

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

November 20, 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 10/04/2023 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:** 177 **Waking Staff:** 133

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 10/04/2023

Inspection Dates and Department Representative

10/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190 **Residents Served:** 117

Secured Dementia Care Unit

In Home: Yes **Area:** Laurel **Capacity:** 76 **Residents Served:** 59

Hospice

Current Residents: 9

Number of Residents Who:

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

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

Have Mobility Need: 60 **Have Physical Disability:** 1

Inspections / Reviews

10/04/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/26/2023

10/30/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/13/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/06/2023

Inspections / Reviews (*continued*)

11/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/13/2023

11/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2023

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

Staff Member A witnessed two separate incidents involving a resident in the independent living wing of the home performing sexual acts on Resident #1. Staff member A reported observing these incidents during the month of August. The first incident occurred approximately 2 weeks prior to the second incident which was reported to have occurred on [REDACTED]. These incidents were not reported to the local Area Agency on Aging in accordance with the Older Adult Protective Services act until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/06/2023)

Staff Member A did not notify the Administrator of the allegation of abuse of Resident #1 until [REDACTED], at which point notifications were made immediately to the local Area Agency on Aging (AAA) in the form of a voicemail. The Administrator and Social Worker immediately educated Staff Member A on 9/13/23 of the need to report any type of abuse immediately to the Administrator - Caryn Tyrrell (717-433-0595), Social Worker - [REDACTED] Clinical Manager - [REDACTED] or the On Call Point of Contact - [REDACTED] in the future. In addition, education was initiated on 9/14/23 in the form of a read and sign with clinical team members on sexual abuse and the need to report any sexual encounters so the ability to consent can be evaluated. Although the incident was previously captured in October's quality management plan, (third quarter - July, August, September) on 10/31/23 an addendum was made to October's quality mangement plan to indicate that education in the form of a read and sign was initiated with staff on 9/14/23 on sexual abuse and the need to report any sexual encounters so the ability to consent can be evaluated.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented ([REDACTED] - 11/17/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Staff Member A witnessed two separate incidents involving a resident in the independent living wing of the home performing sexual acts on Resident #1. Staff member A reported observing these incidents during the month of August. The first incident occurred approximately 2 weeks prior to the second incident which was reported to have occurred on [REDACTED]. These incidents were not reported to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/06/2023)

Staff Member A did not notify the Administrator of the allegation of abuse of Resident #1 until [REDACTED], at which point notifications were made to the Department in the form of voicemail on the complaint hotline and an incident report emailed to the Department. The Administrator and Social Worker immediately educated Staff Member A on 9/13/23 of the need to report any type of abuse immediately to the Administrator - [REDACTED],

16c *Written Incident Report (continued)*

Social Worker (██████████), Clinical Manager (██████████), or the On Call Point of Contact (██████████) in the future. In addition, education was initiated on 9/14/23 in the form of a read and sign with clinical team members on sexual abuse and the need to report any sexual encounters so the ability to consent can be evaluated. Although the incident was previously captured in October's quality management plan, (third quarter July, August, September) on 10/31/23 an addendum was made to October's quality management plan to indicate that education in the form of a read and sign was initiated with staff on 9/14/23 on sexual abuse and the need to report any sexual encounters so the ability to consent can be evaluated.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented (██████████) - 11/17/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff Member A witnessed two separate incidents involving a resident in the independent living wing of the home performing sexual acts on Resident #1. Resident #1 resides in personal care home and has a medical diagnosis of Memory Impairment. Staff member A reported observing these incidents during the month of August. The first incident occurred approximately 2 weeks prior to the second incident which was reported to have occurred on ██████████.

Plan of Correction

Accept (██████████) - 11/06/2023)

The Administrator and Social Worker immediately educated Staff Member A on 9/13/23 of the need to report any type of abuse immediately to the Administrator (██████████) Social Worker (██████████) Clinical Manager (██████████) or the On Call Point of Contact (██████████) in the future. Education was initiated in the form of a read and sign on 9/14/23 with clinical team members on sexual abuse and the need to report any suspicions of it so the ability to consent can be evaluated. Although the incident was previously captured in October's quality management plan, (third quarter July, August, September) on 10/31/23 an addendum was made to October's quality management plan to indicate that education in the form of a read and sign was initiated with staff on 9/14/23 on sexual abuse and the need to report any sexual encounters so the ability to consent can be evaluated.

In addition, Messiah's staff educators will coordinate and present an in person training with team members in Personal Care on Abuse Reporting & Sexual Abuse & The Ability To Consent by 11/30/23.

This will be captured in the next quarterly quality management report that will occur in January.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (██████████) 11/17/2023)