



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

Mr. Michael K. 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 Human Services' licensing inspection on March 16, 2015, March 17, 2015, March 18, 2015 and May 1, 2015 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.

Your regular license for the period July 17, 2015 to July 17, 2016 was issued on April 29, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *SM*

Enclosure
License Inspection Summary

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The medication administration records (MARs) were sitting on top of the medication cart in the hallway next to the nurse's station at 4:17 pm on 3/16/15. The MARs were not secured and were accessible to residents and visitors in the hallway. The MARs contained resident names and information regarding the residents including prescribed medications, allergies, physician names and medical diagnoses.

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.

2600.17

- Resident records will be confidential, and, except in emergencies, may not be accessible to any other Resident, Residents designated person and staff persons for the purpose of providing services to the resident.
- Administrator/Designee will be responsible to ensure confidentiality of MAR's.
- Effective immediately, staff are aware of confidentiality of MAR's.
- Medication carts and MAR's will be locked when not in use.
- Medication carts and MAR's will be placed in locked med room after each med pass.
- All staff will be in serviced for reg.2600.17 by 4/17/2015.

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 *4/3/15*

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

The above plan of correction is approved as of *4/2/15*
 (Date)

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

Plan of correction implementation status as of *5/1/15*
 (Date)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The criminal history background check for Direct Care Staff member A, hired on 12/18/13 was not completed until 2/14/14.

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.

2600.51

- Criminal background checks will be obtained on all newly hired employees within 30 days pending receipt of Pennsylvania State Police check and for 90 days pending receipt of an FBI check.
- Administrator/designee will be responsible to maintain compliance.
- All newly hired employees will have criminal background checks completed and reviewed within specified time frames.
- Review of required documents for all new hires is completed with use of a new employee checklist which includes review of the criminal background check.
- Administrator/designee will be inserviced on Reg. 2600.51; to be completed by 4/17/15.

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 *4/13/15*

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

The above plan of correction is approved as of 4/7/15
 (Date)

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

Plan of correction implementation status as of 5/1/15
 (Date)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas

PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 12/30/14, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. The documentation provided was a copy of a high school diploma from the Phillipines that was dated 4/11/96.

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.

2600.54(a)

- Direct care staff persons shall have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. Staff person B has been removed from the direct care schedule.
- Administrator/designee will be responsible to maintain compliance.
- Waiver was submitted to department on 4/1/15. Please see attached documents regarding employees credentials for staff person B.
- All newly hired employees will be required to have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.
- Administrator/designee will be inserviced on Reg. 2600.54(a); to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/13/15*

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4/13/15
(Date)

Plan of correction implementation status as of

4/13/15
(Date)

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

The above plan of correction was approved by

CB
(Initials)

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas

PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION

The home's contact list, dated July of 2014, has phone numbers and addresses for 15 staff. The current contact list identifies 30 staff persons but does not have the required addresses.

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.

2600.62

- The administrator will have a current list of names, addresses and telephone numbers of all staff persons including substitute personnel and volunteers.
- Administrator/ Designee will be responsible to maintain list of staff persons.
- Updated list will be completed by 4/10/2015.
- Staff records will be reviewed for pertinent information by 4/10/2015.
- Employee contact list will be updated with each new hire by adding "Update Employee Contact List" to new hire record checklist for each employee.
- Staff will be in serviced on regulation 2600.62; to be completed by 4/15/2015.

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 *4/3/15*

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(Date)

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(Initials)

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(Date)

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Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

There were no staff present in the home that are certified in CPR, first aid and obstructed airway techniques on 2/28/15, 3/1/15 and 3/3/15 from 11:00 pm to 7:00 am.

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.

2600.63(a)

- 1 staff person per 50 residents will be trained in first aide and certified in obstructed airway techniques and CPR will be present in the facility at all times.
- Administrator/designee will be responsible to maintain compliance.
- Classes were scheduled for 4/1/15 and include staff persons covering 11-7 shift.
- All CPR/First Aide cards will be audited for compliance.
- Audits will be reviewed by 4/10/15
- Administrator/licensed nurses/direct care staff will be inserviced on Reg. 2600.63a; to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/3/15*

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4/2/15
 (Date)

Plan of correction implementation status as of

5/1/15
 (Date)

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 (Initials)

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 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 telephone in room #600 does not have the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and the personal care home complaint hotline posted on or by the phone.

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.

2600.91

- All telephone numbers for nearest hospital, police department, ambulance, poison control, local emergency management and the PCH Hotline will be posted on or by each telephone with an outside line.
- Administrator/designee will be responsible to maintain compliance.
- All telephones will be checked by 4/10/15.
- Administrator/designee will check all phones and complete an audit by 4/10/15.
- Audits will be reviewed in monthly QA meetings x3mos.; April, May, and June 2015.
- Administrator/licensed nurse/direct care staff will be inserviced on Reg. 2600.91; to be completed by 4/15/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/3/15*

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 (Date)

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5/1/15
 (Date)

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CC
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa. Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 A metal container/tray of mixed vegetables was stored uncovered on a back shelf of the walk in cooler located in the kitchen, directly under the cooler fans.

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.

2600.103(c)

- Food will be protected from contamination by covering or sealing container/ tray.
- Dietary Manager/ Designee will be responsible to maintain compliance.
- Food was removed from under cooler fans on 3/18/2015.
- Cooks have been educated that foods shall be protected from contamination by covering/ sealing containers or trays.
- Daily audit by Dietary Manager/Designee will be completed to ensure foods will be protected from contamination while be stored, prepared, transported and served. Will be reviewed monthly by QA for 3 months; April, May and June 2015.
- Dietary staff will be in serviced on Reg. 2600.103c by 4/10/2015.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melanie Curcio PC Administrator* Date *4/3/15*

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

The above plan of correction is approved as of <u>4/7/15</u> (Date)	Plan of correction implementation status as of <u>5/1/15</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was a bag of chicken breast strips opened at the top on a shelf in the walk-in freezer.

There was a box of "Ritz Garlic Butter" crackers that was open and unsealed in a top cabinet in the multi-purpose room kitchenette.

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.

2600.103(g)

- Food will be stored in closed, sealed containers.
- Dietary Manager/Designee will be responsible to maintain compliance.
- All food was properly stored and sealed on 3/18/15.
- Dietary staff will be educated that food shall be stored in closed or sealed containers by 4/10/2015.
- Daily audits by Dietary Manager/Designee will be completed to ensure that foods will be stored in closed/sealed containers. Audits will be completed daily X3 mos; April, May and June 2015.
- Dietary staff will be in serviced on Reg. 2600.103g. by 4/10/2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 4/13/15

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The above plan of correction is approved as of

4/7/15
 (Date)

Plan of correction implementation status as of

5/1/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

There was not a current rabies vaccination for "Missy", a cat that resides with resident #1. The rabies certificate expired in December of 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.

2600.109b

- Resident #1's cat, "Missy", will have a current rabies vaccination.
- Administrator/designee will be responsible for compliance.
- Rabies vaccination for this cat was completed on 3/24/15.
- Administrator/designee contacted family to schedule pet for rabies vaccination.
- Current certificate of rabies vaccination will be kept on file for every pet residing in the home.
- Administrator/licensed nurse/direct care staff will be inserviced on Reg. 2600.109b; to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/3/15*

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The above plan of correction is approved as of

4/7/15
 (Date)

Plan of correction implementation status as of

5/1/15
 (Date)

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

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CC
 (Initials)

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The outside courtyard of the secure dementia care unit has a gate that is locked with a padlock on the outer side of the gate. Although the gate does appear to be an exit, there is no means of egress from the courtyard.

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.

2600.121(a)

- Outside courtyard of the secure dementia care unit will have a gate that will be a means of egress.
- The Hollinger Group has contracted TKS Architects to evaluate outside courtyard.
- [REDACTED] from TKS Architects is in the planning phase of addressing violation. [REDACTED] visited the facility on 4/2/15. Recommendations will then be submitted to the department for their review and approval.
- TKS will contact appropriate subcontractors such as electrician and building contractor to address violation and maintain compliance.
- Upon completion, appropriate training from TKS will be mandated to all staff.

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 *4/3/15*

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The above plan of correction is approved as of <u>4/2/15</u> (Date)	Plan of correction implementation status as of <u>5/1/15</u> (Date)
The above plan of correction was approved by <u><i>CC</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 - 03/18/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa. Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The designated evacuation time from the fire safety expert by letter dated 12/18/14 is 6 minutes and 40 seconds. The following fire drills exceeded the evacuation time as specified in the fire safety letter:

- 6/18/14 at 11:30 pm - 7 minutes and 40 seconds;
- 7/10/14 at 8:00 am - 14 minutes and 25 seconds;
- 8/8/14 at 3:20 pm - 8 minutes;
- 12/23/14 at 12:13 am - 10 minutes;
- 2/13/15 at 6:30 pm - 10 minutes.

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.

2600.132(d)

- All residents will evacuate to fire safe areas designated in writing within the past year by a fire safety expert.
- Administrator/designee will be responsible to maintain compliance.
- Fire drills will be conducted on each shift and demonstrate compliance within specified evacuation times.
- Fire drills will be conducted on each shift, monthly x6mos.; March, April, May, June, July and August.
- Fire drill compliance will be reviewed in monthly QA x6mos.; March, April, May, June, July and August.
- All staff will be inserviced on Reg. 2600.132(d). Fire safety expert has been contacted and awaiting training date.
- PLEASE NOTE: Enclosed you will find PA Fire Safety Training and Consulting, LLC letter of inspection dated 12/18/14. Evacuation time is 6 minutes and 46 seconds.

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) <i>Charlene Cuddy PC Administrator</i>	Date <i>4/3/15</i>
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The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 During the fire drills on 5/29/14 and 8/8/14 all residents did not evacuate to a fire safe area. On 5/29/14, one resident refused to participate in the fire drill and on 8/8/14, only 6 out of 22 residents evacuated during the fire drill.

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.

2600.132(h)

- All residents will evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.
- Administrator/designee will be responsible to maintain compliance
- When conducting monthly fire drills, all residents will evacuate their rooms and proceed to designated meeting place or fire safe area.
- All residents will be inserviced on proper evacuation and importance of responding to fire drills. Training will be conducted at resident council on April 27, 2015.
- Fire drill records will also be reviewed at monthly QA meetings x6mos.; April, May, June, July and August.
- All staff will be inserviced on Reg. 2600.132(h); to be completed by 4/17/15.

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

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 *4/3/16*

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The above plan of correction is approved as of *4/7/15*
 (Date)

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

Plan of correction Implementation status as of *5/1/15*
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation/examination for Resident #2 who was admitted to the home on 2/17/14 was done on 11/8/13 which is more than 60 days prior to admission.

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.

2600.141(a)(1)

- All residents admitted to facility will have a medical evaluation completed by a Physician, Physician's Assistant or Certified Registered Nurse Practitioner documented on the form specified by the Department within 60 days prior to admission or within 30 days after admission.
- Administrator/designee will be responsible to maintain compliance.
- All new admission will have a medical evaluation within the specified time frames.
- Completion of medical evaluations will be audited on every new admission. Resident medical evaluations will be audited x3mos; April, May and June.
- Compliance will be audited on-going with use of a "Resident Admission Checklist" for each new admission to the home.
- Administrator/licensed nurse will be inserviced on Reg. 2600.141(a)(1); to be completed by 4/17/15.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Charlene Cuddy PC Administrator</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Charlene Cuddy PC Administrator</i>			<i>4/13/15</i>
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The above plan of correction is approved as of		Plan of correction implementation status as of	
<i>4/7/15</i> (Date)		<i>5/1/15</i> (Date)	
The above plan of correction was approved by		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<i>CC</i> (Initials)			

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas

PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4 left the home on 2/28/15 for rehabilitation services and was removed from the home's census. On 3/17/15, *Levemir* and *Novolog* insulin along with *Nystatin* powder prescribed for Resident #4 were still present in the home.

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.

2600.183(d)

- Only current prescriptions, OTC, sample and CAM medications for residents living in the home may be kept in the home.
- Administrator/licensed nurse/med-techs will be responsible for compliance.
- Medications for resident #4 were immediately removed from the med cart.
- Medications for discharged residents will be immediately removed from the med cart on the day of discharge.
- Compliance with this regulation will be maintained by weekly audits of the medication carts X3mos; April, May, and June.
- Licensed nurses/med-techs will be inserviced on Reg. 2600.183(d); to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/13/15*

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

The above plan of correction is approved as of

4/7/15
(Date)

Plan of correction implementation status as of

5/1/15
(Date)

The above plan of correction was approved by

CB
(Initials)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 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

Levemir "Flextouch" insulin pen for resident #5 was opened with no documentation of the date opened or the expiration date. The age of the insulin could not be determined.

Metformin HCL, 500 mg. was packaged for resident #3 as 2 tablets for 1 dose to be given once daily in a blister pack. The order was changed to 1 tablet daily on 3/12/15. The home retained the original packaging for the medication and removed 1 tablet while taping the remaining tablet in the blister pack for future medication administration.

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.

2600.183(e)

- Prescription medications, OTC's, and CAM's will be stored in an organized manner under proper conditions of sanitation, temperature and light and in accordance with the manufacturer's instructions.
- Administrator/licensed nurse/med-tech will be responsible to maintain compliance.
- The Levimir insulin pen for resident #5 and the Metformin blister pack for resident #3 were immediately removed from the med cart.
- Medications will be dated when opened as indicated by label requirements. Medications that need to be divided due to dose changes will be returned to the pharmacy and correct doses will be ordered.
- Compliance with this regulation will be maintained by weekly audits of the medication carts x3mos; April, May, and June.
- Licensed nurses/med-tech's will be inserviced on Reg. 2600.183(e); to be completed by 4/17/15.

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 *4/13/15*

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

The above plan of correction is approved as of <u>4/17/15</u> (Date)	Plan of correction implementation status as of <u>5/1/15</u> (Date)
The above plan of correction was approved by <u><i>CC</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/16/15, the order for *Hydrocodone-Acetaminophren 5mg - 325 mg.* was changed to "prn" administration for resident #6. On 3/14/15, the home documents that the medication is not present for administration to the resident but does not reorder the medication. The home did not implement procedures for timely medication orders and distribution.

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.

2600.185(a)

- Procedures for re-ordering medications will be implemented on a designated day once weekly.
- Effective immediately, licensed nurses/med-techs will complete weekly review for re-ordering of medications.
- A policy and procedure for re-orders will be implemented to ensure compliance with regulation.
- All medications will be reviewed weekly and as needed to ensure that all medications are available to residents.
- Re-ordering of medications will be reviewed in monthly QA x3mos; April, May and June.
- Licensed nurses/med-techs will be inserviced on Reg. 2600.185a; to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/3/15*

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

The above plan of correction is approved as of

4/7/15
 (Date)

Plan of correction implementation status as of

5/1/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Direct care staff member B administered *Levothyroxine, 25 mcg* tablet at 6:00 am on 3/2/15, 3/4/15, 3/5/15, 3/6/15, 3/9/15, 3/10/15, 3/12/15, 3/13/15 and 3/14/15 for resident #7. The medication administration record had the initials but not the name of direct care staff member B nor was there a master key showing the staff person's initials and his or her full name.

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.

2600.187(a)

- The master key sheet will be placed on the MAR to identify the names of staff persons whose initials are on the MAR.
- Administrator/licensed nurses/med-techs will be responsible to maintain compliance.
- Staff person "B" was informed and has signed the Master Key Signature Sheet for March 2015.
- Compliance will be maintained with use of weekly audits of the Master Key Signature Sheet x3mos.; April, May and June.
- Administrator/licensed nurses/med-techs will be inserviced on Reg. 2600.187(a); to be completed by 4/17/15.

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 *4/3/15*

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

The above plan of correction is approved as of <u><i>4/17/15</i></u> (Date)	Plan of correction implementation status as of <u><i>5/1/15</i></u> (Date)
The above plan of correction was approved by <u><i>CB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/17/15, *Lyrca, 50 mg.* was administered to resident #8 at 8:00 am. This was not documented in the medication administration record.

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.

2600.187(b)

- Documentation of administration of medication will be recorded at the time the medication is administered by the responsible staff person on the MAR and/or narcotic count sheet as necessary.
- Administrator/licensed nurses/med-techs will be responsible to maintain compliance.
- Staff person "C" immediately corrected this violation.
- Each licensed nurse/med-tech is required to "double check" the MAR's for all required documentation after each med pass and will sign off on a "MAR Review for Documentation" sheet. This documentation will be completed x3mos; April, May and June.
- Audits will be reviewed in monthly QA meetings x3mos; April, May and June.
- Licensed nurses/med-techs will be inserviced on Reg. 187(b); to be completed by 4/17/15.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Charlene Cuddy PC Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Charlene Cuddy PC Administrator</i>	Date	<i>4/3/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4/7/15*
(Date)

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

Plan of correction implementation status as of *4/1/15*
(Date)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/6/15, resident #6 refused "DeepSea Ocean Spray" for nostrils. The refusal was not reported to the prescriber and direct care staff member C stated that refusals are not reported to the prescriber unless the resident refuses the medication 3 times in a row.

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.

2600.187(c)

- Medication refusals will be reported to the prescriber within 24 hrs. unless otherwise instructed by the prescriber. Refusals will also be documented on the MAR and in the resident's record at the time of the occurrence.
- Administrator/licensed nurses/med-tech's will be responsible to maintain compliance.
- Administrator/licensed nurses/med-tech's will be re-educated on this regulation by 04/17/15.
- Compliance will be monitored and maintained by weekly audits of the MAR's for refusals X3mos; April, May, and June.
- Licensed nurses/med-techs's will be inserviced on Reg. 2600.187(c); to be completed by 4/17/15.

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 *4/3/15*

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

The above plan of correction is approved as of *4/7/15*
 (Date)

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

Plan of correction implementation status as of *5/1/15*
 (Date)

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

Violation Report: 33109 - 03/16/2016 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 did not receive *Hydrocodone-Acetaminophren 5mg - 325 mg.* from 2:00 pm on 3/14/15 to 6:00 am on 3/16/15 because the medication was not present in the home.

Resident #7 did not receive *Tagamet* on 2/2/15 because the medication was not present in the home.

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.

2600.187d

- The home will follow the directions of the prescriber by ensuring that all medications are present in the home.
- Administrator/licensed nurse/med-tech will be responsible for ordering medications from pharmacy.
- Staff were immediately made aware of proper ordering of medications.
- All medications will be reviewed weekly and as needed for re-ordering to ensure that all medications are available to residents.
- Medication re-ordering will be reviewed in monthly QA x3mos.; April, May and June.
- Licensed nurses/med-techs will be inserviced on Reg. 2600.187d; to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *4/13/15*

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

The above plan of correction is approved as of

4/17/15
 (Date)

Plan of correction implementation status as of

5/1/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas

PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #6 did not sign the support plan, dated 2/3/15, nor was there a notation of inability or refusal to sign.

Resident #7 did not sign the support plan, dated 10/31/15, nor was there a notation of inability or refusal to sign.

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.

2600.227(g)

- Individuals who participate in the development of the support plan will sign and date the support plan. In the event of inability or refusal to sign, the reason must be indicated in the signature box.
- Administrator/designee will ensure that all care plans are signed with all subsequent care plans as they are completed.
- Beginning immediately, each resident support plan will be checked for signatures before being placed in the "Care Plan" binder for staff review.
- All resident support plans will be audited for compliance by 4/17/15.
- Administrator/licensed nurse will be inserviced for Reg. 227g; to be completed by 4/17/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Charlene Caddy PC Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Charlene Caddy PC Administrator

Date *4/3/15*

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

The above plan of correction is approved as of

4/7/15
(Date)

Plan of correction implementation status as of

5/1/15
(Date)

The above plan of correction was approved by

CB
(Initials)

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

Violation Report: 33109 - 03/16/2015 - Hoover, Douglas
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, dated 10/1/14, for resident #7 does not document the need for a secure dementia care unit. The resident was admitted to the secure dementia care unit on 10/30/14.

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.

2600.231 (b)

- A resident will have a medical evaluation by a physician, physician's assistant or certified nurse practitioner, documented on the form provided by the department, within 60 days prior to admission. Documentation will include the residents diagnosis of Alzheimers disease or other dementia and the need for the resident to be served in a secure dementia care unit.
- Administrator/designee will be responsible to maintain compliance.
- All resident records will be audited for compliance by 4/10/15.
- Prior to each new admission to the secure dementia unit, all resident's records will be reviewed for compliance with documentation of diagnosis of alzheimers dementia or other dementia and need for resident to be service in the secure dementia unit.
- Compliance will be audited on-going with the use of a "Resident Admisslon Checklist" for each new admission to the secure dementia unit.
- Administrator/licensed nurse will be inserviced for Reg. 2600.231(b) by 4/10/15.

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) <i>Charlene Cuddy PC Administrator</i>	Date <i>4/3/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>4/3/15</i></u> (Date)	Plan of correction implementation status as of <u><i>5/1/15</i></u> (Date)
The above plan of correction was approved by <u><i>CB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented