



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2017

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

RE: Messiah Lifeways at Messiah Village
Certificate #: 342910

Dear Mr. Stutzman:

As a result of the Department of Human Services' annual licensing inspection on September 6 and 7, 2017 and October 6, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 34291 - 09/06/2017 - 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

Staff Person A did not receive training on resident rights during the 2016 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 attached, Page 2A of 4. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Angelica S. Losch

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Angelica E. Losch, Administrator

Date 9/25/17

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

The above plan of correction is approved as of 10-20-17
 (Date)

Plan of correction implementation status as of 10-20-17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

SE
 (Initials)

Violation Report: 34291-09/7/2017 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

gpc

Attachment for page 1 of 4

3. PLAN OF CORRECTION (POC):

Violation correction: Staff member will receive training related to 2600.65(g) in the following area in the 2017 training year (by December 31, 2017). This regulation states the following:

- (g) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 - (3) Resident rights.

To prevent a similar violation from occurring again in the future, the Staff Development Coordinator and Administrator will audit all assigned courses that are required as per the 2017 training plan are assigned and completed. See attached "Exhibit A" of auditing that has started on the 2017 training plan for all team members.

Effective immediately on a monthly basis, the Staff Development Coordinator or Administrator will audit assigned courses on a monthly basis to ensure all required courses are assigned according to the annual training plan.

The Administrator is currently scheduling training on the Relias program that is utilized for required DHS direct care staff training to ensure that the Staff Development Coordinator, Administrator and Managers have a complete understanding on how to assign courses, ensure their timely completion and create reports showing this information. This training will be completed by 10/31/17.

Signature of Legal Entity Representative: Angelica E. Losch

Printed Name and Title of Legal Entity Representative: Angelica E. Losch, Administrator

Date: 9/25/17

Violation Report: 34291 - 09/06/2017 - Hoover, Douglas
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used to take the following blood sugar readings of Resident #2:

- 170 on 8/23/17 at 5:43 am
- 138 on 8/25/17 at 5:12 am
- 144 on 8/28/17 at 5:11 am
- 138 on 8/30/17 at 5:35 am
- 175 on 9/4/17 at 8:26 am
- 166 on 9/6/17 at 6:15 am

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 attached. Pages 3A + 3B of 4. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Angelica S. Lucch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Angelica E. Lucch Administrator</i>	Date <i>9/25/17</i>
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The above plan of correction is approved as of 10-20-17
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 10-20-17
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 34291-09/7/2017 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

Attachment for page 2 of 4

99

3. PLAN OF CORRECTION (POC):

Violation correction: Enhanced Living nurses will receive training related to 2600.85(a). This regulation states the following:

(a) Sanitary conditions shall be maintained

To prevent a similar violation from occurring again in the future, the Director of Nursing and Administrator have completed the following:

All residents who receive blood glucose testing and their designated person (where applicable) have been notified by letter of the possibility of shared glucometer use in the facility and the possibility of blood borne disease. A sample copy of one of the letters that has been given distributed is attached (as Exhibit B) and will be maintained by the home for Department review.

Each resident's physician (for those that receive blood glucose testing) has been notified of the possibility of a shared glucometer use and all recommendations made by the physician have been followed. Documentation of the notification to the physician, the recommendations of the physician and the home's follow-up based on the recommendations are being maintained by the home for Department review.

All staff responsible for blood glucose testing are receiving re-training from the Staff Development Coordinator/Director of Nursing by September 30, 2017. See "Exhibit C" for attached documentation and initial sign in sheets for training that has started.

The Administrator, Director of Nursing or Charge Nurse Shift Leader shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis on a 10% sample of the residents who receive blood glucose testing. These weekly audits shall occur for a period of three months. These findings will be included as part of the quarterly Quality Management Plan.

The Director of Nursing, Charge Nurse Shift Leader and designated staff person shall observe each staff responsible for diabetic care performs blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations will be maintained for Department review and included as part of the quarterly Quality Management Plan.

All glucometers that were being used in personal care during the survey on 9/7/17 will be replaced as of 9/29/17 at the expense of Messiah Lifeways.

Policies related to 2600.85(a) have been reviewed and amended specifically addressing the safe storage, access, distribution and use of glucometers and testing equipment. Additionally, PRN orders for blood

2

Angelica E. Losch

9/25/17

Angelica E. Losch, Administrator

Violation Report: 34291-09/7/2017 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

gpc

Attachment for page 3 of 4

glucose testing have been obtained for all residents receiving blood glucose tests. This change will allow staff to document all blood sugar checks that are completed to ensure consistency with documentation.

A copy of the updated policy and practice is attached and will be provided to and reviewed with all medication administration staff by September 30, 2017

Signature of Legal Entity Representative:

Angelica E. Losch

Printed Name and Title of Legal Entity Representative:

Angelica E. Losch, Administrator

Date:

9/25/17

Violation Report: 34291 - 09/06/2017 - Hoover, Douglas
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 9/7/17, the hot water temperature measured 123 degrees Fahrenheit at the bathroom sink in Room #333.

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 attached Page 4A of 4. -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Angelica S Rosch

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Angelica E. Losch, Administrator

Date 9/25/17

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 (Date)

Plan of correction implementation status as of 10-20-17
 (Date)

The above plan of correction was approved by BE
 (Initials)

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Violation Report: 34291-09/7/2017 – Hoover, Douglas
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

Attachment for page 4 of 4

JE

3. PLAN OF CORRECTION (POC):

Violation correction: This regulation states the following:

(a) Hot water temperature in areas accessible to the resident may not exceed 120°F.

To prevent this violation from occurring again in the future, the following will be completed:

Weekly audits have continued to be conducted since 9/7/17. The audits completed during the previous two weeks are attached as "Exhibit D". All temperatures recorded have been within the appropriate temperature range. A new thermometer has been purchased and compared to the existing thermometer which has indicated a discrepancy of less than one degree.

Moving forward, a designated staff person will complete and record bi-weekly audits of water temperatures. These audits will occur twice a week for a period of three months. After which, audits will be completed on a weekly basis.

The Director of Facilities Maintenance is currently obtaining estimates to select a contractor to replace the mixing valve which controls the amount of hot and cold water thus changing the temperature of the water. The mixing valve does not appear to be malfunctioning currently but is being replaced to ensure no future issues with hot water temperatures. The mixing valve will be replaced no later than November 30.

Signature of Legal Entity Representative: Angelica E. Lusch

Printed Name and Title of Legal Entity Representative: Angelica E. Lusch, Administrator

Date: 9/25/17

Violation Report: 34291 - 10/06/2017 - Cargile, Kellie
 PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/24/17 at 6:09 am, Resident #1's glucometer was used to test the blood glucose level of Resident #2.

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 2A of 2. -*EE*

Repeat Violation: No	Date(s) of Previous Violation(s):	09/07/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Angelica E. Losch*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Angelica E. Losch, Administrator* Date *10/19/2017*

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

The above plan of correction is approved as of 10-2017
 (Date)

Plan of correction implementation status as of 10-2017
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by _____
 (Initials)

Violation Report: 34291-10/6/2017 – Karglle, Kellie
PCH Name: MESSIAH LIFEWAYS AT MESSIAH VILLAGE

Page 2 of 2

Attachment for page 1 of 1

3. PLAN OF CORRECTION (POC):

JE

(a) Sanitary conditions shall be maintained

In addition to the steps that were outlined on previous plan of correction that was submitted on 9/25/17, the following has been completed:

Resident 1 and resident 2 have been supplied with new glucometers at the facility's expense.

Both of the previous errors occurred on 3rd shift so additional re-training has been completed with all nurses working this shift.

Additionally to prevent any future issues, glucometer equipment is now kept in each resident's room in a charcoal grey metal lock box to avoid the chances of mixing up glucometers. The keys to the boxes are secured in the medication carts.

The policy has been updated to reflect this practice. All nurses will have reviewed this revised policy by October 31, 2017.

The following auditing is continuing as follows:

The Administrator, Director of Nursing or Charge Nurse Shift Leader shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis on 100% of the residents who receive blood glucose testing. These weekly audits shall occur for a period of three months. These findings will be included as part of the quarterly Quality Management Plan.

The Director of Nursing, Charge Nurse Shift Leader and designated staff person shall observe each staff responsible for diabetic care performs blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations will be maintained for Department review and included as part of the quarterly Quality Management Plan.

Signature of Legal Entity Representative:

Angelica E. Losch

Printed Name and Title of Legal Entity Representative:

Angelica E. Losch, Administrator

Date: 10/19/2017