

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395445	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/12/2025
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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055
STATE LICENSE NUMBER: 910802	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on August 12, 2025, at Messiah Lifeways at Messiah Village, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



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MESSIAH LIFEWAYS AT MESSIAH VILLAGE

STATE LICENSE NUMBER: 910802

SURVEY EXIT DATE: 08/12/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 910802				
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #910802</p> <p>Component 01</p> <p>Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on August 12, 2025, at Messiah Lifeways at Messiah Village, it was determined there were no deficiencies identified under the requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type II (000), unprotected noncombustible structure, which is fully sprinklered.</p>	K 0000		

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TITLE:

(X6) DATE:

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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055
STATE LICENSE NUMBER: 910802	

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #910802</p> <p>Component 02</p> <p>Chapel Addition</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on August 12, 2025, at Messiah Lifeways at Messiah Village, it was determined there were no deficiencies identified under the requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a two-story, Type II (111), protected noncombustible structure, with a basement, which is fully sprinklered.</p>	K 0000		

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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 910802				
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K 0000	INITIAL COMMENT Facility ID #910802 Component 03 Enhanced Living Building Based on a Medicare/Medicaid Recertification Survey completed on August 12, 2025, it was determined that Messiah Lifeways at Messiah Village was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a three-story, Type II (111), protected noncombustible structure, which is fully sprinklered.	K 0000		
K 0353 SS=E		K 0353		

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TITLE:

(X6) DATE:

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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE STATE LICENSE NUMBER: 910802		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055		
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K 0353 SS=E	Continued from page 1 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	1) What systematic changes will be put into place to ensure that the deficiency does not recur, and how the corrective action(s) will be monitored; On 8/13/25, the Life Safety Manager contacted COR Construction (outside vendor) to schedule a walkthrough of required work to remove all extraneous weight on the automatic sprinkler system at the following locations: (a) 2nd floor Engle, above ceiling, by Resident Room 200, and (b) 3rd floor Greenwood, above ceiling, by elevator back of house. COR Construction will begin this work the week of September 1, 2025, with monitoring check-ins completed by the Life Safety Manager. 2) What quality assurance program will be put into place, and the dates when corrective action will be completed? COR Construction will inspect all sprinkler lines annually to ensure no extraneous weight affects the automatic sprinkler system in the Greenwood and Engle neighborhoods. Deficiencies will be	Completion Date: 09/30/2025 Status: APPROVED Date: 09/02/2025

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NAME OF PROVIDER OR SUPPLIER: MESSIAH LIFEWAYS AT MESSIAH VILLAGE STATE LICENSE NUMBER: 910802		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 MOUNT ALLEN DRIVE MECHANICSBURG, PA 17055		
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K 0353 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system to be free of extraneous weight, affecting two of three smoke compartments within the component. Findings include: 1. Observation on August 12, 2025, between 12:45 PM and 1:00 PM, revealed items were being supported by the sprinkler piping system, at the following locations: a. 12:45 PM, 2nd floor Engle, above ceiling, by Resident Room 200, multiple wires and flex conduit; b. 1:00 PM, 3rd floor Greenwood, above ceiling, by elevator back of house, multiple wires tied to sprinkler bracket. Interview at the time of the exit conference with the Administrator, Vice President of Facilities, Life Safety Manager and Facilities Manager on August 12, 2025, at 2:00 PM, confirmed various items supported by sprinkler system.	K 0353	identified and remedied at time of inspection. Results of the inspection and any identified deficiencies will be reported through the QAPI program. 3) Date of compliance: 9/30/25	



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