

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

June 9, 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 02/13/2026 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 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: 06/27/2008 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: Complaint Exit Conference Date: 02/13/2026

Inspection Dates and Department Representative

02/13/2026 - 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: 5 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

02/13/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2026

04/29/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/03/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/06/2026

Inspections / Reviews *(continued)*

05/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 the evening of [REDACTED], there was an allegation of physical abuse between residents, and the police responded to the home. This incident was not reported to the Department until [REDACTED]

On [REDACTED], at approximately 2:30 pm, resident [REDACTED] punched resident [REDACTED] in the mouth, causing bleeding, which lead to a physical altercation between the two residents. The residents were separated by staff, and the police responded to the home. This incident was not reported to the Department.

REPEAT VIOLATION : [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/21/2026)

Immediate Solution: As noted in the deficiency, the incident was reported to the Department late on 2/13/26.

Corrective Action:

The new Administrator was hired on 11/17/2025 and completed Merakey's Incident Management and Critical Event Reporting training on 2/18/2026. This training is documented in Merakey's Learning Management System (LMS).

The PCH Administrator or designee will review the program's Incident Management binders, which includes 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 monthly PCH Staff meeting in April. This training will be documented as a sign-in sheet.

Moving forward, staff will notify the PCH Administrator or designee immediately whenever any incident report is completed and the Administrator will ensure that all incident reports are submitted timely via fax and/or secure email within 24 hours of occurrence.

Monitoring: The PCH Administrator will monitor and review all incident reports made at the facility on a quarterly basis at the LPQI meetings. The next LQPI meeting is scheduled for May 2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [REDACTED] - 06/09/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], at approximately 2:30 pm, resident [REDACTED] punched resident [REDACTED] in the mouth, causing bleeding, which lead to a physical altercation between the two residents. The residents were separated by staff, and the police responded to

42b Abuse (continued)

the home.

Plan of Correction

Directed (█) - 05/21/2026)

Immediate Solution:

Resident █ was discharged the day of the incident on 4/16/26 and has not returned to the program. This was a resident to resident incident and no residents were subjected to abuse by any staff at the facility. Prior to the incident, staff at the program were completing 15 minute checks with Resident █ to protect the health and safety of all staff and other residents.

Merakey's Investigations Team started an internal investigation on 4/17/26. The results of this internal investigation are still pending.

DIRECTED: In accordance with 2600.16d, the home will submit a final report, on a form prescribed by the Department to the Department's Personal Care Home Regional Office immediately following the conclusion of the investigation. █ 5.21.2026

Corrective Action Plan:

Program Administrator and/or designee will review the individual's RASP for accuracy and completeness regarding resident supervisions and behavioral problems with PCH staff at least once every (3) months. Updates to the RASP will be completed as needed and indicated when no changes are required.

The Program Administrator created interview questionnaire by 5/1/26.

Program Administrator and/or designee will complete questionnaire with three (3) residents per week until all nine (9) residents are interviewed. A second questionnaire interview will occur the next month with three (3) residents per week until all nine (9) residents are interviewed. All completed questionnaires will be maintained in the home. The questionnaires will be provided to the Merakey Investigations Team as a part of the internal investigation file.

During the month of May, all staff will receive education from the Program Administrator on The Older Adult Protective Services Act (OAPSA) and the requirements of regulation 2600.42(b). Record of the training will be kept in accordance with Regulation 2600.65(i).

The Program Administrator updated the House Rules to include a 3 strike behavioral clause for all residents to ensure safety and accountability. All residents will receive and sign an updated copy of the House Rules by 5/31/26.

Monitoring: The PCH Administrator will review interview questionnaires and RASP updates during monthly individual supervision with the Executive Director and determine any necessary steps based on the reviews. This will be documented in the individual supervision notes.

Proposed Overall Completion Date: 05/31/2026

Directed Completion Date: 05/31/2026

Implemented (█) - 06/09/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation, dated [REDACTED] indicates "The resident is Nursing Facility Clinically eligible (NFCE). Services to be provided at home or in a nursing facility. The resident's needs cannot be met safely at the personal care home." However, resident [REDACTED] has remained a resident of the home through the date of inspection.

Plan of Correction

Accept [REDACTED] - 04/29/2026)

Immediate Solution: The PCH Administrator is collaborating with their BSC to find an appropriate placement for Resident [REDACTED] who was issued 30-day notice for the PCH on 4/2/26. A case consultation meeting was held on 3/31/26 regarding Resident 1's placement and transition.

Corrective Action Plan:

The PCH Administrator or their designee will retrain the Nurse on nursing procedures surrounding annual medical evaluations, including following up on recommendations from the physician by 4/30/26. This training will be documented. The PCH Administrator will retrain staff on documentation expectations during the staff meeting scheduled in April. This training will be documented.

Moving forward, The Nurse will review all annual medical evaluations who will complete all necessary follow ups with the team based on recommendations from the physician.

Monitoring: Beginning on 5/1/26, The PCH Administrator will meet biweekly with the PCH Nurse to review resident charts, which will include a review of annual medical evaluations. If any discrepancies are found, it will be immediately addressed by the Nurse.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] - 06/09/2026)