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

December 29, 2022

[redacted], PRESIDENT/CEO
MESSIAH HOME INC
100 MT. ALLEN DRIVE
MECHANICSBURG, PA, 17055

RE: MESSIAH LIFEWAYS AT MESSIAH VILLAGE
100 MT. ALLEN DRIVE
MECHANICSBURG, PA, 17055
LICENSE/COC#: 34291

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2022, 12/01/2022 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: *MESSIAH LIFEWAYS AT MESSIAH VILLAGE* **License #**: *34291* **License Expiration**: *11/03/2022*

Address: *100 MT. ALLEN DRIVE, MECHANICSBURG, PA 17055*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *MESSIAH HOME INC*

Address: *100 MT. ALLEN DRIVE, MECHANICSBURG, PA, 17055*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/21/2019* **Issued By**: *Upper Allen Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *187* **Waking Staff**: *140*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/01/2022*

Inspection Dates and Department Representative

11/30/2022 - On-Site: [redacted]

12/01/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *190* **Residents Served**: *120*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Laurel* **Capacity**: *76* **Residents Served**: *66*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *120*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *67* **Have Physical Disability**: *0*

Inspections / Reviews

11/30/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/15/2022*

12/14/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/28/2022*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/20/2022*

Inspections / Reviews *(continued)*

12/22/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/28/2022*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/28/2022*

12/29/2022 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/28/2022*

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

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has an uncovered enabler bar installed on the right side of their bed with an opening measuring 12 inches wide and 5 ½ inches high. The enabler bar was also unsecured, moving bed 3-4 inches up and down when the enabler bar was pulled on, posing an entrapment risk.

Resident #2 has a covered enabler bar installed on the left side of their bed. However, the enabler bar is not secure installed, with approximately a 3-inch gap between the enabler bar and resident's mattress, posing an entrapment risk.

Resident #3 has a covered enabler bar installed on the left side of their bed. However, the enabler bar is not secure installed, with approximately a 3–4-inch gap between the enabler bar and resident's mattress, posing an entrapment risk.

Resident #4 has an uncovered enabler bar installed on the right side of their bed with an opening of approximately 12 ½ inches wide and 6 inches high, posing an entrapment risk

Plan of Correction ***Accept ([redacted] - 12/22/2022)***

The identified enabler bars for Resident #1, Resident #2, Resident #3 and Resident #4 were covered and inspected by a maintenance team member on 11/30/22 and appropriate adjustments were made. All remaining enabler bars will be re-inspected by maintenance to ensure they are covered and in good repair and free of hazards by 12/30/22. Residents with enabler bars will receive education from the Social Worker regarding the requirement for enabler bars to be covered and in good repair and free of hazards by 12/30/22. Team members will also receive education regarding the requirement by the Staff Educator by 12/30/22. Random audits will be conducted weekly beginning 1/2/2023 by maintenance team members for 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/03/2023*

Implemented ([redacted] - 12/29/2022)

96a - First Aid Kit

2. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in Upper Laurel does not include tweezers.

96a - First Aid Kit *(continued)*

Plan of Correction ***Accept (- 12/22/2022)***

The tweezers were immediately replaced in the first aid kit in the Laurel Upper Neighborhood by the Nurse on 11/30/22. Team members will receive education by the Staff Educator by 12/30/22 regarding the requirement that first aid kits include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Breakaway ties were ordered on 12/9/22 by the Purchasing Manager and will be placed on the first aid kits to allow for easy identification of when the first aid kit has been accessed and items may have been removed. Weekly audits will be completed by the Clinical Manager beginning 12/19/22 for three months to ensure compliance. Because the breakaway tie is in place, a list of first aid kit contents with expiration dates of included items (if applicable) will be included on the outside of the first aid kit by 12/19/22 by Clinical Manager.

Licensee's Proposed Overall Completion Date: *03/20/2023*

Implemented - 12/29/2022)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #5 does not have access to a source of light that can be turned on/off at their bedside.

Plan of Correction ***Accept - 12/22/2022)***

A night light was placed by Resident #5's bed on 11/30/22 by the Administrator. An audit will be completed by 12/15/22 by the Administrator of all resident rooms to ensure there is an an operable lamp or other source of lighting that can be turned on at bedside. Team members (including maintenance and housekeeping team members) will receive education by the Staff Educator by 12/30/22 regarding the requirement for an operable lamp or other source of lighting that can be turned on at bedside. Monthly audits will be conducted by housekeeping team members beginning 12/19/22 for 3 months and then random audits will be conducted by housekeeping team members for an additional 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *06/19/2023*

Implemented - 12/29/2022)

183b - Meds and Syringes Locked

4. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 11/30/22 at 12:35 PM, the medication cart labeled "HW-1" was unlocked, unattended, and accessible in the Hopewell Neighborhood.

183b Meds and Syringes Locked (continued)

Plan of Correction ***Accept [redacted] - 12/22/2022)***

The medication cart in the Hopewell Neighborhood was locked on 11/30/22 by the surveyor and the Administrator at the time of discovery. The Nurse administering medications from the cart at the time the cart was found unlocked was notified on 11/30/22 at the time of discovery. Nurse received appropriate counseling on 11/30/22 by Director of Nursing. Team members responsible for medication administration will receive education from the Staff Educator by 12/30/2022 regarding the requirement for prescription medications, OTC medications, CAM and syringes to be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Random audits will be conducted weekly beginning 12/19/22 for three months by the Clinical Manager to ensure compliance.

Licensee's Proposed Overall Completion Date: *03/20/2023*

Implemented ([redacted] - 12/29/2022)

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 11/27/22 at 8:21 PM, Resident #6's glucometer showed a reading of 182 . The Medication Administration Record (MAR) for Resident #6 on 11/27/22 at 8:21 PM shows a reading of 181.

Plan of Correction ***Accept ([redacted] - 12/22/2022)***

Resident #6's MAR was corrected on 12/1/22.
All LPNs, RNs, and Med Techs certified to perform glucose monitoring will be re educated by the Staff Educator by 12/30/2022 on the importance of accuracy when doing blood glucose monitoring and documenting the results into the medication system, Point Click Care. They will sign a document to demonstrate that they have been re educated on the importance of accuracy in all instances.
Audits will begin the week of 12/19/22 and be completed weekly for 3 months by the Clinical Manager or Director of Nursing on all residents' glucometers to ensure accuracy of the Glucometer readings and the documentation of the results into Point Click Care.

Licensee's Proposed Overall Completion Date: *03/20/2023*

Implemented [redacted] - 12/29/2022)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed PRN [redacted]. However, on 12/1/22, this medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction ***Accept (12/22/2022)***

Resident #5's prescribed PRN was reordered by the Nurse on 12/1/22. Team members responsible for ordering resident medications will receive education by the Staff Educator by 12/30/2022 regarding the requirement for the home to follow the directions of the prescriber.
All new physician orders for medications, and all existing physician orders for medications that need reordered will be placed on a clipboard hung in a conspicuous location accessible only to Nurses and Med Techs to ensure that they are aware of all medications that should be arriving from Care Options Pharmacy. The clipboards will be monitored on each shift by the Nurses/Med Techs to ensure that the medications arrive timely, or that the emergency medication locker is utilized under the guidance of the pharmacy to ensure that the prescribers directions will be followed.
The Clinical Manager/Director of Nursing will conduct random audits weekly for three months beginning 12/19/22 to ensure that medications are available as ordered by the prescriber.

Licensee's Proposed Overall Completion Date: *03/20/2023*

Implemented (- 12/29/2022)

234a - Admission Support Plan

7. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on . However, the resident's support plan was completed on .

Plan of Correction ***Accept (12/22/2022)***

The Social Worker responsible for resident #7's RASP was considering the resident's move to a secure neighborhood as a significant change and was following 5 day timeline for RASP completion. On 12/1/22, Social Workers were educated by the Administrator on the requirement that within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record. An audit will be conducted by the Administrator beginning 12/19/22 at the time of every admission to the secure neighborhood for 4 weeks. Random audits will be conducted by the Administrator for additional three months to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/17/2023*

Implemented - 12/29/2022)