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

October 6, 2026

[redacted]
MERAKEY MONTGOMERY COUNTY
[redacted]
ATTN: KIM CATON
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2026 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**: *05/26/2027*

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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *08/24/2026*

Inspection Dates and Department Representative

08/24/2026 - 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

08/24/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/24/2026*

10/02/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/06/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/05/2026*

Inspections / Reviews *(continued)*

10/06/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *10/06/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

10/06/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *10/06/2026*
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], during resident interviews with the Agent of the Department, it was revealed that staff persons instructed the residents that they were not permitted to leave their rooms or watch television in common areas after 11:00 pm. Residents reported that staff stated these restrictions were required because "it's the law and it's the regulation." The residents were unable to identify the staff persons who provided these instructions.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

Immediate correction: Administrator held a council meeting with residents August 28, 2026 and spoke at length with the residents about their resident rights, including the unlimited right to come and go from their rooms and come and go from the personal care home. Attendance sheet from council meeting attached.
Administrator also sent an email out to all staff members with same message, copy attached. A copy of the email will be saved to document that staff were educated.
Ongoing compliance: Administrator will set up additional resident council meetings to check in with residents to make sure that they continue to understand their rights and have had the opportunity to come and go from their rooms at any time. Program will schedule an additional council meetings for the following dates 10/23 , 11/20 and 12/18 "

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented [redacted] 10/06/2026)

63a - First Aid/CPR Training

2. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], from 3:00 pm-11:00 pm, 8 residents were present in the home. During this time, 0 staff persons were present in the home who are trained in first aid and certified in obstructed airway techniques.

On [redacted], from 3:00 pm-11:00 pm, 8 residents were present in the home. During this time, 0 staff persons were present in the home who are trained in first aid and certified in obstructed airway techniques.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

Immediate correction: Staff member A and Staff member B were sent to First Aide/CPR classes on 8/28/2026 that is taught through the American Red Cross. Both staff members now have current certification, see attachments. All current staff are now certified in CPR and First Aid.
Ongoing compliance: The Administrator will develop an internal tracking spreadsheet to monitor all First Aid and CPR certifications for new and tenured staff. Upon completion of the CPR training, all cards and certificates will be copied by Administrator for training file. Monitoring: The Administrator will use a checklist to keep track of First Aid/CPR certifications and audit that checklist monthly. See attachment.

63a First Aid/CPR Training (continued)

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented [redacted] - 10/06/2026)

63b - Current First Aid Training

3. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person A was trained in CPR by National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Staff person B was trained in CPR by American Red Cross online. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

"Immediate correction: Staff member A and Staff member B were sent to First Aide/CPR classes on 8/28/2026 that is taught through the American Red Cross. Both staff members now have current certification that meets the requirements given in the 2600 regulations: see attachments. All current staff are now certified in CPR and First Aid. Ongoing Compliance: Administrator will review all First Aid/CPR certificates upon hire to verify that they are current, include both First Aid and CPR, and are taught by an individual certified as a trainer by a hospital or other recognized health care organization. See updated ""New Hire orientation checklist"" attached."

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented [redacted] - 10/06/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at 9:19 am, the light switch outside of resident room number 4 had a brown substance smeared on it.

Plan of Correction ***Accept ([redacted] - 10/02/2026)***

"Immediate correction: Light switch was cleaned same day of inspection.
Ongoing: Administrator will address the staff to make sure that light switches are included in their weekly list of cleaning.
Monitoring: Administrator will create a checklist that can be used weekly for the next 3 months to ensure that light switches are kept clean."

Licensee's Proposed Overall Completion Date: *09/25/2026*

85a - Sanitary Conditions *(continued)*

Implemented [redacted] - 10/06/2026)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [redacted] did not have linens.

Plan of Correction ***Accept [redacted] - 10/06/2026)***

Immediate Correction: On 8/24/2026 Administrator confirmed that there were clean sheets in the resident's room available to put on the bed and then talked to the resident and offered to put sheets on the resident's bed. Resident refused. Also offered to assist if [redacted] wanted to help do it. Resident refused. Administrator went back the next day, and the following day as well and resident insists that [redacted] does not want sheets on [redacted] bed. Administrator checked the following week as well. This resident prefers to use blankets on [redacted] beds without the sheets. Resident does not want staff members going into [redacted] room uninvited and does not want staff members cleaning up in [redacted] room. Administrator added a note in resident's RASP that [redacted] does not want to use sheets on [redacted] bed and continues to decline any type of assistance with [redacted] bed.
Ongoing: Administrator checks in with this resident weekly and offers help with resident's room, including assistance with putting on bed sheets. So far, resident politely declined all assistance.
Monitoring: Administrator will create a checklist that can be used weekly for the next 2 months to ensure that clean linens are available and offered. see attached

Licensee's Proposed Overall Completion Date: *10/05/2026*

Implemented [redacted] - 10/06/2026)

121a - Unobstructed Egress

6. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at approximately 3:15 am, during an unannounced visit to home, staff person C attempted to enter the living room but was unable to open the door because a box containing replacement air filters was obstructing the doorway and preventing the door from opening. Staff person D who was working 11:00 pm-7:00 am was asked to remove the box and open the door. The living room provides access to another door leading to the front exterior of the home and serves as an emergency means of egress. Although other doors providing access to the exterior of the home were accessible to the residents at the time of the visit, the obstruction limited access to this means of egress and presented a potential safety concern in the event of an emergency.

Plan of Correction ***Accept ([redacted] 10/02/2026)***

"Immediate correction: The blocked egress was removed immediately on 6/11/2026. Staff person D finished out the shift under the direct supervision of the administrator, and resigned [redacted] position without ever returning to any of

121a Unobstructed Egress (continued)

[redacted] assigned shifts.

Ongoing compliance: Administrator and/or Designee will complete a facility safety walkthrough monthly and during that review check all egresses. see attached walk thru checklist.
"

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [redacted] - 10/06/2026)

162c - Menus Posted

7. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] through [redacted] was posted. However, the following week was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

Immediate correction: The menus that were hanging on the wall had been pulled down and were on a desk in order to make a shopping list. They were replaced same day as soon as the list was finished. See attached current menus for next 4 weeks..

Ongoing compliance:. The administrator will make extra copies of the menu so that the ones hanging on the wall do not have to be removed when the shopping lists are being worked on.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [redacted] - 10/06/2026)

191 - Resident Right to Refuse

8. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted], admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse *(continued)*

Plan of Correction ***Accept[redacted] 10/02/2026)***

Immediate correction: Administrator held a council meeting with residents August 28, 2026 and talked at length with the residents about their resident rights, including the right to refuse their medication. Sign up sheet from council meeting attached. Ongoing compliance: Resident Right to refuse medications will be given to residents as a typed memo that they will receive and sign. Moving forward, this memo will be presented at time of admission.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented [redacted] - 10/06/2026)