



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

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 inspection on April 18, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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: 4550 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: 57	Waking Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2017: Gillespie, Denise; Comstock, Kelly		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>JUL 05 2017</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 46 Number of Residents Served: 38 Secured Dementia Care Unit In Home: Yes Area: Gardens Secured Dementia Unit Capacity, If Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, If applicable: 9 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 19 Have a Physical Disability: 2	

Violation Report: 33109 - 04/18/2017 - Gillespie, Dentse
 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

Resident #1 was admitted on [redacted] 16. The resident's medical evaluation was completed on [redacted] 16, 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.)

1. Audit will be completed on all charts to insure compliance with DME & admission dates. Completed on 6.30.17 by Beverly Chaisson, PCHA. Exhibit 1
2. Effective immediately and ongoing, dates for all admissions will be in compliance. Form created will insure this to be in compliance and attached to DME. This will be the responsibility of Administrator and Designee. Exhibit 2
3. Training of Designated person(s) will be completed to insure compliance with regulation. Training completed on 6.30.2017. Exhibit 3.

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) <u>Beverly Chaisson, PCHA</u>	Date <u>7.4.17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-19-17
 (Date)

Plan of correction implementation status as of 7-19-17
 (Date)

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

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