

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

February 20, 2024

[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 01/23/2024, 01/24/2024, 01/25/2024 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:** 11/03/2024
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]

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:** 144 **Waking Staff:** 108

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal, Incident **Exit Conference Date:** 01/25/2024

Inspection Dates and Department Representative

01/23/2024 - On-Site: [REDACTED]
01/24/2024 - On-Site: [REDACTED]
01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 190 **Residents Served:** 119

Secured Dementia Care Unit
In Home: Yes **Area:** Laurel Neighborhood **Capacity:** 42 **Residents Served:** 25

Hospice
Current Residents: 1

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 119
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 25 **Have Physical Disability:** 2

Inspections / Reviews

01/23/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/10/2024

Inspections / Reviews *(continued)*

02/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/19/2024

02/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 5. Commingling of resident funds and home funds is prohibited.

Description of Violation

The home provides financial management and is representative payee for Resident 1 and Resident 2. The funds for both of these residents are placed in a shared bank account that is owned by the legal entity of the home.

Plan of Correction

Accept ([redacted]) - 02/12/2024)

Messiah Lifeways offers financial management to all residents throughout all levels of care. At this time, Messiah is the current representative payee for two residents, one in Enhanced Living (Personal Care) and one in Skilled Nursing. The funds for these residents are placed in a shared account owned by Messiah Lifeways and managed by the Financial team.

Immediately Messiah's Financial Team contacted other Personal Care homes to look for guidance how they handled their resident funds when offering financial assistance. In addition to this the Financial Team contacted the current bank institution that Messiah is using to see if there are other possible options for Messiah to separate the residents funds.

Messiah's financial team had a meeting with their current bank institution on 2/9/2024 to discuss other options to prevent the commingling of resident funds. Messiah has agreed to work with the bank and is taking the next necessary steps to receive a demo and material to evaluate the process to ensure that the next plan meets the regulatory requirements of the Department of Human Services.

See attached action plan.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([redacted]) - 02/20/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in the following areas during training year 2022 to 2023:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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.

65g - Annual Training Content (continued)

Plan of Correction

Accept (████) - 02/12/2024)

In October of 2023 Messiah transitioned their dietary employees from an outside contract to their own staff. Current contracted team members were offered positions, if accepted they were hired as Messiah's Dietary employees. During this transition, records from the previous contracted agency were not provided to Messiah, including employees' annual training documentation.

In the new calendar year of 2024 all Dietary employees are now required to participate in Messiah's annual employee training. The implementation of this training is managed and audited by "TRAINER" and the Dietary Supervisor.

All Messiah Direct Care Staff in the Enhanced Living Department (Personal Care), including ancillary staff, are required to participate in all Messiah annual training. The training plan for 2024 has already been designed and will be followed by all staff. The 2024 Training Plan for ancillary staff follows the required education needs of DHS to include; Fire safety, Emergency Preparedness, Resident Rights, Older Adult Protective Services Act, and Falls and Accident Prevention. The implementation and tracking of all employee annual training in Personal Care is managed by Messiah's Enhanced Living Staff Educator.

See attached action plan, monthly audits & quarterly audits tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented (████) - 02/20/2024)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/24/24 at 4:05 PM, the hot water temperature in the bathroom of resident room #192 measured 124.4 degrees Fahrenheit.

Plan of Correction

Accept (████) - 02/12/2024)

Resident room 192's hot water temperature in the bathroom measured for 124.4 degrees fahrenheit. After further investigation by the Senior Director of Campus Services, it was found that the mixing valve to this unit had recently broken resulting in the rising water temperatures.

Immediately after noting the issue of the hot water temperature, Senior Director of Campus Services and their staff adjusted the water temperature to an acceptable level within the required range per DHS regulations. During this time, it was found that the mixing valve was broken. New Thermal Disc Valve Cartridges were ordered and placed for overnight shipment to the facility on "DATE". The mixing valve was rebuilt with the new required pieces on 1/28/2023. The mixing valve is functioning properly and the water temperatures are within required range.

Weekly audits will be conducted by the Life Safety Manager. These audits will include one room (at random) on each floor and the spa on each floor. These inspections will provide the facility with the required information needed to ensure that we are meeting the Department of Human Services requirements, including regulation 2600.86b, stating: Hot water temperature in areas accessible to the resident may not exceed 120°F. If it is found that the water

89b - Hot Water Temperature (continued)

temperature levels are exceeding 120°F, a work order will be placed and an inspection on the water system will be done to ensure we are fixing any issues to ensure regulations are met.

See attached action plan and invoice for replacement part.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024)

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/24/24, the walkway located in the courtyard and the bottom of the large white gate at the exit of the courtyard were covered with approximately 2 inches of snow.

Plan of Correction

Accept () - 02/12/2024)

On 1/24/24, the walkway located in the courtyard and the bottom of the large white gate at the exit of the courtyard were covered with approximately 2 inches of snow.

Immediately after finding the snow in the courtyard outside of the Harvest Dining Room in Enhanced Living, maintenance was contacted and they removed the snow from this area.

An education was created by the Enhanced Living Administrator and Staff Educator for all maintenance staff to read and review. The education addresses the regulation not met and the expectations to which Messiah's employees are required to follow to ensure that regulations are met. Staff are being given the education immediately and will be able to address any concerns or questions they may have regarding the situation immediately. In addition to the maintenance staff, the education will be provided to all department managers. Department managers will then be responsible for continuous observation and reporting of any concerns they find to the Enhanced Living Administrator and Senior Director of Campus Services.

See attached action plan, audit tracker, and staff education.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/27/23 at 6:30 AM. The previous sleeping hours fire drill was conducted on 9/28/22.

132e Fire Drill Sleeping Hours (continued)

Plan of Correction

Accept (█ - 02/12/2024)

Between the years of 2022 to 2023 two fire drills were held in both years but were not held a minimum of 6 months apart. The first fire drill that was held in 2023 was in September and the last fire drill held in 2022 was held in September as well, making the nightly fire drills a year apart, rather than the required 6 months apart.

Immediately after finding the lack of fire drills being held during sleeping hours once every 6 months, the Life Safety Coordinator created a new 2024 Fire Drill schedule to include nightly fire drills during sleeping hours once every 6 months. The Schedule was reviewed and approved by the Enhance Living Administrator on 1/25/2024.

Yearly the Life Safety Coordinator must submit their next year's Fire Drill Schedule to the Enhanced Living Administrator by the first working day of November. The Administrator is then responsible for ensuring that the schedule follows all of the Department of Human Services Regulations under the 2600 requirements.

See attached action plan and documented 2024 Fire Drill Record.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented (█ - 02/20/2024)

141a - Medical Evaluation

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation (DME) was not completed within 60 days prior to admission or within 30 days after admission for several residents including Residents 3, 4, 5 and 6.

Plan of Correction

Accept (█ - 02/12/2024)

Messiah Enhanced Living admits personal care residents at different levels of care, one being a Basic Resident level of care. Basic Residents are offered very limited support in personal care. Basic Residents are offered: delivering clean towels and removing soiled towels daily, laundry of linen provided by Messiah, daily trash removal, delivery of toilet paper, biweekly housekeeping, three meals a day, 24/7 emergency call system, and daily activities. For these residents in Enhanced Living at the Basic Level of Care, Messiah was not offering assistance with medical documentation and tracking. As a result, the Basic resident's did not receive an initial Medical Evaluation as required by the Department of Human Services.

Effective immediately all residents admitted into Enhanced Living at Messiah, no matter their level of care, will be required to have an initial Medical Evaluation completed 60 days prior to admission or within 30 days after the admission. All current Basic residents that have not received their initial Medical evaluation are currently in the process of receiving doctors appointments to complete the required Medical Evaluation. Moving forward, the date that follows on the Medical Evaluation will be their annual date to receive their next evaluation, unless there is a significant change requiring one to be done prior to a year.

All Messiah Employees who are included in the admission process and the annual evaluation of the residents were educated on the Department of Human Services Regulations including 2600.141a Medical Evaluations are required

141a - Medical Evaluation (continued)

either 60 days prior to an admission or 30 days after an admission of a resident.

Please see attached action plan, audit tracker, and staff education.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024)

171b5 - First Aid Kit

7. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Dodge Caravan used to transport residents does not include eye coverings/goggles.

Plan of Correction

Accept () - 02/12/2024)

One of the Messiah Lifeways vehicles used for resident transportation was inspected and found without eye coverings/goggles in the first aid kit.

The Transportation Manager immediately audited all transportation vehicles used for residents at Messiah. Any first aid kits that did not have eye coverings were immediately corrected. All first aid kits in all transportation vehicles now have eye coverings.

The Transportation Manager and transportation employees were educated on the Department of Human Services regulation 2600.171b5. The transportation checklist was updated to meet all regulation requirements for first aid kits in transportation vehicles. The transportation manager will audit the checklist for needs and make corrections immediately as needed.

See attached the action plan, staff education and audit tracking plan.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 1/24/24, () PRN medications prescribed for Resident 9, were in the home's LM1 medication cart; however, these medications expired on ().

Plan of Correction

Accept () - 02/12/2024)

On 1/24/2024 two medications were found in the Enhanced Living (LM)'s medcart that expired on ().

183d - Prescription Current (continued)

The medications were immediately removed from the cart and reordered for the residents through their appropriate pharmacy providers.

All LPNs and Medtechs were educated by the Enhanced Living Educator-The Med Administration Trainer, on the labeling, dating, and removal of expired medications. A monthly audit will be conducted by the Enhance Living Educator-Med Administration Trainer to ensure that there are not any expired medications on the carts in Enhanced living.

See attached action plan, staff education, and audit tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented (█) - 02/20/2024)

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Several residents admitted to the home between 2018 to 2024 did not have completed preadmission screenings including Resident 3, admitted on █, Resident 4, admitted on █, Resident 5, admitted on █, and Resident 6, admitted on █

Plan of Correction

Accept (█) - 02/12/2024)

Messiah Enhanced Living admits personal care residents at different levels of care, one being a Basic Resident level of care. Basic Residents are offered very limited support in personal care. Basic Residents are offered: delivering clean towels and removing soiled towels daily, laundry of linen provided by Messiah, daily trash removal, delivery of toilet paper, biweekly housekeeping, three meals a day, 24/7 emergency call system, and daily activities. For these residents in Enhanced Living at the Basic Level of Care, Messiah was not offering assistance with medical documentation and tracking. As a result, a Preadmission Screening Form was not completed prior to the current residents who are considered Basic Residents.

Effective immediately all residents reviewed for possible admission into Enhanced Living at Messiah, no matter their level of care, will be required to have an Preadmission Screening Completed on them by Messiah at least 30 days prior to their admission. All current Basic residents that did not have a Preadmission Screening completed on them prior to admission received a short document in their charts stating the occurrence was addressed during the 2023-2024 Department of Human Services Annual Survey (see attached example).

All Messiah Employees who are included in the admission process residents were educated on the Department of Human Services Regulations including 2600.224a-Preadmission Screen Form is required at least 30 days prior to an admission for all potential residents.

See attached action plan, staff education, audit tracker, and completed correction for a current resident .

224a Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 02/20/2024)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An initial assessment was not completed for several residents including Resident 3, admitted on [redacted] Resident 4, admitted on [redacted], Resident 5, admitted on [redacted] and Resident 6, admitted on [redacted]

Plan of Correction

Accept [redacted] - 02/12/2024)

Messiah Enhanced Living admits personal care residents at different levels of care, one being a Basic Resident level of care. Basic Residents are offered very limited support in personal care. Basic Residents are offered: delivering clean towels and removing soiled towels daily, laundry of linen provided by Messiah, daily trash removal, delivery of toilet paper, biweekly housekeeping, three meals a day, 24/7 emergency call system, and daily activities. For these residents in Enhanced Living at the Basic Level of Care, Messiah was not offering assistance with medical documentation and tracking. As a result, the Basic resident's did not receive an initial written assessment as required by the Department of Human Services.

Effective immediately all residents admitted into Enhanced Living at Messiah, no matter their level of care, will be required to have an initial written assessment to be completed 15 days after their admission date. All current Basic residents that have not received their initial written assessment are currently in the process of being completed. Moving forward, the date that follows on the initial assessment will be their annual date to receive their next assessment, unless there is a significant change requiring one to be done prior to a year.

The Enhanced Living Social workers who are responsible for the assessment of all Enhanced Living residents were educated on the Department of Human Services Regulations including 2600.225a Assessment is to be completed in 15 Days after the residents admission to the facility.

See attached action plan, staff education and audit tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 02/20/2024)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

225c - Additional Assessment (continued)

Description of Violation

Several residents do not have current annual resident assessment/support plans (RASPs) including Residents 3 and 4.

Plan of Correction

Accept [redacted] - 02/12/2024)

Messiah Enhanced Living admits personal care residents at different levels of care, one being a Basic Resident level of care. Basic Residents are offered very limited support in personal care. Basic Residents are offered: delivering clean towels and removing soiled towels daily, laundry of linen provided by Messiah, daily trash removal, delivery of toilet paper, biweekly housekeeping, three meals a day, 24/7 emergency call system, and daily activities. For these residents in Enhanced Living at the Basic Level of Care, Messiah was not offering assistance with medical documentation and tracking. As a result, the Basic resident's did not receive an initial written assessment nor an annual one as required by the Department of Human Services.

Effective immediately all residents admitted into Enhanced Living at Messiah, no matter their level of care, will be required to have an initial written assessment to be completed 15 days after their admission date. This initial assessment will then act as their annual date to follow, as long as there aren't any significant changes during that time frame. All current Basic residents that have not received their initial written assessment are currently in the process of being completed. Moving forward, the date that follows on the initial assessment will be their annual date to receive their next assessment, unless there is a significant change requiring one to be done prior to a year.

The Enhanced Living Social workers who are responsible for the assessment of all Enhanced Living residents were educated on the Department of Human Services Regulations including 2600.225a-Assessment is to be completed in 15 Days after the residents admission to the facility, as well as 2600.225c- additional assessments are to be completed annually.

See attached action plan, staff education and audit tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 02/20/2024)

227a - Support Plan 30 Days

12. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

An initial support plan was not completed for several residents including Resident 3, admitted on [redacted], Resident 4, admitted on [redacted], Resident 5, admitted on [redacted] and Resident 6, admitted on [redacted].

Plan of Correction

Accept [redacted] - 02/12/2024)

Messiah Enhanced Living admits personal care residents at different levels of care, one being a Basic Resident level of care. Basic Residents are offered very limited support in personal care. Basic Residents are offered: delivering clean towels and removing soiled towels daily, laundry of linen provided by Messiah, daily trash removal, delivery of toilet paper, biweekly housekeeping, three meals a day, 24/7 emergency call system, and daily activities. For these residents in Enhanced Living at the Basic Level of Care, Messiah was not offering assistance with medical documentation and tracking. As a result, the Basic resident's did not receive an initial written support plan as

227a - Support Plan 30 Days (continued)

required by the Department of Human Services.

Effective immediately all residents admitted into Enhanced Living at Messiah, no matter their level of care, will be required to have an initial written support plan to be completed 30 days after their admission date. All current Basic residents that have not received their initial written support plan are currently in the process of being completed. Moving forward, the date that follows on the initial support plan will be their annual date to receive their next support plan, unless there is a significant change requiring one to be done prior to a year.

The Enhanced Living Social workers who are responsible for the assessment of all Enhanced Living residents were educated on the Department of Human Services Regulations including 2600.227a-Support Plan is to be completed in 30 Days after the residents admission to the facility.

See attached action plan, staff education and audit tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024

231f - Assessed Annually

13. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Residents 7 and 8 reside in the Secure Dementia Care Unit (SDCU) of the home. However, the Resident's 7's assessment/support plan (RASP), dated (), and Resident 8's RASP, dated (), does not address the need for this level of care.

Plan of Correction

Accept () - 02/12/2024

Staff were unaware of the requirements through the Department of Human Services regulation 231f, stating residents require documentation of the need of a Secure Dementia Unit (SCDU) on their assessment/support plan.

All residents who reside in Messiah's Personal Care Memory Care unit had their assessments/support plans reviewed and updated stating, "Resident requires SCDU due to cognitive impairment from a dementia diagnosis" or similar statement depending on the resident's diagnosis and needs. This was completed by the Enhanced Living Administrator and Enhanced Living Social Workers on 1/31/2024

All Messiah Employees who are included in the admission process and the annual evaluation of the residents were educated on the Department of Human Services Regulations including 2600.231f-Secure Dementia Unit residents are required to have supporting documentation on their assessment/support plan stating the reason they require a SCDU.

See attached action plan, staff education, audit tracker and correction of current resident RASP.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented () - 02/20/2024

254a - Records Discharge/Active

14. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 1/24/24, the records for Residents 10 and 11 were unlocked, unattended, and accessible in the Laurel Main nurse's office.

On 01/24/24, there were various resident support plans that were unlocked, unattended and accessible in the Laurel Main staff break room.

Plan of Correction

Accept ([redacted] - 02/12/2024)

On 1/24/2024 it was found that one of the nurse's office doors were left open with resident information pertaining to their care needs, were left out and unattended.

Immediately upon finding the nurses office open, the door was shut and ensured that it was locked. The employee on the unit was verbally educated on the importance of ensuring resident information is not accessible for anyone and that the office door remained locked while unattended.

All direct care staff were educated on the Department of Human Services regulation 2600.254a stating, Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

See attached action plan, staff education and audit tracker.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([redacted] - 02/20/2024)