



MAILING DATE: November 15, 2019

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

RE: Vibra Senior Living  
Certificate #: 331090

Dear Ms. Kelly:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on October 2, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:  
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

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

License Number: *33109*

## Administrator

Name: *Michele Knox* Phone: *7175912125* Email: *mknox@vibrallifemc.com*

## Legal Entity

Name: *MECHANICSBURG SENIOR CARE LLC*  
Address: *707 SHEPHARDSTOWN ROAD, ATTN MAUREEN M KELLY, MECHANICSBURG, PA, 17055*

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

## Inspection

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

## Inspection Dates and Department Representative

*10/02/2019 - On-Site: Kellie Cargile, Dale Rosenblat*

## 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: *2*

### 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: *1*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/13/19, at 6 am and 5 pm, Resident #1 did not receive their prescribed Humalog 75/25 due to it not being available in the facility. The home did not report this medication error to the department.

On 9/19/19, Resident #2 did not receive their prescribed Donepezil 5 mg due to it not being available in the facility. The home did not report this medication error to the department.

On 9/16/19, Resident #2 did not receive their prescribed Vitamin D2 50,000 Unit due to it not being available in the facility. The home did not report this medication error to the department.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must 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.)

See attachment A

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Legal Entity Representative

*Michelle Knox*  
Signature

*Michele Knox RCHA*  
Printed Name and Title

*10/25/19*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/14/19  
(Date)

Plan of correction implementation status as of 11/14/19  
(Date)

Implemented

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

Not Implemented

ATTACHMENT A

Regulation 2600.16c

Director of Wellness/designee will review the MAR 5 days a week to make sure no medication errors are indicated that need to be reported to the department. Audits will be completed for 3 months.

Administrator will review the MAR weekly to ensure no medication errors are indicated that need to be reported to the department. Audits will be completed for 3 months.

All Direct Care Staff will be trained on what a reportable incident is and how to report by October 31, 2019.

*Michele Knox*

*Michele Knox PCHA*

*10-25-19*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 3/7/19, for Resident #3, indicates the resident requires 24/7 supervision. At the time of this assessment, Resident #3 resided in the home's secure dementia care unit (SDCU). In May 2019, the resident transitioned back to personal care after the home closed the SDCU. Following this closure, staff did not implement increased supervision of the resident as evidenced by several elopements. In early summer 2019, Resident #3 was found by staff outside of the 500 hallway door at the bottom of a step after sliding out of his/her wheelchair. Around the same time, the resident was also observed exiting the building through the front door heading towards the parking lot. Most recently, on 9/3/19, Resident #3 made it down two steps outside of the 700 hallway door in his/her wheelchair. He/she was found by a neighbor outside yelling for help after the wheelchair became stuck. The resident was brought back to the home by the neighbor. Staff were unaware that Resident #3 was not in the home.

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.)

See attachment B

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Legal Entity Representative

*Michele Knox*  
Signature

*Michele Knox RCHA*  
Printed Name and Title

*10-25-19*  
Date

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(Date)

Implemented

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Not Implemented

ATTACHMENT B

Regulation 2600.23a

A new assessment and support plan was completed for resident #3.

30-minute checks on resident #3 has been initiated by the facility.

All current residents' assessments and support plans will be reviewed by the Director of Wellness/designee to make sure that their supervision needs are met. This audit will be completed by November 8, 2019.

The Administrator and Director of Wellness will meet weekly and review all residents to discuss if any updates need to be completed on residents assessments and support plans. Audits will be done for 3 months.

All direct care staff will be educated on what a change in condition is and what needs to be reported to the Director of Wellness in regards to updating an assessment and support plan. Staff will be educated by October 31, 2019.

*Michele Knox*

*Michele Knox*  
*PCA*

*10-25-19*

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Blood sugar readings in the following residents' glucometers do not match readings documented on the residents' medication administration records:

Resident #1:

- On 9/25/19, at 6:38 am, a reading of 102 was on the glucometer. A reading of 104 was on the MAR.
- On 9/9/19, at 10:30 pm, a reading of 118 was on the MAR. No reading was on the glucometer for this date and time.
- On 9/8/19, a reading of 167 on MAR. No reading was on the glucometer for this date and time.
- On 9/1/19, at 12:00 pm, a reading of 168 was on the glucometer. A reading of 178 was on the MAR.

Resident #4:

- On 9/28/19, at 8 am, a reading of 139 was on the glucometer. A reading of 149 was on the MAR.
- On 9/15/19, at 8 am, a reading of 132 was on the glucometer. A reading of 168 was on the machine.
- On 9/10/19, at 8 pm, a reading of 164 was on the glucometer. A reading of 159 was on the MAR.

Repeat Violation: 4/4/19

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.)

See Attachment C Page 4A of 8

Legal Entity Representative

*Michele Knox*  
Signature

Michele Knox RCHA 10-25-19  
Printed Name and Title Date

ATTACHMENT C

Regulation 185a

Medication techs will double check the glucometer after checking a resident's blood sugar before recording it in the MAR and document in the MAR and also on a separate charting form for each resident. Audits will be done for 4 months.

The Director of Wellness/designee will check the MAR weekly to make sure all blood sugars are recorded correctly. Audits will be done for 4 months.

All medication technicians will be educated on recording blood sugars correctly in the MAR and how to recall the blood sugar on the glucometer to ensure they are recording the correct number and on the proper procedures for checking blood sugars by October 31, 2019.

*Michelle Knox Michele Knox RCHA 10-25-19*

185a - Implement Storage Procedures *(continued)*

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(Date) (Date)

Implemented

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

Not Implemented

187a - Medication Record

Regulations

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
  - 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
  - 14. Name and initials of the staff person administering the medication.

Description of Violation

On the following dates and times, Resident #1's medication administration record (MAR) was not initialed by staff for the administration of Cefuroxime 500 mg;

- 9/22/19 at 8 am and 8 pm
- 9/24/19 at 8 am
- 9/26/19 at 8 am and 8 pm and 9/26 at 8 am.

Resident #5's MAR did not include a diagnosis or purpose for the prescribed Sinemet, Levothyroxine 25 mg, Potassium Chloride 25 meq, Neupro 8 mg patch, Mirtazapine 7.5 mg, and Ipratropium Albuterol.

Repeat Violation: 4/4/19

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.)

See Attachment D

See Page 6A of 8

Legal Entity Representative

*Michelle Knox*  
Signature

*Michelle Knox RCHA* 10-25-19  
Printed Name and Title Date

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Implemented

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Not Implemented

## ATTACHMENT D

## Regulation 187a

After each med pass, the med-tech will review their MAR to make sure all residents meds have been given and signed off for. Audits will be completed for 4 months.

Moving forward, when giving shift-to-shift report, oncoming shift will look over the MAR to ensure all medications from the previous shift are signed for. Audit will be completed for 4 months. .

Director of Wellness will review the MAR and the audits weekly to ensure tasks are being completed and that all staff are properly documenting in the MAR. Audit will be completed for 4 months.

All MAR's were reviewed to ensure all diagnosis 'were included.

Director of Wellness/designee will review MAR weekly to ensure that any new medications have a diagnosis. Audit will be reviewed for 4 months.

All med-techs will be educated on proper procedures in documenting in the MAR and ensuring that diagnosis are included in the MAR by October 31, 2019.

Michelle Knox Michelle Knox RCHA 10-25-19

## 187d - Follow Prescriber's Orders

## Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

The following medications were not administered to resident's due to not being available in the home:

Resident #5

- Rivastigmine 4.6 mg patch from 9/1/19 to 9/4/19 at 5 am
- Levothyroxine 25 mg on 9/30/19 at 9 am
- Morphine Sulfate 20 mg/1ml on 9/12/19 at 11 pm
- Mirtazapine 7.5 mg from 9/26/19 to 9/30/19 at 8 pm.

Resident #1

- Metoprolol 25 mg on 9/30/19 at 6 am
- Digoxin 125 mcg on 9/30/19 at 6 am
- Humalog 75/25 80 units on 9/13/19 at 6 am
- Humalog 75/25 30 units on 9/1/19 at 5 pm

Repeat Violation: 4/5/19

## Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident #4 is prescribed Novolog 100 units/ml with directions to administer 3 units subcutaneously with meals for blood sugars over 90. This resident also receives Novolog per sliding scale as follows; 120-180=2U, 181-240=6U, 241-300=10U, and 301+=10U and notify the physician.

- On 9/26/19, at 12 pm, Resident #4's blood sugar was 83. The resident's Novolog was not held per parameters.
- On 9/30/19, at 5 pm, Resident #4's blood sugar was 144 requiring 2 additional units of insulin. The staff member administered 3 additional units.

## Plan of Correction (POC)

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See Attachment E

See Page 7A of 8

ATTACHMENT E

Regulation 187d

The administrator and Director of Wellness will audit all carts to make sure all medications are in the facility.

All med techs will complete a list daily to make sure if a medication only has 7 days left, they will document and give to the Director of Wellness. Audits will be completed for 3 months.

Director of Wellness/designee will audit the medication carts weekly to ensure all medications are in the facility and the directions of the provider are being followed. Audits will be completed for 3 months.

All medication techs will be educated on the importance of following the prescriber's directions and ensuring all medications are in the facility by October 31, 2019.

All med techs will be educated on how to read sliding scale orders and how to document correctly in the MAR by October 31, 2019.

*Michelle Knox*      *Michelle Knox RCHA 10-25-19*

187d - Follow Prescriber's Orders (continued)

Legal Entity Representative

Michele Knox  
Signature

Michele Knox RCHA  
Printed Name and Title

10-25-19  
Date

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