

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MESSIAH HOME, INC.

LEGAL ENTITY

To operate 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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 186  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 83

This certificate is granted in accordance with the Public Welfare 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 January 14, 2010 until January 14, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 342910

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 14 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Mr. Emerson Leshar, President  
Messiah Village Home, Inc.  
Messiah Village Home  
100 Mt. Allen Drive  
Mechanicsburg, Pennsylvania 17055

Dear Mr. Leshar:

As a result of the Department of Public Welfare's licensing inspection on September 29, 2009 and September 30, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

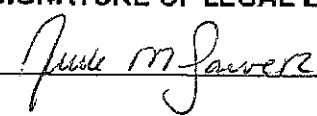

A handwritten signature in cursive script that reads "Kevin T. Casey".


Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

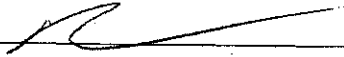
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NOV 10 2009 Page 1 of 7

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 3429107	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/27/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home only accounts for the residents in the area of the simulated fire on the fire drill log. The home does not include the total number of residents evacuated on the fire drill log.	9/9/09  10/19/09  10/09 – 12/09	Facility Administrator and Nurse Coordinator attended DPW Training on 9-9-09. DPW Rep John Timberland presented on Fire Safety. Facility was advised to continue conducting drills as is, but to also begin evacuating fire zones immediately above and below the simulated fire area and reflect those additional residents evacuated in its numbers.  Monthly scheduled fire drill occurred on 10-19-09 as directed. (see attached report.  Facility will submit to DPW the next three months worth of fire drills to ensure intent of regulation is being met.	Steps have been taken to correct violation; full compliance is not verifiable 1/4/10 Date  Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Nicole M. Sawer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/23/09

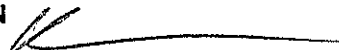
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home only accounts for the residents in the area of the simulated fire on the fire drill log. The home does not include the total number of residents evacuated on the fire drill log.	10/9/09 – ongoing	Monthly drills will be reported on a Quarterly basis to MV Quality Assurance Team, for tracking/reporting on any trends.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Alice Sauer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 12/28/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b1 A resident shall have a medical evaluation at least annually.	Resident #1's, date of admission 8/15/06, most current medical evaluation is dated 8/7/08.	9/30/09  10/8/09  10/8/09 – ongoing  10/28/09	Resident #1 received annual physical on 9/30/09.  A review of all charts occurred on 10/8/09 to ensure that date in medical record corresponds with date on Outlook H&P Calendar.  A History and Physical (H&P) calendar will be maintained on Outlook by Health Information Assistant (HIA) to ensure timely scheduling of annual physical for the next year.  Training occurred with HIA on proper use of H&P Calendar to maintain Compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date <u>1/4/10</u> Initials (DPW) <u>MS</u>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Aurke Jansen</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09

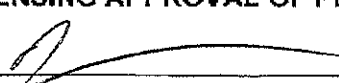
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b1 A resident shall have a medical evaluation at least annually.	Resident #1's, date of admission 8/15/06, most current medical evaluation is dated 8/7/08.	10/8/09 – ongoing  10/28/09 – ongoing	HIA will coordinate resident's annual H&P with physician's office two months prior to the annual H&P date to ensure a timely physical can be secured.  H&P appointments will be forwarded to Administrator for period of 12 months to ensure that regulation is being met.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Audie Sauer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 12/23/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #2's PRN Milk of Mag. has an expiration date of 8/09.	9/30/09	Expired over-the-counter medication identified by Survey Team was immediately discarded and a current one was replaced. (please see attached)	<i>MES 1/4/10</i>
		10/1/09	On 10/1/09, Nurse Coordinator reviewed medication carts to ensure that no additional expired medications remained.	
		11/14/09 - ongoing	Nurse Coordinator has scheduled routine medication cart checks to be completed weekly by nurses to ensure that expired medications are not missed.	
		1/2010	Compliance will be measured and reported to Messiah Village's Quality Assurance Program on a quarterly basis.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Austin Sauer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/20/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(1) Resident's name.                      (2) Drug allergies.                      (3) Name of medication.                      (4) Strength.                      (5) Dosage form.                      (6) Dose.                      (7) Route of administration.                      (8) Frequency of administration.                      (9) Administration times.                      (10) Duration of therapy, if applicable.                      (11) Special precautions, if applicable.                      (12) Diagnosis or purpose for the medication, including pro re nata (PRN).                      (13) Date and time of</p>	<ul style="list-style-type: none"> <li>Resident #3's medication administration record states, "Acetaminophen (gen. Tylenol) 325 mg, take 2 tablets by mouth every four hours as needed for pain". The medication label states, "Tylenol arthritis 650 mg take one tablet by mouth every four hours as needed for pain".</li> <li>Resident #3 has a bottle of prescribed Ocean Nasal Mist nasal spray. This medication is not listed on the medication administration record, but is located in the medication cart.</li> </ul>	<p>9/30/09</p> <p>11/14/09</p>	<p>The 650mg Acetaminophen was removed from the medication cart and the correct dosage of 325mg was kept in the medication cart for proper administration.</p> <p>A tracking system will be implemented requiring each neighborhood to monthly review each resident's medication and corresponding Medication Administration Record. Assisted Living Nurse Coordinator will educate nurses on tracking system with implementation scheduled for 11/14/09.</p>	<p><i>MCS 11/4/10</i></p>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Amber Sawyer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

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medication administration. (14) Name and initials of the staff person administering the medication.			<i>(see page 4)</i>	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>A. J. Sauer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 12/28/09

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225c The resident shall have additional assessments as follows:  (1) Annually.	Resident #1's most current assessment is dated 8/12/08.	10/8/09  10/8/09  10/28/09  Ongoing	Resident #1 had her annual assessment completed on 10/8/09.  Recognizing that the assessment is driven by the resident's annual History and Physical (H&P), a review of all resident's medical records occurred on 10-8-09. The Audit conducted ensured that all H&P dates are known and are placed on the calendar for next year.  The Health Information Assistant responsible for this was educated on the process.  Ongoing compliance will occur by HIA coordinating timely H&Ps with physician offices two months prior to the annual H&P date to ensure a timely physical can be secured by the practice.	Steps have been taken to correct violation; full compliance is not verifiable  <del>1/4/10</del> Date <i>[Signature]</i> Initials (DPW)


**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Messiah Village Home, 100 Mt. Allen Drive, Mechanicsburg, PA 17055		<b>CURRENT LICENSE NUMBER</b> 342910
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Alicia Jansen</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>
		<b>DATE</b> 12/28/09


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225c The resident shall have additional assessments as follows:  (1) Annually.	Resident #1's most current assessment is dated 8/12/08.	10/28/09 - ongoing	H&P dates will be forwarded to the administrator for a period of 12 months so timeliness of assessment can occur.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Aurèle Sawyer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/23/09

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236 Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training in 65.	Direct care staff member, date of hire 4/2/07, who works in the secured dementia care unit completed 1.5 hours of the required training related to dementia care and services in training year 2008.	10/30/09  11/1/09 – 12/21/09	Direct care staff member is a per diem employee with her next scheduled day of work on 10/30/09. Dementia training will occur on this date to fulfill her 2008 dementia services requirement.  A review of all staff training logs occurred on 10/8/09. It reflected that over 50% of staff has successfully completed the 2009 requirement. Staff Developer is scheduling group and individual meetings with staff to facilitate training on dementia related topics for remainder of 2009 training year. (November 1, 2009 - December 21, 2009)	Steps have been taken to correct violation; full compliance is not verifiable <u>11/4/10</u> <u>MSB</u> Date Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/29/09 and 9/30/09		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil and Laura Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Angelo Jauer</i>	<b>DATE</b> 10/28/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09

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236 Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training in 65.	Direct care staff member of hire 4/2/07, who works in the secured dementia care unit completed 1.5 hours of the required training related to dementia care and services in training year 2008.	11/6/09 – 12-18-09  12/15/09	Administrator will receive a bi-weekly update from Staff Developer on progress with those still needing education.  2010 Staff Training schedule will be developed and communicated to staff by December 15, 2009 so proper planning, scheduling, and monitoring can occur.	