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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395445 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Messiah Lifeways at Messiah Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 Mount Allen Drive Mechanicsburg, PA 17055 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for two of 25 residents reviewed (Residents 2 and 3). Findings Include: Review of Resident 2's clinical record revealed diagnoses that included chronic kidney disease (CKD - a condition where the kidneys gradually lose their ability to filter waste products from the blood) and anxiety disorder (excessive fear and worry that are difficult to control and interfere with daily life). Review of Resident 2's Quarterly MDS (Minimum Data Set is part of federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes) dated June 5, 2025, revealed that Section J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (C. Number of falls since admission or Prior assessment - Major injury) was marked one, indicating Resident 2 had a fall with major injury during the look back period. Review of Resident 2's clinical record revealed they had a fall on May 31, 2025, that resulted with no injuries, and a fall on May 12, 2025, that resulted with a minor injury. Review of Resident 3's clinical record revealed diagnoses that included CKD and anxiety disorder. Review of Resident 3's Quarterly MDS dated [DATE], revealed section N0415. High-risk drug classes: use and indication (C. Antidepressant) is marked Yes, indicating Resident 3 was administered an antidepressant medication during the look back period. Review of Resident 3's current physician orders revealed Resident 3 was not currently receiving any antidepressant medications. Further review of Resident 3's discontinued medications revealed that Resident 3 was prescribed Sertraline 50 milligrams by mouth daily for major depressive disorder, however, that was discontinued on May 3, 2023. During an interview with the Nursing Home Administrator on August 28, 2025, at approximately 1:00 PM, it was revealed that Resident 2's fall MDS was marked in error, and was corrected, as well as Resident 3's antidepressant MDS was marked in error and was corrected; and that she would have expected them to have been completed accurately. 28 Pa. Code 211.5(f) Clinical records. 28 Pa Code 211.12 (d)(3)(5) Nursing Services.</p> | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 395445 |
| | | If continuation sheet Page 1 of 2 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review, staff interviews, and review of glucometer manufacturer's guidelines, it was determined that the facility failed to provide a safe and sanitary environment that supports infection prevention and control regarding use of glucose meter (a medical device for determining the approximate concentration of glucose in the blood) disinfection for one of five nursing units. Findings include: A review of the facility policy, titled Obtaining Blood Glucose Level and Disinfecting Glucometer, last reviewed January 28, 2025, stated, use of one of the following manufacturer-approved EPA (Environmental Protection Agency)-registered disinfectant wipes or a 70% isopropyl alcohol swab to wipe down the entire surface of the glucometer. A review of the manufacturer's guidelines for the facility's brand of glucometer stated, Cleaning can be accomplished by wiping the meter down with soap and water or isopropyl alcohol but will not disinfect a meter. The manufacturer's guidelines referenced Centers for Disease Control as their resource for blood glucose monitoring safety. During an interview with Employee 1 (Registered Nurse) the Employee was asked to review her process after using the glucometer on a resident. Employee 1 stated the following, after leaving the residents room and while walking down the hall, I wipe the glucometer down with alcohol wipes. Employee 1 showed the glucometer storage bag filled with alcohol wipes. Employee 1 was asked what she does after cleaning the glucometer with alcohol wipes. Employee 1 responded, I place the glucometer back in the storage bag and in the medication cart. Employee 1 was questioned about the requirement to use a disinfectant, and she stated out loud looking at other staff, we aren't allowed to use just alcohol wipes to clean the glucometer. During an interview with the Nursing Home Administrator on August 27, 2025, at 1:45 PM, she was asked if she expected staff to disinfect the glucometer and she replied, I expect staff to follow the policy. The NHA was asked if she expects staff to follow CDC (Centers for Disease Control) guidelines for disinfection and she replied yes. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p> | | |