



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 14, 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
Certificate #: 331090

Dear Mr. Beaver:

As a result of the Department of Human Services' licensing inspections on September 4, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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, appearing to read "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 33109 - 09/04/2015 - Springs, Israel
 PCH Name: Vibra Senoir 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 (DME) for Resident #1, dated 8/24/15, did not contain the signature and license number for the physician who completed the evaluation.

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.

1. All medical evaluations (DME) will contain signature and license # of ordering physician.
2. The Personal Care Home Administrator will be responsible.
3. The Change will be made immediately
4. All residents will have medical evaluations documented within 60 days prior to admission (or) 30 days after admission (or) with any significant changes.
5. All medical evaluations will be audited for completion. This will be completed by October 16, 2015.

Comment: The medical evaluation dated 8/24/2015 was sent to Primary Care Physician to assist with transfer to Arden Courts Dementia Unit. They were contacting PCP for completion. Resident was discharged on August 24, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beverly Chaisson, Administrator</i>	Date <i>10/13/2015</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>10/14/15</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>10/14/15</u> (Date) <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
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