



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

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

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

Dear Mr. Beaver:

As a result of the Department of Human Services' annual licensing inspections on April 29, 2016 and May 1, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VIBRA SENIOR LIVING		License Number: 33109
Address: 707 SHEPHERDSTOWN ROAD, MECHANICSBURG, PA 17055		County: Cumberland
Administrator: Beverly Chaisson		Region: CENTRAL
Legal Entity Name: MECHANICSBURG SENIOR CARE LLC		
Legal Entity Address: 455D LENA DRIVE SUITE 225, MECHANICSBURG, PA 17055		
Certificate(s) of Occupancy I-2 12/12/2013 Upper Allen Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 58 Working Staff: 44		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 04/29/2016: Genell, Lori; Gillespie, Denise 05/01/2016: Genell, Lori; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 06 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 46 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: SDU Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 0 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 1 Have an Intellectual Disability: Have a Mobility Need: 15 Have a Physical Disability: 1

Violation Report: 33109 - 04/20/2016 - Gensil, Lori
 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 member A, hired on 2/16/16, did not receive the required orientation in Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under CAPSA, or Reportable incidents.

1. Administrator completed training on 5/7/16 with Department managers of Maintenance, Dietary, Activities and Orientation Coordinator regarding resident rights, Emergency medical plan, Mandatory Abuse/Neglect Reporting and reportable incidents. (see attachment 1)
2. Administrator completed training on 5/7/16 with Department Managers of Maintenance, Dietary, Activities and Orientation Coordinator implementing that the manager or Administrator/Designee will be provided a list of all new hires to insure training will be completed on resident rights, Emergency Medical Plan, mandatory Abuse/Neglect Reporting and reportable incidents. (see Attachment 1b)
3. The implementation of training of all of new hires will begin on the first orientation day and completed within 40 scheduled working hours.
4. Audits will be completed of employees of Maintenance, Dietary, Personal Care Staff and Activities to insure training is completed by Administrator/Designee. (completed 7/6/2016) Attachment 1c
5. All newly hired employees charts will be reviewed in Quality Assurance Meetings monthly x 3 months to insure compliance (July, August & September, 2016)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Beverly Chaisson, Administrator

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

Beverly Chaisson - PCHA

Date 7/6/16

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

The above plan of correction is approved as of

8-11-16
 (Date)

Plan of correction implementation status as of 8-11-16
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 33109 - 04/29/2018 - Genall, Lori
 PCH Name: VIBRA SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 11/2/15, does not include the resident's ability to administer medications or body positioning.

1. An audit was completed by Administrator/Lise Dankulich, LPN, on 5/5/2016 of all current residents to insure medical evaluations are completed properly. See attachment 2.
2. The Administrator / Designee will be responsible to implement completion on new residents, updated medical evaluations and yearly evaluations. (Immediate / Ongoing)
3. All new admissions will be reviewed on a monthly basis x 3 months in Quality Assurance Meetings to insure compliance. (July, August, September 2016)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Beverly Chaisson, Administrator

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

Beverly Chaisson, Administrator

Date 7/6/16

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The above plan of correction is approved as of 8-11-16
 (Date)

Plan of correction implementation status as of 8-11-16
 (Date)

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

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