



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 1, 2019

Ms. Maureen M. Kelly
Executive Director
Mechanicsburg Senior Care LLC
707 Shepherdstown Road
Mechanicsburg, PA 17055

RE: Vibra Senior Living
Certificate #: 331090

Dear Ms. Kelly:

As a result of the Department's Bureau of Human Services Licensing inspection on and July 24, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *VIBRA SENIOR LIVING*
Address: *707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055*
County: *CUMBERLAND* Region: *CENTRAL*

License Number: *33709*

Administrator

Name: *Michelle Knox* Phone: *7175912125* Email:

Legal Entity

Name: *MECHANICSBURG SENIOR CARE LLC*
Address: *4600 LENA DRIVE, MECHANICSBURG, PA, 17055*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *37* Total Daily Staff: *90* Waking Staff: *68*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

7/24/2019 - On-Site: *Michael Showers*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* Residents Served: *38*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *15* Have Physical Disability: *2*

183e - Storing Medications

Regulations

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.

Description of Violation

Two loose pills that were outside of their containers were observed in Medication Cart 500. One pill was white with an M18 insignia on it located in the middle drawer, and the other was a black Ferrous Sulfate 325 mg pill lying in bottom drawer.

A loose lavender pill with the insignia IV2 was observed outside of its container lying in the bottom drawer of Medication Cart 600.

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 loose pills in the 500 and 600 medication carts were immediately removed.

All of the medication carts were cleaned out to make sure that no pills were loose in the cart.

The administrator/designee will audit the med carts weekly to make sure they are clean and that there are no loose medications in the carts for 3 months. (August, September, October 2019). Audits will be reviewed in QA meeting.

All staff that pass medications will be educated on making sure that the medication carts are clean and there are no loose pills in the carts by August 9, 2019.

Legal Entity Representative

Michele Knox
Signature

Michele Knox RCHA
Printed Name and Title

8-1-19
Date

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The above plan of correction is approved as of **8/1/2019** (Date) Plan of correction implementation status as of **8/1/2019** (Date)

The above plan of correction was approved by **BAS** (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented