch accumulation of icy snow covering the entire ramp from the rear exit door to the sidewalk.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

See attached.

Immediate Solution: The ramp near the rear exit was shoveled and salted to ensure safe access/egress to and from the building on 12/8/25.

Corrective Action Plan: Moving forward, the Administrator will remove accumulation of icy snow or any obstructions near each entrance of the building to ensure safe access/egress the same day of discovery.

Monitoring: The Administrator will review safe access/egress to building when completing the monthly physical site walkthrough checklist.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented [REDACTED] - 01/13/2026)

141b2 - Medical Evaluation Changes

2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [REDACTED] status change medical evaluation completed [REDACTED] did not include the resident's medication regimen. The medication section indicated "see attached." However, there was no medication list attached.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

see attached

Immediate Solution: The medication list for Resident # [REDACTED]'s Status Change Medical Evaluation completed 8/26/25 was included in the annual medical evaluation in a different section. Please see attached Documentation of Medical Evaluation (DME) with the medication list. Corrective Action Plan: Administrator is to ensure appropriate documentation maintained.

Monitoring: Annual medical evaluations are reviewed by the Nurse for complete and accurate documentation and are added to the client's chart.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented [REDACTED] - 01/13/2026)

227c - Support Plan Revision

3. Requirements

2600.

227c - Support Plan Revision (continued)

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] was admitted to the hospital for mental health treatment on the following dates:

[redacted]

Resident [redacted] significant change assessment completed on [redacted] includes a description of the change to be "A [redacted] warrant was approved by the county delegate on [redacted] for refusing all of [redacted] medications and not eating any meals. No significant changes have taken place since [redacted] returned from the hospital on [redacted]."

Resident [redacted] significant change assessment completed on [redacted] includes a description of the change to be "[Resident [redacted] has been decompensating. [redacted] has become more physically and verbally aggressive toward staff and other residents. [redacted] has been experiencing an increase in [redacted] symptoms, making delusional statements. [redacted] is responding to [redacted] saying, "I am going to [redacted] you, you better watch out." [redacted] is making paranoid statements about staff trying to hurt [redacted] On [redacted], [redacted] threatened staff saying [redacted] will [redacted] them. [redacted] also aggressively grabbed a staff member's arm and left marks on [redacted] arm. [Resident [redacted]] began arguing with another resident. [redacted] picked [redacted] walker up off the floor and threw it at the other resident, hitting [redacted] in the leg. A [redacted] warrant was approved on [redacted]. [redacted] has assault charges against [redacted]. However, the significant change support plan completed [redacted] for resident [redacted] did not include any changes from the [redacted] support plan regarding the home's Plan to Meet Service Need for the following topics in Section 3: [redacted], and [redacted] Needs: [redacted], [redacted] and [redacted]. The support plan does not indicate any change in supervision, how to meet the resident's behavioral health needs or how to keep the other residents in the home safe.

Plan of Correction

Accept [redacted] - 12/29/2025)

see 3 attachments

Immediate Solution: Resident # [redacted] RASP was updated on 12/9/2025 to include a comprehensive safety plan, staff responsibilities, and suggested coping strategies to assist in de-escalation. The provider submitted a written rebuttal to the auditor regarding this citation on 12/24/25. Corrective Action Plan: Resident RASP is to be updated at least once every 6 months and/or upon changes in the resident's needs, including necessary updates to Crisis/safety plan. Monitoring: ABH Residential Director reviews the individual's updated RASP once every 3 months/90 days. RASP reviews are documented and issues are addressed with Program Administrator/Assistant Administrator through individual supervision.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented [redacted] - 01/13/2026)