

Department of Human Services
Bureau of Human Service Licensing

June 29, 2021

██████████ ADMINISTRATOR
MECHANICSBURG SENIOR CARE LLC
707 SHEPHERDSTOWN ROAD
ATTN MICHAEL BEAVER
MECHANICSBURG, PA 17055

RE: VIBRA SENIOR LIVING
707 SHEPARDSTOWN ROAD
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33109

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2021, 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *VIBRA SENIOR LIVING* License #: *33109* License Expiration Date: *07/17/2021*
Address: *707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7175912125* Email: [REDACTED]

Legal Entity

Name: *MECHANICSBURG SENIOR CARE LLC*
Address: *707 SHEPHERDSTOWN ROAD, ATTN MICHAEL BEAVER, MECHANICSBURG, PA, 17055*
Phone: *7175912125* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/12/2013* Issued By: *Upper Allen Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/11/2021*

Inspection Dates and Department Representative

03/10/2021 - On-Site: [REDACTED]
03/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

03/10/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/29/2021*

6/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/09/2021*

6/29/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 2/27/21, there were 35 residents in the home, including 14 residents with mobility needs, requiring a total minimum of 49 hours of direct care service. On this date, only 46.75 hours of direct care staffing was provided.

Plan of Correction**Accept**

2600.57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

A review of the schedule worked and the staff scheduled it was found an employee AK left 2 hours prior to the end of her shift without the home accounting for the missed hours.

On 3/25/2021 staff was educated on 2600.57.c.. Staff may not leave their shift prior to the end of the shift without appropriate coverage in place to meet the safety and health needs of the residents.

The Administrator conducted a review of all residents listed as immobile to ensure the resident's mobility needs are properly documented on the residents DME. Based on this review it was found the home had 13 not 14 Immobile residents on the date reviewed.

The Administrator has implemented a plan to ensure proper coverage on the weekends is maintained through staff scheduling.

Completion Date: 04/10/2021

Document Submission**Implemented**

All Steps are in process

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 2/27/21, a total of 36.75 hours of direct care during waking hours was required. However, only 34.25 hours of direct care staffing were provided during waking hours on 2/27/21.

57d - Waking Hours *(continued)***Plan of Correction****Accept**

2600.57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

A review of the schedule worked and the staff scheduled it was found an employee AK left 2 hours prior to the end of her shift without the home accounting for the missed hours.

Staff has been educated on 2600.57.d and they may not leave their shift prior to the end of the shift without appropriate coverage in place to meet the safety and care needs of the residents..

See sign in sheet for supporting documentation

Completion Date: 03/25/2021

Document Submission**Implemented**

All steps are in process

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Cleaning products, including Peroxide Cleaner Spray, Lysol Bleach Multi-Purpose Cleaner Spray, Lysol Kitchen Pro Spray and MICROBAN Spray, with manufacturer's labels indicating "Call Poison Control," were unlocked, unattended, and accessible to residents in the multi-purpose room. Not all the residents of the home, including Residents #6, #7 and #8 have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

The administrator has reviewed with the staff person who stored the cleaning chemicals in the multi-purpose room the need to properly store the chemicals in a locked cabinet and the proper locked cabinet in the room to store the chemicals in.

This was completed on March 11, 2021

The Administrator has implemented monthly room audits to ensure resident and public rooms do not have poisonous substances stored in unlocked cabinets.

Completion Date: 03/11/2021

Document Submission**Implemented**

All steps are on process

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed since 10/24/19.

Plan of Correction

Accept

2600.107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. The annual updated emergency procedures for the Personal Care Home were reviewed and updated with the fire department in the form of written communication and a voice call on 3/23/2021 See Attached notification

Completion Date: 03/23/2021

Document Submission

Implemented

All steps are completed

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A white blanket and paper debris were on the floor behind the dryer in the laundry room, across from the multi-purpose room.

Plan of Correction

Accept

2600.125 (a) - Combustible and flammable materials may not be located near a heat source or hot water heater.

The white blanket was immediately removed from the area behind the dryer.

The Administrator has implemented a plan of weekly inspections of all linen rooms to ensure combustible materials are not located near a heat source.

Both linen rooms have received a detailed cleaning on March 18 2021

See Supporting Documentation – Linen Room Photos

Completion Date: 03/18/2021

Document Submission

Implemented

All steps are in process

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (*continued*)**Description of Violation**

Resident #1's most recent medical evaluation was completed on 4/19/2020. The resident's previous medical evaluation was completed on 2/20/2019.

Plan of Correction**Accept**

2600.141.b.1. A resident shall have a medical evaluation: At least annually.

The Administrator has put into place a tickler file which shows the date of the current DME and the Due date of the Annual DME, the tickler file will trigger the Charge Nurse to complete the DME and have the Residents Physician sign and return the DME prior to the Due Date

Completion Date: 03/16/2021

Document Submission**Implemented**

All steps are in process

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The medications Bumetanide, DILT XR, Tamsulosin, Pravastatin Sodium, Wixela, Albuterol, Flonase, Vitamin D and EQ Mucus ER for Resident #1 were unlocked, unattended, and accessible in the resident's room.

Plan of Correction**Accept**

2600.183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

The resident has been provided a lockable storage box and been educated on the need and requirement to keep medications in his room secured.

Completion Date: 03/25/2021

Document Submission**Implemented**

All steps are in process

183e - Storing Medications

1. Requirements

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

Four loose pills, one small round tan, one small round yellow, one round white, and one oblong peach tablet, were found in the medication cart for the 500 hall.

183e - Storing Medications (*continued*)**Plan of Correction****Accept**

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.

A weekly medication cart audit form has been established and placed in use to ensure all medication carts are thoroughly checked on a weekly basis to ensure all prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions.

See Supporting Documentation – Cart Audit Form

Completion Date: 03/20/2021

Document Submission**Implemented**

All steps are in process

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Outdated Carbid-Levo 25mg-100mg for Resident #2 was stored in the medication cart.

Outdated Acetaminophen 325 for Residents #3 and #4 was stored in the medication cart.

183f - Discontinued Medications (*continued*)**Plan of Correction****Accept**

2600.183 (f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Upon discharge from the home back to the community, another home, or higher level care residents medications will be returned to the resident or the residents designee.

A weekly medication cart audit form has been established and placed in use to ensure all medication discontinued, expired or for residents no longer served by the home have been removed from the medication carts and destroyed in a safe and compliant manner in accordance with current regulations.

See Supporting Documentation – Cart Audit Form

Completion Date: 03/20/2021

Document Submission**Implemented**

all steps are in process

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

7. Route of administration.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The medication administration record for Resident #5 does not have a diagnosis or purpose listed for the prescribed Culturelle Digest.

The medication administration record for Resident #6 does not have a diagnosis or purpose listed for the prescribed Velpitro 500mg.

The medication administration record for Resident #4 does not have the administration site recorded for Insulin Lispro Kwikpen at 7 AM on 3/3/21, 3/7/21 and noon on 3/1/21 and 3/5/21.

On 3/4/21, 3/6/21 and 3/8/21 at 7AM, the medication administration record for Resident #4 does not contain the number of units of insulin that was administered.

187a - Medication Record (*continued*)**Plan of Correction****Accept**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Resident 5 the diagnosis of purpose was entered for the residents Culturelle Digest.

Resident 6 the diagnosis of purpose was entered for the residents Velpituro 500mg

Resident 4 Staff has been educated on entering the required complete information into the MAR for the residents Lispro Kwikpen.

Additionally the charge nurse or a designee shall review resident 4's record for sliding scale insulin daily to ensure the completeness of the residents record. The administrator will complete weekly audits of all MARs to ensure that there is proper documentation of medications.

Completion Date: 03/22/2021

Document Submission**Implemented**

All steps are in process

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Midodrine HCL with prescriber's orders to hold if BP is greater than 140. There are no blood pressure readings recorded for 3/1/21 through 3/10/21 at 8AM.

Plan of Correction**Accept**

2600.187(d) - The home shall follow the directions of the prescriber.

The Administrator and the Charge Nurse provided additional training to Med Techs employed in the Personal Care Home on properly following the directions of the prescriber when administering medications to a resident additionally all Med Tech Staff have been instructed to report residents who refuse a medication to the Charge Nurse and to notify the prescriber of the residents refusal of the medication via facsimile in a timely manner. The administrator will complete weekly audits of all MARs to ensure all medications were administered as ordered. See Med Training Record

Completion Date: 03/17/2021

Document Submission**Implemented**

All steps are in process

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's current Resident Assessment-Support Plan (RASP) was completed on 4/20/2020. However, the resident's previous RASP was completed on 2/20/2019.

Plan of Correction**Accept**

2600.225(c) - The resident shall have additional assessments as follows:

(1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.

The Administrator has put into place a tickler file which shows the date of the current Resident Assessment and Support Plan and the Due date of the Annual Resident Assessment and Support Plan, the tickler file will trigger the Charge Nurse to complete the Resident Assessment and Support Plan for review and finalization by the Administrator. The residents annual care conference to review the Resident Assessment and Support Plan will be scheduled to be completed prior to the due date of the RASP.

Completion Date: 03/18/2021

Document Submission**Implemented**

all steps are in process

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 did not sign the support plan, dated 4/20/20, nor is the resident's refusal or inability to sign noted.

Plan of Correction**Accept**

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

On March 22, 2021 the administrator meet with the resident and reviewed the unsigned RASP with the resident and obtained the residents signature on the RASP.

See Supporting Documentation – Signed RASP

The Administrator will conduct an audit of the most recent support plans (RASPs) of the current residents of the home to ensure that the plans contain the required signatures and/or notations of each resident's inability or refusal to sign (if applicable). The audit will be completed within 10 days from the receipt of this plan.

Completion Date: 03/22/2021

Document Submission**Implemented**

All Steps have been completed