



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 16, 2014

Mr. 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
331090

Dear Mr. Beaver:

As a result of the Department of Human Services' licensing inspection on December 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 33109 - 12/02/2014 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On or shortly before 11/3/14, a wash cloth that belonged to resident #1, that was soiled with feces, was thrown by a direct care staff member into the resident's laundry basket. The laundry basket contained other clothes that were not soiled by feces.

On or shortly before 11/3/14, there was a sponge soiled by feces, hanging in the shower used by resident #1. The sponge had not been cleaned after use.

Both incidents were confirmed by staff member A.

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.

*See attachments page 2A
 JE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Charlene Cuddy, PC Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charlene Cuddy, PC Administrator* Date *12/12/14*

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

The above plan of correction is approved as of 12/12/14
 (Date)

The above plan of correction was approved by *CC*
 (Initials)

Plan of correction implementation status as of 12/12/14
 (Date)

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

Plan of Correction

This regulation was violated in that soiled items (with feces) on 2 occasions were not disposed of properly in a residents bathroom. The items were found by a family member and reported to a staff person and was immediately corrected.

The regulation was violated due to staff error, the staff person identified forgot to return to the res. bathroom to clean up.

Subsequent to the DPW visit on 12/2/14, random checks were made by the administrator/designee to investigate for further violations of this nature.

Education of the staff for compliance of this violation includes basic training in infection control procedures, especially as it relates to proper disposal of soiled towels, linens & clothing.

Staff on all shifts have begun using a "Room Check" audit tool for targeting those items beginning 12/11/14. This audit will continue for 4 weeks.

Additionally, the administrator/designee will perform "spot" audits at various times of the day to monitor compliance. These will be performed weekly for 4 weeks beginning with week of 12/15/14 through week of 01/05/15 to monitor compliance. Results will be reviewed on-going for further issues with final review no later than 01/09/15.