

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MECHANICSBURG SENIOR CARE LLC  
LEGAL ENTITY

To operate VIBRA SENIOR LIVING  
NAME OF FACILITY OR AGENCY

Located at 707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 46  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 10

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 17, 2014 until July 17, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331090

Robert E. Robinson  
ISSUING OFFICER

  
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 18 2014

Ms. Michael Beaver, President  
Mechanicsburg Senior Care, LLC  
4550 Lena Drive, Suite 225  
Mechanicsburg, Pennsylvania 17055

RE: Vibra Senior Living  
707 Shephardstown Road  
Mechanicsburg, Pennsylvania 17055  
License #: 331090

Dear Mr. Beaver:

As a result of the Department of Public Welfare's licensing inspection on March 3, 2014 and May 28, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: VIBRA SENIOR LIVING		License Number: 331091
Address: 707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055		County: Cumberland
Administrator: Charlene Cuddy		Region: CENTRAL
Legal Entity Name: MECHANICSBURG SENIOR CARE LLC		
Legal Entity Address: 4550 LENA DRIVE SUITE 225, MECHANICSBURG, PA 17055		
Certificate(s) of Occupancy I-2 12/12/2013 Upper Allen Township		
Staffing Hours Resident Support: NM                      Total Daily Staff: 12                      Waking Staff: 9		
Type of Inspection: Interim - Provisional                      BHA Docket Number: NA                      Notice: Unannounced		
Reason(s) for inspection(s) Provisional, Interim		
On-Site Inspections Dates and Department Representatives On-Site 03/03/2014: Riel, Becky; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>APR 09 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: NA                      Random Indicators: NA		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 46 Number of Residents Served: 11 Secured Dementia Care Unit in Home: Yes Area: NA Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 1 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

- Staff Person A, whose first day of work was 1/6/2014, did not receive orientation in general fire safety and emergency preparedness until 1/8/2014.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- To ensure all staff employed in the facility are trained to handle emergency situations.
- Staff person A - did not receive orientation in general fire safety & emergency preparedness prior to or during the first work day.
- Staff person A is no longer employed in facility.
- all Managers will be invoiced on Reg. 2600.65(A)
- Internal audit of employee training will be completed to maintain compliance.
- administrator/Resignee will be responsible for audit to be completed by 4-4-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*DiAnne Anderson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

DiAnne Anderson

Date 3-28-14

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

4.15.14  
 (Date)

Plan of correction implementation status as of 4.15.14  
 (Date)

The above plan of correction was approved by

*DA*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

- Ancillary Staff Person B, hired on 12/19/2013, has not received orientation in emergency medical plan or reporting of reportable incidents and conditions.
- Ancillary Staff Person C, hired on 12/3/2013, has not received orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or reporting of reportable incidents and conditions.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*- Impact of all staff employed to protect residents' rights & resident safety.*  
*- Ancillary staff person B & C did not receive orientation per regulation 65(B).*  
*- All new hires will be reported to administrator designed to ensure training is completed in all at all time.*  
*- Ancillary staff person B & C will receive orientation in deficient areas as cited.*  
*- Manager will be involved on Reg 2600.65(B)*  
*- adm. manager will be responsible for orientation & training will be completed 4-4-14*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Diane Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANE ANDERSON*      Date *3-28-14*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4.15.14 (Date)  
 The above plan of correction was approved by *DA* (initials)

Plan of correction implementation status as of 4.15.14 (Date)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**

On 3/3/2014, at approximately 2:45pm, the temperature of the metal frame above the gas fireplace in the personal care lounge was 170.9 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the frame of the fireplace.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Minimizes the risk of burns if anyone should come into contact with the frame of the fireplace.
- Temperature exceeded 120° F.
- Protective frame was installed in front of fireplace. Frame was permanently secured.
- Maintenance Director will be responsible for ensuring frame maintains safe temp.
- Weekly Checks will be completed weekly x 4 weeks, Last date 4-21-14.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Diane Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANE ANDERSON*      Date *3-28-14*

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The above plan of correction was approved by <u><i>DA</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**  
 The telephones located in the Personal Care dining room, the multi-purpose room and The Gardens dining room do not have emergency service numbers posted nearby.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In the event of an emergency staff, residents & visitors will be able to reach assistance immediately.  
 Telephones located in the D.C. dining room, multi-purpose room & secured dementia unit did not have emergency numbers posted.  
 - Emergency numbers were posted as cited.  
 - All staff will be instructed on Reg. 2600.91  
 - Administrator/Manager will have all phones checked for postings of emergency numbers.  
 - Audit completed by 4-4-14  
 Attached attached by [signature]

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Diane Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DIANE ANDERSON** Date **3-28-14**

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>[signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The porches at the ends of the 500 and 600 hallways in the personal care home has an approximately 2 inch step down onto the pathway. There are no handrails at either location to aide a person off the porch onto the path.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Handrails prevents falls & provide for safe evacuation during an emergency.
- No Handrails off the porches of # 500 & # 600 hallway.
- Reisman Construction was contacted & proposal completed on 3-26-14, to install handrails.
- Project to be completed by 4-30-14, foregoing any inclement weather.
- Maintenance Director will be responsible for overseeing project.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Diane Anderson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Diane Anderson

Date 3-28-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4.15.14  
 (Date)

Plan of correction implementation status as of

5/28/14  
 (Date)

The above plan of correction was approved by

*DA*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.130(b) - The smoke detectors specified in § 2600.130(a) shall be located in hallways.

2a. DESCRIPTION OF VIOLATION  
 There are no smoke detectors in the hallways of Personal Care or the Secure Dementia Care Unit (i.e. The Gardens).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Smoke detectors in hallway alert residents of smoke or fire before the smoke or fire enters the room, allowing the resident time to wake and react.
- There are no smoke detectors in the hallway of P.C. or the Secure Dementia Unit.
- Smoke detectors will be installed in the hallway of P.C. and S.D.U.
- C.V. Electric was notified and will complete project. Project to be completed by 4-25-14.
- Maintenance Director will be responsible for overseeing project.
- Design oversight.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Aline Anderson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

DIANE ANDERSON

Date 3-28-14

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4-15-14  
 (Date)

Plan of correction implementation status as of

5-28-14  
 (Date)

The above plan of correction was approved by

*DA*  
 (Initials)

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Violation Report: 33109 - 03/03/2014 - Riel, Becky  
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 An Advair Diskus 500-50 belonging to Resident #1 does not have a date it was opened. The resident was admitted to the home on 2/18/2014 with the open/used medication. The manufacturer's statement for the medication states that it is to be discarded after 30 days. The home does not know when the medication was opened to ensure it is discarded after 30 days.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Ensures meds are stored in a manner that prevents damage or loss & follows manufacturer's instructions.
- Resident #1 was admitted to facility with the opened medication not having date as to when med. was opened.
- Medication was brought in from home.
- Meds that must be dated per pharmacy or manuf. recommendations will be dated accordingly as instructed.
- Licensed nurse/ [redacted] will complete weekly med cart checks to ensure we are following manuf. instructions.
- administrator / Licensed nurse will be responsible for ongoing compliance.
- Audits will be completed weekly x 2 months April & May - 2014

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Diane Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANE ANDERSON*      Date *3-28-14*

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 (Date)

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 (Initials)

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