

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

May 8, 2023

[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 03/28/2023, 03/30/2023 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:** 11/03/2023

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:** 185 **Waking Staff:** 139

Inspection Information

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

Reason: Incident **Exit Conference Date:** 03/28/2023

Inspection Dates and Department Representative

03/28/2023 - On-Site: [REDACTED]

03/30/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190 **Residents Served:** 126

Secured Dementia Care Unit

In Home: Yes **Area:** Laurel **Capacity:** 76 **Residents Served:** 39

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 126

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 59 **Have Physical Disability:** 1

Inspections / Reviews

03/28/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/10/2023

04/11/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/02/2023

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/03/2023

Inspections / Reviews *(continued)*

05/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the home was aware of an allegation of physical abuse involving Resident 1. The home did not complete or submit a written mandatory abuse report about this allegation to the local area agency on aging.

On [REDACTED] the home was aware of an allegation of verbal abuse involving Resident 2. The home did not complete or submit a written mandatory abuse report about this allegation to the local area agency on aging.

Plan of Correction

Accept [REDACTED] - 04/11/2023)

Plan of Correction

When the Administrator was notified of the allegation of physical abuse of Resident #1 and verbal abuse of Resident #2, notifications were made to the local Area Agency on Aging (AAA). At the time the incidents were reported to AAA direction was not provided to complete the mandatory abuse report form for either incident, however upon learning of the requirement from DHS on 3/28/23 the Administrator completed and submitted the reports for Resident #1 and Resident #2. The Administrator will reference the document (Suspected Resident Abuse Reporting and Investigation Requirements) in the Regulatory Compliance Guide to ensure all reporting requirements are met.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [REDACTED] - 05/08/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at [REDACTED] a controlled substances binder containing resident names and their prescribed medications, was unlocked, unattended, and accessible on top of the medication cart in the hallway of the Hopewell neighborhood.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

Plan of Correction

The Nurse administering medications at the time was notified and the controlled substance binder was immediately removed and secured. The Nurse was counseled on 3/28/2023 by the Director of Nursing and was re-educated regarding the requirement to keep resident records confidential and secure. All team members responsible for medication administration will be educated by the Staff Educator by 4/28/23 regarding the requirement for the controlled substance binders to be locked in the medication cart at all times unless in direct use and will be re-educated on Messiah Lifeways policy

17 Record Confidentiality (continued)

HIP2022 Safeguarding Protected Health Information and other HIPAA related medical information. Random audits will be conducted weekly beginning 4/3/2023 for 3 months by the Director of Nursing to ensure compliance related to the controlled substance binder, resident medical records, and all other applicable HIPPA related information is followed.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 05/08/2023)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [REDACTED] for Resident 2 indicates the resident requires assistance with transferring, toileting, bladder management, and ambulating. On [REDACTED] at [REDACTED] the resident requested, but did not receive, assistance with these activities.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

The team member involved was terminated for failing to provide assistance to Resident #2. All direct care team members will be re educated by the Staff Educator by 4/28/2023 on where to locate each resident's support plan and the requirement to be familiar with the resident's needs in their assigned neighborhoods. Audits will be conducted weekly beginning 4/3/2023 for 3 months by the Clinical Manager randomly to ensure resident ADL needs indicated in the support plan are being followed for the audited resident.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 05/08/2023)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/28/23 at 9:45 AM, the door next to bedrooms 205 and 206 in the Laurel Main neighborhood could not be opened using the electronic keypad because the lock would not disengage when entering the posted code or an employee code.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

At the time of discovery, Information Services (IS) team members were notified and immediately power cycled the controller for the door, which enabled the door to work properly. In an effort to be proactive in case of another issue, a replacement controller has been ordered and will be installed upon its arrival in approximately 4-6 weeks. Random audits will be conducted on the door weekly beginning 4/3/23 for three months by the Life Safety Manager to

121a Unobstructed Egress (continued)

ensure compliance.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 05/08/2023)

183b - Meds and Syringes Locked

5. 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 [REDACTED] at [REDACTED] half of a small blue tablet was observed on the carpet in the hallway of the Hopewell neighborhood next to a medication cart.

Repeated Violation 11/30/22

Plan of Correction

Accept [REDACTED] - 04/10/2023)

The Nurse administering medications at the time was notified and appropriately counseled on 3/28/2023 upon discovery by the Director of Nursing. Team members responsible for medication administration will be re educated by the Staff Educator by 4/28/2023 regarding the requirement to ensure that all prescription medications, OTC medications, CAM and syringes are kept in an area that is locked. Education will include ensuring that team members administering medications check the area of floor surrounding their med carts for dropped pills before leaving the cart to administer medications. Random audits will be conducted weekly beginning 4/3/2023 for 3 months by the Director of Nursing to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] 05/08/2023)