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

August 27, 2026

[redacted]
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 07/30/2026 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 #**: *32100* **License Expiration**: *06/02/2027*

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: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *07/30/2026*

Inspection Dates and Department Representative

07/30/2026 - 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: *8* **Are 60 Years of Age or Older**: *5*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

07/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

08/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/02/2026*

Inspections / Reviews *(continued)*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42c Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], Resident #1 was attempting to get a cup of coffee when staff person A removed the coffee pot and placed it in an office. The staff person told Resident #1 that "you've had enough coffee" The resident stated that [redacted] felt singled out and was very upset about the incident.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

Immediate Solution/Corrective Actions: The complaint was immediately handled by the Administrator who notified the Area Agency on Aging, Merakey and DHS about the complaint. That same day the staff member was placed on administrative leave. Once the investigation was founded the staff was termed. A memo was sent to staff on 9/5/25 and the OMSBUDSMAN provided training on 9/11/25. Please see attached documentation including memo, training, and staff updates. Completion Date 10/13/25

Moving forward, The Administrator will continue to review residents rights on an annual basis as part of staff required training in addition this topic will also be reviewed as needed during staff meetings. Proposed completion date 9/01/26

If additional support is needed, the OMSBUDSMAN will come on site to explain and provide review for new hires. Proposed completion date 9/01/26

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented ([redacted] - 08/27/2026)

105g Lint Removal and Duct Cleaning

2. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/30/26, there was approximately a one inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

Immediate Solution/Corrective Actions: On 7/30/26 the lint trap was immediately cleaned by staff and licensing inspectors. After the inspection was completed, the Administrator educated staff present verbally about the risk of fire and the importance of cleaning the lint trap for safety and compliance. The administrator sent a group text to remaining staff. On 8/5/26 a memo was put in place for all staff to sign to confirm they were retrained on emptying the lint trap. Completed 8/05/26

Ongoing: A directive was put in place for all direct care staff (DCS) to be checking and cleaning the lint trap twice a shift on all shifts. DCS will document this action in a logbook. This directive was implemented immediately on

105g Lint Removal and Duct Cleaning (continued)

8/5/26 and will be ongoing.

Monitoring: The Administrator will check the logbook for compliance biweekly. The Administrator will complete random spot checks on different shifts of lint trap to assure compliance.

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented (- 08/27/2026)

183e - Storing Medications

3. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [redacted] and has manufacturer's instructions to discard [redacted] six weeks after opening. [redacted] was not labeled with the date that it was opened.

Plan of Correction ***Accept (- 08/17/2026)***

Immediate Solution/Corrective Actions: On 7/30/26 the medical coordinator immediately obtained a new [redacted] from a local pharmacy. The new [redacted] was put into administration on 7/31/26 per the administration time. A label showing start and end date was placed on both [redacted] and the original box. DCS was verbally educated on the importance of labeling all medications to be certain expiration dates are followed for the safety of residents. Completed 7/30/26

On 8/7/26 a memo was put in place instructing DCS on the medications requiring labeling and how to determine the expiration dates. Staff signatures will be obtained to confirm they were educated on this memo. Proposed completion date 9/01/26

Ongoing : Upon receipt of any medications received requiring a start/exp label, the medical coordinator will immediately place a label on the medication prompting any staff member who starts the medication to properly date the medication with a start and end date as well as their initials. Proposed completion date 9/01/26

Monitoring: The medical coordinator will check medications needing labels weekly utilizing a document created by Administrator explaining all types of medications needing labels to assure proper documentation is completed on "in use" scripts. Proposed completion date 9/01/26

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented (- 08/27/2026)

187a - Medication Record

4. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a Medication Record *(continued)*

6. Dose.

Description of Violation

Resident #3 is prescribed [redacted]. Staff person B states [redacted] gave the correct dose on 7/23/26 [redacted] but states [redacted] failed to document [redacted].

Resident #3 is prescribed [redacted]. The medication administration record (MAR) did not indicate that this medication was administered on 7/11 or 7/12/26 at 8:00 PM.

Resident #3 is prescribed [redacted]. The MAR did not indicate that this medication was administered on 7/11/26 at 8:00 PM.

Resident #3 is prescribed [redacted] The MAR did not indicate that this medication was administered on 7/9/26 at 4:00 PM.

Resident #2 is prescribed [redacted]. The MAR did not indicate that this medication was administered on 7/15/26 at 8:00 PM

Resident #2 is prescribed [redacted] The MAR did not indicate that this medication was administered on 7/5/26 at 8:00 AM.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

Immediate Solution/Corrective Actions:
The Administrator immediately reviewed the documentation issue with staff and any missing initials were added to the MARs. A memo was created to educate staff on documentation standards. Staff signatures will be obtained to confirm they were educated on the memo. Proposed completion date 9/01/26

Ongoing
Administrator created a memo for staff to sign explaining the importance of this regulation. MAR will be reviewed every shift by the staff who did not complete medication passes and sign a log to confirm they reviewed it and obtained signatures if needed. Proposed completion date 9/01/26

Monitoring:
The Administrator or Designee will check the logbook for compliance biweekly. Administrator or Designee will complete random spot checks on MARS to ensure compliance starting. Proposed completion date 9/01/26

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented ([redacted] - 08/27/2026)