pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MESSIAH HOME INC**
LEGAL ENTITY

To operate **MESSIAH LIFEWAYS AT MESSIAH VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **190**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 76**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 16, 2021** until **November 3, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **342910**

ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]

EMAILING DATE: November 16, 2021

[redacted]
Messiah Home, Inc.
100 Mt. Allen Drive
Mechanicsburg, Pennsylvania 17055

RE: Messiah Lifeways at Messiah Village
Certificate #: 342910

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on August 31, 2021 and September 1, 2021, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an overall reduction from 238 to 190, which includes a reduction in capacity from 97 to 76 of the Secured Dementia Care Unit. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

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

Facility Information

Name: *MESSIAH LIFEWAYS AT MESSIAH VILLAGE* **License #:** *34291* **License Expiration Date:** *11/03/2021*
Address: *100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055*
County: *CUMBERLAND* **Region:** *CENTRAL*

Administrator

Name: [redacted] **Phone:** *7176974666* **Email:** [redacted]

Legal Entity

Name: *MESSIAH HOME INC*
Address: *100 MT. ALLEN DRIVE, MECHANICSBURG, PA, 17055*
Phone: *7176974666* **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date:** *03/21/2019* **Issued By:** *Upper Allen Township*
Type: *Other* **Date:** *11/03/2017* **Issued By:** *Upper Allen Township*
Type: *C-2 LP* **Date:** *07/12/1978* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *157* **Waking Staff:** *118*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *09/01/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [redacted]
09/01/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *238* **Residents Served:** *123*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Laurel* **Capacity:** *97* **Residents Served:** *32*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *123*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *34* **Have Physical Disability:** *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/08/2021*

11/5/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/12/2021*

11/8/2021 - Document Submission

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

227e - Self Administer Medication

1. Requirements

2600.
227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

The RASP for Resident #1, dated 12/14/20, indicates that the resident is capable of self-administration of their medications. On 6/24/21, Resident #1 was assessed as not being able to self-administer medications. The RASP was not updated to reflect this change.

Plan of Correction **Accept**

The item found for Resident #1 was immediately corrected on September 1, 2021 by EL Administrator.
DON/Clinical Manager provided a list of all residents with self administering orders to Social Worker/Neighborhood Managers.
All RASPs of residents with self administering orders will be audited by Social Worker/Neighborhood Manager to ensure medication administration information is reflected accurately.
All RASPs for new admissions or those residents with changes in self administration orders will be included in the audit.
DON updated the "Self Administering Medication" checklist document used with residents who have self administering orders to include the following statement at the bottom: "_____ COPY OF THIS CHECKLIST SENT TO THE DON AND THE SOCIAL WORKER/NEIGHBORHOOD MANAGER AFTER COMPLETED. (REQUIRED)" This checklist will be performed with all residents with self administering orders every 6 months. ("Self Administering Medication" checklist form attached for your review).
DON will educate all nurses on the updated "Self Administering Medication" checklist and plan for review every 6 months. Sign-in sheets will be used for proof of education.
DON will place an alert in Point Click Care (Resident's Medical Record) for this checklist to flag every 6 months prompting review of the checklist with residents who have self administering orders.
Quarterly audits of RASP's of residents who have self administering orders will occur over the next 6 months.

Completion Date: *05/05/2022*

Document Submission **Implemented**

All steps are in process.