



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2015

Mr. Curtis D. Stutzman, President/CEO
Messiah Home Inc.
100 Mt. Allen Drive
Mechanicsburg, Pennsylvania 17055


RE: Messiah Lifeways at Messiah Village
License #: 342910

Dear Mr. Stutzman:

As a result of the Department of Human Services' annual licensing inspections on August 24, 2015 and August 25, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 34291 - 08/24/2015 - Hoover, Douglas
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired [redacted] 07, did not receive training in medication self-administration in the 2014 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment (page 1) - Page 2 A of 4. - BE

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly L. Valvo*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly L. Valvo, Administrator</i> | Date <i>10/5/15</i> |
|---|---------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|--|---|
| The above plan of correction is approved as of <u>10-15-15</u> (Date) | Plan of correction implementation status as of <u>10-15-15</u> (Date) |
| The above plan of correction was approved by <u>BE</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 34291-08/24/2014 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

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Attachment for Page 2 of 4

3. PLAN OF CORRECTION (POC):

Violation correction: Direct Care Staff Person A will receive medication self-administration training in the 2015 training year (by December 31, 2015).

The training plan for 2015 was reviewed and updated to ensure that the following required training topics for Direct Care Staff are included:

1. Medication self-administration training
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
3. Care for residents with dementia and cognitive impairments
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevent of decubitus ulcers, incontinence, malnutrition and dehydration
5. Personal care service needs of the resident
6. Safe management techniques
7. Care for residents with mental illness or mental retardation, or both, if the population is served in the home

To prevent a similar violation from occurring again in the future, the Staff Development Coordinator and Administrator will audit Direct Care Staff training records to ensure that the required annual training topics are covered for each Direct Care Staff.

Signature of Legal Entity Representative: Kimberly L. Valvo

Printed Name and Title of Legal Entity Representative: Kimberly L. Valvo, Administrator

Date: 10/5/15

Violation Report: 34291 - 08/24/2015 - Hoover, Douglas
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Member A, hired [redacted] 07, did not receive training in fire safety in the 2014 training year.
 Staff Member B, hired [redacted] 11, did not receive training in falls and accident prevention in the 2014 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment (page 2) Page 3A of 4. -SE

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly L. Valvo*

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly L. Valvo Administrator</i> | Date <i>10/5/15</i> |
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| The above plan of correction is approved as of <u>10-15-15</u> (Date) The above plan of correction was approved by <u>SE</u> (Initials) | Plan of correction implementation status as of <u>10-15-15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
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Violation Report: 34291-08/24/2014 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

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3. PLAN OF CORRECTION (POC):

Violation correction: Staff member A will receive training in fire safety in the 2015 training year (by December 31, 2015). Staff member B will receive training in falls and accident prevention in the 2015 training year (by December 31, 2015).

The training plan for 2015 was reviewed and updated to ensure that the following required training topics for all staff persons are included:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
2. Emergency preparedness procedures and recognition and response to crises and emergency situations
3. Resident rights
4. The Older Adult Protective Services Act
5. Falls and accident prevention
6. New population groups that are being served at the home that were not previously served (if applicable)

To prevent a similar violation from occurring again in the future, the Staff Development Coordinator and Administrator will audit Staff training records to ensure that the required annual training topics are covered for all Staff members.

Signature of Legal Entity Representative: Kimberly L. Valvo

Printed Name and Title of Legal Entity Representative: Kimberly L. Valvo, Administrator

Date: 10/5/15

Violation Report: 34291 - 08/24/2015 - Hoover, Douglas
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The letters for the exit sign, next to room #206, measure approximately 4 inches in height.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment (page 3) Page 4A of 4. -se

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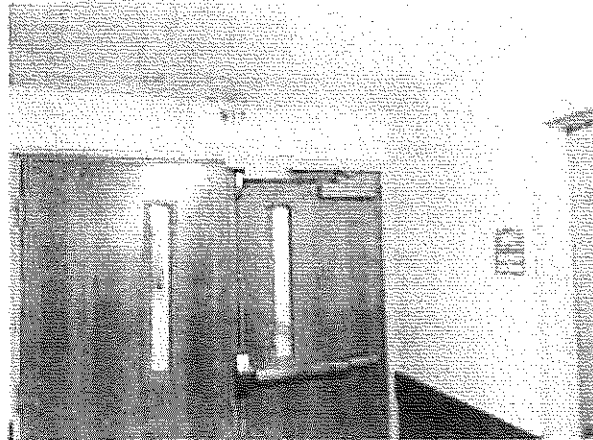
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Violation Report: 34291-08/24/2014 – Hoover, Douglas
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Attachment for Page 4 of 4

3. PLAN OF CORRECTION (POC):

Violation correction: The exit sign, next to room #206, was replaced on 8/25/15 with a sign 8 inches in height which meets the requirement to be at least 6 inches in height.



All other exit signs were audited in the Personal Care Home and measure 8 inches in height which meet the requirement.

Signature of Legal Entity Representative: Kimberly L. Valvo

Printed Name and Title of Legal Entity Representative: Kimberly L. Valvo Administrator

Date: 10/5/15