

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

March 13, 2026

[REDACTED], ADMINISTRATOR
MERAKEY MONTGOMERY COUNTY
[REDACTED]
[REDACTED]

RE: MERAKEY MONTGOMERY COUNTY
478 BETHLEHEM PIKE
FORT WASHINGTON, PA, 19034
LICENSE/COC#: 12795

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2026 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 MONTGOMERY COUNTY License #: 12795 License Expiration: 05/26/2026
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: 8 Waking Staff: 6

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/07/2026

Inspection Dates and Department Representative

01/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	8	Residents Served:	8
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:	4
Diagnosed with Mental Illness:	8	Diagnosed with Intellectual Disability:	2
Have Mobility Need:	0	Have Physical Disability:	0

Inspections / Reviews

01/07/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2026

02/11/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2026

Inspections / Reviews *(continued)*

02/23/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2026

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/08/2026

03/13/2026 - Document Submission

Submitted By: [REDACTED] on Date Submitted: 03/06/2026

Reviewer: [REDACTED] Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept ([REDACTED]) - 02/23/2026)

1. Staff person A will be repeating their Day 1 orientation and new paperwork will be completed and submitted. The administrator will be conducting the orientation on 1/29/2026. See attachment.
2. Moving forward, all new staff members will be scheduled to spend their first day at the work site with the Administrator. The Administrator will train the new staff member on the following topics: Staff duties and responsibilities during fire drills, the Smoking policy, location and use of fire extinguishers, smoke detectors, fire alarms, telephone use and notification of emergency services. The Administrator will also review the Home's Emergency Plan with the new staff member which will include evacuation procedures, emergency transportation, designated meeting places, and other emergency information. This Day 1 training will be recorded on a New Hire Orientation Checklist that includes all of the above topics. The checklist will then be included in the staff member's personnel file.
3. The Administrator will review any new staff files monthly for the next 3 months. See checklist attached. "

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ([REDACTED]) - 03/13/2026)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours (continued)

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on [redacted] However, this staff person did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions

Plan of Correction

Accept ([redacted]) - 02/23/2026

- "1. Staff person A will be meeting with the Administrator on 1/29/2026 to review the following topics: Resident Rights, Emergency Medical Plan, Mandatory Reporting and the Older Adult Protective Services Act, and reportable incidents and conditions. These trainings for Staff person A will be recorded on a New Hire Orientation Sheet and submitted. See Attachment.
2. Moving forward, each new staff member will be scheduled to spend their first day at the work sight with the Administrator, and these topics will be included in the trainings done on day 1. This training will be recorded on a checklist. The checklist will then be included in the staff member's permanent file.
3. The Administrator will review the new staff training files monthly for the next 3 months. See checklist attached."

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ([redacted]) - 03/13/2026

103d - Storing Food Off Floor

3. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 01/07/2026 at 9:57 a.m., there were 5 large gallons of water stored on the floor in the basement.

Plan of Correction

Accept ([redacted]) - 02/23/2026

- "1. This deficiency was corrected at the time of inspection by staff.
2. Moving forward, the water that is kept for the home's emergency water supply will be stored on the shelving and not on the floor. The Lead, who is responsible for maintaining and organizing the emergency food and water supply, has been notified of the citation by the Administrator and instructed on the proper storage of the supply. This will be documented as a training sheet sign-off.
3. The Administrator will monitor the storage area weekly for the next 3 months for compliance. See checklist attached."

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ([redacted]) - 03/13/2026

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the bottom freezer of the standalone refrigerator in the main kitchen.

Plan of Correction

Accept () - 02/23/2026

- "1. This deficiency was corrected at the time of inspection by staff.
- 2. Moving forward, the freezers and the refrigerators will have a thermometer in each section. The staff who work in the kitchen have been notified of the citation and instructed on the requirement to keep a thermometer in both the refrigerator and the freezer. This will be documented as a training sign-off.
- 3. The Administrator will be responsible to check the refrigerator and freezers weekly for the next 3 months to ensure that the thermometers are present and working. See checklist attached."

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented () - 03/13/2026

123b - Emergency Procedures Posted

5. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 02/23/2026

- "1. This deficiency was corrected at the time of inspection by the Adult Services Director.
- 2. Moving forward, a copy of the emergency procedures will be kept available in a conspicuous location and/or public space. The copy has been hung on the bulletin board in the dining room where all of the other important notifications and certificates are located.
- 3. The Administrator will be responsible to check the bulletin board weekly for the next 3 months to ensure that the copy has not been removed. See Administrator checklist attached."

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented () - 03/13/2026

132f - Alternate Exit Routes

6. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The side door on the first floor was the only exit route used during the fire drills held in March, April, and May.

132f - Alternate Exit Routes (continued)

Plan of Correction

Accept () - 02/23/2026

- 1. The program requests BHSL reconsider this citation for the following reason: There are only 2 exits out of the house on the first floor: the front door and the side door. The "side door" is located in the dining room. Because of the configuration of the house the dining room exit is the closest exit in all scenarios unless the "fire" is actually in the dining room itself. Forcing the residents to avoid the side door in order to "randomize" the exits would be forcing the resident to take a longer route to evacuate unless they are actually sitting in the living room or on the front porch. Forcing the staff to simulate a fire drill as if the fire was in the dining room every 2 or 3 fire drills would violate the intent of the law, which is to randomize the place of the simulated fire.
- 2. Moving forward, program staff assigned to conduct the drill will use alternate exit routes in the home and document the drill on a fire drill form.
- 3. The Administrator will review fire drill forms to ensure the forms include alternate exit routes monthly for 3 months. See checklist attached. "

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented () - 03/13/2026

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to resident 1 to include the following:

- On 12/06, 12/15, 12/19, 12/20, 12/21, 12/27, 12/28, and 12/29/2025 [redacted]
- On 12/13, 12/15, 12/19, 12/20, 12/21, 12/28, and 12/29/2025 [redacted]
- On 12/19, 12/20, and 12/21/2025 at 8:00 p.m., [redacted]
- On 12/19, 12/20, and 12/21/2025 at 8:00 p.m., [redacted]
- On 12/19, 12/20, and 12/21/2025 at 8:00 p.m., [redacted]

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to resident 1 to include the following:

- On 12/08, 12/09, 12/10, 12/12, 12/13, 12/16, and 12/18/2025 [redacted]
- On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]
- On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]
- On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]
- On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]

Staff person D, who has not successfully completed the Department-approved medications administration course, administered medications to resident 1 to include the following:

- On multiple occasions including 12/01, 12/02, and 12/04/2025 [redacted]

190a - Completion Medication Course (continued)

On multiple occasions including 12/01, 12/02, and 12/04/2025 [redacted]
On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]
On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]
On multiple occasions including 12/08, 12/09, and 12/10/2025 at 8:00 a.m., [redacted]

Plan of Correction

Directed ([redacted] - 02/23/2026)

[redacted] - Not

acceptable [redacted] 2/23/26. The attached certificates were obtained after the multiple-choice test, handwashing exercise, and observations. The course is supposed to be completed before these activities. One staff person only has three observations. Four observations are required for initial training. Please see below for directed plan of correction.

2. Moving forward, each staff member who is taking the class will be required to print out their certificates and provide it to the Administrator before being assigned to any medication administration. The Administrator will provide a copy to Human Resources to include it in the staff member's personnel file.

3. The Adult Services Director will audit the certificates for the next 3 months to ensure that the certificates have been correctly obtained and filed. See checklist attached. "

Proposed Overall Completion Date: 02/13/2026

Directed POC:

Immediately: Staff persons B, C, and D shall not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record.

Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. Documentation shall be kept.

Directed Completion Date: 03/06/2026

Implemented ([redacted] - 03/13/2026)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 2, dated [redacted] doesn't indicate if the resident needs help with laundry. It also indicates that the resident needs prompting and cueing on making and keeping appointments. The resident's support

227d - Support Plan Medical/Dental (continued)

plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction**Accept ([REDACTED] - 02/23/2026)**

- "1. The home acknowledges that the RASP completed on [REDACTED] was missing information on the resident in regards to their laundry and in regards to making and keeping appointments. A RASP addendum has been created to address those 2 omissions. The person who created that RASP is no longer employed with Merakey.
2. The current Administrator is responsible for completing RASPs on all residents at time of move-in, yearly, or if a significant change occurs.
3. The Adult Services Director will audit the completed RASPs for the next 3 months to ensure that the RASPs have been completed fully with no omissions. See checklist attached."

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ([REDACTED] - 03/13/2026)