



June 13, 2019

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's Bureau of Human Services Licensing's annual licensing inspection on April 4, 2019 and April 5, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33109 - 04/04/2019 - Heemer, Laura
PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Carbon monoxide detectors are required by the Care Facility Carbon Monoxide Act.
 - The room across from the multi-purpose room has a gas dryer. There is no carbon monoxide detector in the room or in the vicinity.
 - There is a gas "Hearth and Home" brand fire place in the TV room adjacent to the 600 hallway. There is no carbon monoxide detector in the TV room or in the hallway.
 - The home uses gas burning commercial clothes dryers. There are no carbon monoxide detectors in the room or the general vicinity of these dryers.

 The home has 3 AHRI automatic storage water heaters with a 399900 Input BTUHR. The home does not have current inspection certificates as required by the PA Boiler and Unfired Pressure Vessel Law.

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.

Carbon monoxide detectors were purchased and installed in the laundry rooms and in the TV room in the 600 hallway.

The certificate has not been located. Maintenance Director will have the hot water heaters inspected as required by the PA Boiler and Unfired Pressure Vessel Law by May 31, 2019.

* The home will implement a system to track the expiration dates of the boiler certificates. This system will be reviewed on at least a semi-annual basis to ensure that proper certification is maintained. BAS 4/25/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele Knox PCHA* Date *4-24-19*

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

The above plan of correction is approved as of <u>4/25/19</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>5/31/19</u> (Date) <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
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Violation Report: 33109 - 04/04/2019 - Heemer, Laura PCH Name: Vibra Senior Living
1. REGULATION 55 Pa.Code §2600 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.
2a. DESCRIPTION OF VIOLATION The restroom located across from the multi-purpose room has a lock, however the lock has a release mechanism that can easily be disengaged by someone in the hallway outside of the restroom. There is also a gap between the door and the door frame along the left side of the door. It is possible for someone in the hallway to observe a person using the bathroom through this gap.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

The director of maintenance has contacted Doug Hartman of Hartman construction to give us options on how to correct the doors.

The doors will be fixed by May 31, 2019.

* The home will provide the Department with the plans for the repairs/remediation and a copy of the paid invoice upon completion of the project. BAS 4/25/19

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Michele Knox</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele Knox</i>			Date <i>4-24-19</i>
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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person A worked for the home on 3/2, 3/3 and 3/24/2019. The home's record for this Staff Person does not include documentation of this Staff Person having had the following trainings:

- (1) Evacuation procedures
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.


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.

Staff person A (who is agency personnel), has not worked at the facility since 4/4/2019. If she is scheduled to work at the facility again, she will go through training of regulation 2600.65a.

The administrator will review all employee files to ensure that all staff has completed the proper training in regulation 2600.65a by May 15, 2019.

All new staff will be required to attend orientation prior to or on the first day of work to be trained on the topics listed in Regulation 2600.65a

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura
PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home serves residents, including Resident #2, with intellectual disabilities. The annual training provided to direct care staff persons B and C, in training year 2018, did not include training in the "Care for residents with mental illness or an intellectual disability".

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.

All DCS will be trained on caring with residents with mental illness or an intellectual disability by May 30, 2019.

The administrator will follow regulation 2600.65f to ensure that all training topics are completed on a yearly basis.

The administrator will review the training binder quarterly to ensure that all staff have completed trainings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2018		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele Knox PCNA* **Date** *4-24-19*

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person D did not have the following trainings during training year 2018:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P.S. §§ 10225.101— 10225.5102).
- (5) Falls and accident prevention.

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.

Staff person D will be trained on Resident Rights, The OAPSA, and fall and Accident prevention by May 5, 2019.

Moving forward all ancillary staff will be trained on the topics in Regulation 2600.65g.

The administrator will quarterly audit the training binder to make sure all staff has attended trainings as required.

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura
PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION

The Dynalene brand Packaged Terminal Air Conditioner (PTAC) units installed in resident bedrooms have not been cleaned according to the manufacturers instructions as evidenced by the home's documentation and the Dynalene owners manuel for the units.

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.

H & H mechanical has been contacted and will be coming in to inspect the heat exchangers by May 31, 2019.
 The director of maintenance will keep a record of when the inspections have been completed and when they need to be services.

* The home will provide the Department with the copy of the paid invoice upon completion of the cleaning and inspection by H&H Mechanical. BAS 4/25/19

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura
 PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The nearest exit sign from hallway 500 to the common area is not directly visible and there is no sign indicating the direction of travel to this exit.

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.

Temporary exit signs have been put into place and permanent signs have been ordered.

The administrator will monitor the temporary signs weekly to make sure they are in place until permanent signs are installed.

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

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

The medication cart on the 500 hallway still contained a 4 oz bottle of Skin Prep Protective Spray that had been prescribed for a discharged resident.

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.

The medication and treatment carts were gone through to make sure that there no medications that belong to former residents.

The medication carts and treatment carts will be gone through after every discharge to make sure all of the discharged residents' medications are removed.

All staff that administer medication will be trained on removing and disposal of medication when a person is discharged from the facility. * This staff training will be completed by May 15, 2019.

BAS 4/25/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michele Knox

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

Michele Knox PCHA

Date

4-24-19

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

A tube of Dicofenac Sodium Topical Gel 1% was located in the 500 hallway medication cart and another tube of this medication was located in the 600 hallway medication cart. Neither of these tubes were labeled with the names of the residents for whom they are prescribed.

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.

The medication and treatment carts have been gone through to make sure that all medication is labeled with the resident's name.

The administrator/designee will review the cart weekly to make sure that all medications are labeled with the resident's name.

All staff that administer medication will be educated on the proper way to mark medication with the residents name by May 15, 2019

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Michele Knox

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura
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

During a review of the Medication Administration Record (MAR) of Resident #4 and the actual readings stored on the resident's glucometer, the following documentation errors were identified:

Date and Time	Glucomer Reading	MAR Record
4/4/2019 4:09 am	165	175
4/3/2019 11:25 pm	148	153
4/2/2019 5:42pm	195	148
4/1/2019 7:37 am	247	283
3/31/2019 7:26 am	235	247

On 4/2/2019 at 6:30 am, the Medication Administration Record of Resident #2 was not initialed by the staff person who performed blood glucose testing for Resident 2.

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.

The administrator/designee will check the glucometer readings daily to make sure that the glucometer and the MAR match for 3 months, then weekly for 3 months.

All staff that check blood sugars will be educated on the importance of correctly documenting the glucometer reading in the MAR by May 15, 2019

*The administrator will document that the glucometer/MAR comparison have been completed by logging the date of the review, documenting the initials of the reviewer, and documenting any identified problems and implemented remediation procedures. This information will be retained for Department review. BAS 4/25/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2018	06/07/2018
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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

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

Staff person E did not provide the staff person's signature and initials on the home's master list of staff who administer medication.

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.

Staff person E signed the master list on the next day she worked which was 4/17/19.

The administrator will review the master list weekly to make sure that all employees who pass medications have signed the log and anyone who no longer passes medications is removed from the list.

All staff that pass medications will be educated on the importance of signing the master log by May 15, 2019.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 33109 - 04/04/2019 - Heemer, Laura
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
 On 4/2/2019 at 6 am, the home did not perform blood glucose testing to Resident 1 as ordered by the prescriber.

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.

The staff person who did not take the glucometer reading was reeducated on communicating if a meter is not working and marking the Mar as so.

The administrator will review the MAR weekly to make sure that all glucometer checks are completed.

All staff who take glucometer readings will be educated on the importance of taking the readings and what to do if they are unable to take the reading by May 15, 2019.

(Empty space for additional notes or attachments)

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

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 (Required on EVERY Page) *Michelle Knox PCHIA* Date *4-24-19*

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Violation Report: 33109 - 04/04/2019 - Heemer, Laura

PCH Name: Vibra Senior Living

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident 3 was admitted to the Secured Dementia Care Unit on 2/22/2019. The home's documentation does not include documentation that the resident and the resident's designated person have no objection to the 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.

Resident #3 and their designated person have signed the documentation of no objection to the admission into the SDU.

All resident s in the SDU charts have been reviewed to make sure that all persons have signed the documentation.

All new admissions will be reviewed to make sure that the proper documentation has be completed.

All persons involved in the admission process will be educated on proper procedures and paperwork to be completed for admission into the SDU by May 15, 2019.

Repeat Violation: No

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