

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

January 8, 2025

[REDACTED]
MESSIAH HOME INC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2024, 11/06/2024 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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: Other Date: 07/12/1978 Issued By: Occupation and industry
Type: I-1 Date: 03/21/2019 Issued By: Upper Allen Twnshp
Type: Other Date: 11/06/2017 Issued By: Upper Allen Twnshp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 208 Waking Staff: 156

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 11/06/2024

Inspection Dates and Department Representative

11/05/2024 - On-Site: [Redacted]
11/06/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 190 Residents Served: 154
Secured Dementia Care Unit
In Home: Yes Area: Laurel Capacity: 76 Residents Served: 75
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 154
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 54 Have Physical Disability: 1

Inspections / Reviews

11/05/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2024

Inspections / Reviews *(continued)*

11/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/02/2024

12/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/06/2025

01/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2025

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

The bed of Resident [REDACTED] has 1/2 bed rails on both sides of the bed. The rails have openings that measure 11 inches by 15 inches, posing an entrapment risk.

Plan of Correction

Accept ([REDACTED] - 12/10/2024)

In the past year this resident moved into Messiah's Personal Care apartment from their Independent Living apartment. During this transition, the residents adamant to keep their personal bed. Attached to the residents bed was a bed rail they were using in their previous level of care.

The enabler bar was removed from the resident's bed on November 11, 2024 by the resident's family and reviewed by the Clinical Manager on November 12, 2024. The POA and the resident were educated on the safety and alternatives of an enabler bar on November 7, 2024 by The Clinical Manager. The resident was evaluated by their PCP and an order was given for an enabler bar to be used on November 19, 2024. Physical Therapy performed an evaluation on November 25, 2024 and ensured the resident was safe to use the enabler bar that was installed on November 25, 2024 by the resident's family with the review of the Clinical Manager. The new enabler bar was audited and approved by the Personal Care Home Administrator ensuring that it meets the requirements of the Department of Health's and the Department of Human Services regulations on November 26, 2024. The Social Worker for the resident updated their RASP to reflect the order from the PCP in regards to the use of the enabler bar on November 25, 2024.

An audit was conducted by the Personal Care Home Administrator of all of Messiah's Personal Care Home residents to determine if a resident had any bed rails or not in their room by November 20, 2024. The residents that were identified as having enabler bars, were audited again to ensure they had a proper physician evaluation by the physical therapist and their primary care physician. The bed rails were audited to ensure that they met the standards and regulations per the Department of Health. In addition, residents were educated on other options and the possible dangers of bed rails. No other concerns were found at this time.

During the next Resident's Council meeting on December 27, 2024, an education will be provided by the Personal Care Home Administrator on dangers of enabler bars, other equipment that can be used prior to having enabler bars, and the process that is required in order to use an enabler bar. A guideline was created and is being implemented moving forward to ensure all new residents are provided with the guidelines listed above by the Personal Care Administrator effective December 1, 2024. An audit by the Personal Care Home Administrator will be conducted quarterly, starting March 20, 2025, to ensure that all residents using enabler bars are safe and are following the guidelines put in place by Messiah and the Department of Health in conjunction with the Department of Human Services. In addition to this, direct care staff were educated by the Enhanced Living Educator on December 5, 2024 to notify the Clinical Managers of any new bed rails they see while providing care to ensure that residents are not using enabler bars without following proper guidelines.

Proposed Overall Completion Date: 12/27/2024

Licensee's Proposed Overall Completion Date: 12/27/2024

81b Resident Personal Equipment (continued)

Implemented () 01/08/2025)

121a Unobstructed Egress

2. 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 () at 9:32 AM, the second floor door leading from the Nittany neighborhood to the secured Laurel neighborhood is locked. The keypad is disabled and cannot be accessed by residents, visitors, or home staff.

Plan of Correction

Accept () - 12/10/2024)

To maintain resident safety, the decision was made to secure the doors so that they no longer could be used to pass through them to get from neighborhood to neighborhood. The doors were not able to be used as an exit unless in the case of an emergency. At the time of an emergency the lock system would disengage and the doors would open for egress.

Messiah has developed a plan to ensure that the neighborhood is secure and the door can be used as an exit/passage via a code. In order to execute this plan, the doors in concern will no longer be the end of the secure area. A new door will be reconfigured to be a secured door that can be used with a code to pass through.

On November 12, 2024 and November 21, 2024 two quotes were obtained from contracted vendors to relocate the security equipment to meet the requirements for the plan. This project will be completed by January of 2025 by Ronco Technology Solutions. Once this project is complete the doors in concern will no longer be locked.

A monthly audit will be done by the Personal Care Home Administrator of all secure doors to ensure they are functioning properly starting December 2, 2024 and will occur on the first Monday of each month. An Education was provided to all Enhanced Living employees on December 5, 2024 by the Enhanced Living Staff Educator. If a concern arises at any time, an emergent plan will be put in place to ensure the safety of the residents.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented () - 01/08/2025)

227d Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for Resident () dated (), does not indicate that the resident utilizes bedrails.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept [redacted] - 12/10/2024)

In the past year this resident moved into Messiah's Personal Care apartment from their Independent Living apartment. During this transition, the residents adamant to keep their personal bed. Attached to the residents bed was a bed rail they were using in their previous level of care.

The enabler bar was removed from the resident's bed on November 11, 2024 by the resident's family and reviewed by the Clinical Manager on November 12, 2024. The POA and the resident were educated on the safety and alternatives of an enabler bar on November 7, 2024 by The Clinical Manager. The resident was evaluated by their PCP and an order was given for an enabler bar to be used on November 19, 2024. Physical Therapy performed an evaluation on November 25, 2024 and ensured the resident was safe to use the enabler bar that was installed on November 25, 2024 by the resident's family with the review of the Clinical Manager. The new enabler bar was audited and approved by the Personal Care Home Administrator ensuring that it meets the requirements of the Department of Health's and the Department of Human Services regulations on November 26, 2024. The Social Worker for the resident updated their RASP to reflect the order from the PCP in regards to the use of the enabler bar on November 25, 2024.

An audit was conducted by the Personal Care Home Administrator of all of Messiah's Personal Care Home residents to determine if a resident had any bed rails or not in their room by November 20, 2024. The residents that were identified as having enabler bars, were audited again to ensure they had a proper physician evaluation by the physical therapist and their primary care physician. The bed rails were audited to ensure that they met the standards and regulations per the Department of Health. In addition, residents were educated on other options and the possible dangers of bed rails. No other concerns were found at this time.

During the next Resident's Council meeting on December 27, 2024, an education will be provided by the Personal Care Home Administrator on dangers of enabler bars, other equipment that can be used prior to having enabler bars, and the process that is required in order to use an enabler bar. A guideline was created and is being implemented moving forward to ensure all new residents are provided with the guidelines listed above by the Personal Care Administrator effective December 1, 2024. An audit by the Personal Care Home Administrator will be conducted quarterly, starting March 20, 2025, to ensure that all residents using enabler bars are safe and are following the guidelines put in place by Messiah and the Department of Health in conjunction with the Department of Human Services. In addition to this, direct care staff were educated by the Enhanced Living Educator on December 5, 2024 to notify the Clinical Managers of any new bed rails they see while providing care to ensure that residents are not using enabler bars without following proper guidelines.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/08/2025)

227e - Self Administer Medication

4. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

227e - Self Administer Medication (continued)

Description of Violation

Resident [redacted] current support plan, dated [redacted] states the resident is not able to self-administer medications.

However, physician orders, dated [redacted] state the resident is able to self-administer [redacted] [redacted] [redacted] and [redacted].

Plan of Correction

Accept [redacted] - 12/10/2024)

A resident was evaluated in September of 2024. A DME was completed stating the resident was not able to self-administer medications. An order was created by the resident's PCP later that month stating that the resident could self-administer two medications.

The resident was evaluated and it was determined by the resident's physician that the resident is safe to self-administer certain medications. The resident's DME was updated on 11/06/2024 by their PCP to reflect that the resident is able to self-administer some medications but not others. The medications that the resident is able to self-administer are indicated on the resident's DME and RASP. The residents RASP was updated on 11/07/2024 by the Social Worker.

The Clinical Managers approve all the orders that are sent by all of Messiah Lifeways' Personal Care Residents. The Clinical Managers have been educated to monitor all new orders and be aware when an order states "self-administers" on December 5, 2024 by the Personal Care Home Administrator. If this is indicated, the Clinical Managers will verify that the DME matches. If the DME does not match, the PCP will be contacted to see if the order was placed as an error indicating self-administration or not. If it has not been placed as an error, a new DME will be requested to be completed by the PCP to match the resident's orders. If this happens, the Clinicals Managers will then inform the Social Workers that an updated RASP is required as well. The Personal Care Administrator and Social Workers audited all of Messiah's Personal Care residents' DMEs and RASPs to ensure that no other errors were found in regards to medication administration on December 5, 2024. The Personal Care Administrator will conduct quarterly audits beginning January of 2025 of all resident's DMEs and RASPs to ensure the medication administration requirements are correct.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/08/2025)

231e - No Objection Statement

5. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident has not objected to the admission.

Plan of Correction

Accept [redacted] - 12/10/2024)

In July of 2024 a resident moved internally in Messiah Lifeways Personal Care Unit from a non-secure neighborhood to a secure Dementia Unit. The resident was unable to sign all the documents and became confused and agitated

231e - No Objection Statement (continued)

with the task. The resident's POA signed all documents moving forward without the resident.

The resident is unable to sign due to the current stage of their dementia diagnosis. The document was already signed by the POA. The documentation was updated with verbiage stating, "resident unable to sign due to cognitive impairment" by the Social worker on November 6, 2024.

Staff were educated on making multiple attempts with dementia residents to obtain a signature by the Personal Care Home Administrator on December 5, 2024. If a resident is unable to sign, this is to be documented in place of the signature. In addition to this the Personal Care Home Administrator did an audit on all SCDU Contracts to ensure they were all signed on November 11, 2024. No other concerns were found. The Social Worker will audit the contract within 24 hours of the residents admission to ensure that all signatures are met/attempted. The Personal Care Home Administrator will do monthly audits to ensure this requirement is continued to be met.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [REDACTED] - 01/08/2025)