

Department of Human Services  
Bureau of Human Service Licensing

October 29, 2021

[REDACTED]  
MECHANICSBURG SENIOR CARE LLC  
707 SHEPHERDSTOWN ROAD  
[REDACTED]  
MECHANICSBURG, PA 17055

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2021, 05/26/2021, 05/27/2021 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: *1-2* Date: *12/12/2013* Issued By: *Upper Allen Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *05/26/2021*

**Inspection Dates and Department Representative**

*05/25/2021 - On-Site:* [REDACTED]  
*05/26/2021 - On-Site:* [REDACTED]  
*05/27/2021 - Off-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: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *21* Have Physical Disability: *1*

## Inspections / Reviews

05/25/2021 - Partial

Lead Inspector:

Follow-Up Type: *POC Submission*Follow-Up Date: *10/16/2021*

10/21/2021 - POC Submission

Lead Reviewer:

Follow-Up Type: *Document Submission*Follow-Up Date: *11/08/2021*

10/29/2021 - Document Submission

Lead Reviewer:

Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**Description of Violation**

*On 5/25/21, a copy of the personal care home regulations was not posted in a conspicuous and public place in the home.*

**Plan of Correction****Accept**

*License, Chapter 2600 and Licensing Reports we immediately posted or notice was posted as to where to find them. Education given to staff regarding information board and violation. PCHA will audit information board every week x4 weeks then monthly.*

**Completion Date:** 10/07/2021

**Document Submission****Implemented**

*Audit Form Info Center Box*

*2600.3c The personal care home shall post the current license, a copy of the current license summary inspection report issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.*

*Is the current license posted?*

*If not, what was done to correct?*

*Is the current license inspection report available?*

*If not, what was done to correct?*

*Is there a copy of the chapter regulations?*

*If not, what was done to correct?*

*Date of audit* \_\_\_\_\_

*Person completing audit* \_\_\_\_\_

## 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 5/15/21, there were 33 residents in the home, including 21 residents with mobility needs, requiring a total minimum of 54 hours of direct care service. On this date, only 52.25 hours of direct care staffing was provided.*

*On 5/23/21, there were 33 residents in the home, including 21 residents with mobility needs, requiring a total minimum of 54 hours of direct care service. On this date, only 51.25 hours of direct care staffing was provided.*

**Plan of Correction****Accept**

*Mobility needs and staffing hours were assessed. Education given to all involved with scheduling the proper staffing hours needed. PCHA to audit schedules x4 weeks then monthly x4 and then every other month.*

**Completion Date:** 10/07/2021

## 57c - 2 Hours/Day (continued)

**Document Submission****Implemented***Audit Form Staffing and Direct Care Hours*

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

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

*Number of residents with mobility need?*

*Number of residents without mobility need?*

*Number of care hours needed?*

*Number of staffing hours?*

*Does the number of staffing hours cover number of care hours needed?*

*If not, what was done to correct?*

*Number of hours needed during waking hours?*

*Number of hours of care provide during waking hours?*

*If not enough, what was done to correct?*

*Date: \_\_\_\_\_*

*Person Completing Audit \_\_\_\_\_*

## 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 5/15/21, a total of 54 hours of direct care was required. However, only 33.75 of the required hours, or 62.5 percent, were provided during waking hours.*

*On 5/23/21, a total of 54 hours of direct care was required. However, only 33.25 of the required hours, or 61.5 percent, were provided during waking hours.*

**Plan of Correction****Accept**

*Care needs and staffing hours were assessed. Education given to all involved with scheduling the proper staffing hours needed. PCHA to audit schedules x4 weeks then monthly x4 and then every other month.*

**Completion Date:** 10/07/2021

57d - Waking Hours (continued)

Document Submission

Implemented

Audit Form Staffing and Direct Care Hours

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

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

Number of residents with mobility need?

Number of residents without mobility need?

Number of care hours needed?

Number of staffing hours?

Does the number of staffing hours cover number of care hours needed?

If not, what was done to correct?

Number of hours needed during waking hours?

Number of hours of care provide during waking hours?

If not enough, what was done to correct?

Date: \_\_\_\_\_

Person Completing Audit \_\_\_\_\_

87 - Lighting

1. Requirements

2600.

- 87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exit door in the 700 hallway is equipped with a delayed locking device. There is no signage for operating the delayed locking hardware as required by the Pennsylvania Uniform Construction Code.

Plan of Correction

Accept

Door signage was posted immediately. Education was given to all staff regarding operation of door. Maintenance director to audit door for signage every week x4 then every month.

Completion Date: 10/07/2021

87 - Lighting (continued)

Document Submission

Implemented

700 Hallway Door Audit

2600.87 Lighting- The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Is signage posted on operating delayed locking hardware?

If not, what was done to correct?

2600.121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Is delayed lock turned off?

If not, what was done to correct?

Date \_\_\_\_\_

Person completing audit \_\_\_\_\_

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door in the 700 hallway is equipped with delayed locking hardware that prevents immediate egress.

Plan of Correction

Accept

Delayed locking hardware turned off. Education provided to staff. Maintenance director to audit door to ensure hardware is turned off every week x4 then every month.

Completion Date: 10/07/2021

121a - Unobstructed Egress *(continued)***Document Submission****Implemented***700 Hallway Door Audit*

*2600.87 Lighting- The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.*

*Is signage posted on operating delayed locking hardware?*

*If not, what was done to correct?*

*2600.121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.*

*Is delayed lock turned off?*

*If not, what was done to correct?*

*Date \_\_\_\_\_*

*Person completing audit \_\_\_\_\_*

## 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**

*Resident 4 self-administers Nystatin Powder, 100,000 units, and Proshield 1% Ointment and keeps them in the bedroom. Resident 4 stated that there is no secure area to lock these items in the room and they are left accessible when the resident leaves the bedroom.*

**Plan of Correction****Accept**

*Medications were immediately locked. Lock box was given to all self admin residents. Education given to staff regarding medications being in locked box. Audit to be completed by RCC weekly x4 weeks then monthly.*

**Completion Date:** *10/07/2021*

183b - Meds and Syringes Locked (*continued*)**Document Submission****Implemented***Locked Medications*

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

*Is the resident assessed for self-medicating?*

*If not, were all medications removed from room?*

*Are all medications locked?*

*If not, what was done to correct?*

*Date* \_\_\_\_\_

*Person completing audit* \_\_\_\_\_

## 184b - Resident's Meds Labeled

**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*A bottle of 81 mg aspirin and a bottle of Nature Made Calcium, 600 mg tablets belonging to Resident 3, were in the medication cart. These items were not labeled with the resident's name.*

**Plan of Correction****Accept**

*Medications were immediately labeled. Education given to staff on labeling medications. RCC to do med cart audits weekly x4 weeks then monthly. The results of the medication audits will be discussed at the home's periodic quality management reviews, beginning in November, 2021.*

**Completion Date:** 10/07/2021

**Document Submission****Implemented***Labeled Medications Audit*

2600.184b If the OTC medication and CAM belong to the resident, they shall be identified with the resident's name.

*Are all OTCs labeled with the resident's name?*

*If not, what was done to correct?*

*Date* \_\_\_\_\_

*Person Completing Audit* \_\_\_\_\_

## 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:

187a - Medication Record *(continued)*

14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Staff Person A passed medications on 5/19/2021; however, the staff person's name, signature, and initials were not on the 600 hallway signature key.*

**Plan of Correction****Accept**

*Name added to key immediately. Education given to staff in regards to signature key. Key was then removed from all books and master signature key was created. RCC to do audits to ensure key is up to date weekly x4 and then monthly.*

**Completion Date:** 10/07/2021

**Document Submission****Implemented***Diagnosis Audit*

*260.187a A medication record shall be kept to include the following for each resident whom medications are administered: 12. Diagnosis or purpose for medication, including PRN*

*Are diagnosis present for each medication?*

*If not, what was done to correct?*

*Are diagnosis up to date?*

*If not, what was done to correct?*

*Date* \_\_\_\_\_

*Person Completing Audit* \_\_\_\_\_

**2. Requirements**

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).

**Description of Violation**

*Resident 4 is prescribed Nystatin, 100,000 units, and Proshield 1% Ointment. The medication administration record does not include the diagnosis or purpose for these medications.*

**Plan of Correction****Directed**

*The home will amend residents' MARs to ensure that all of the required information is captured. The home will perform an audit of all MARs to ensure that the documentation on the MAR matches the physician's order for the medication, and that each medication on the MAR includes documentation of its purpose or related diagnosis. The results of the medication audits will be discussed at the home's periodic quality management reviews, beginning in November, 2021.*

*Education to staff in regards to following prescriber's orders given. Weekly audits done by RCC to ensure all staff are following prescriber's orders. Errors will be reported per 2600.16*

**Completion Date:** 10/07/2021

## 187a - Medication Record (continued)

**Document Submission****Implemented***Diagnosis Audit*

260.187a A medication record shall be kept to include the following for each resident whom medications are administered: 12. Diagnosis or purpose for medication, including PRN

Are diagnosis present for each medication?

If not, what was done to correct?

Are diagnosis up to date?

If not, what was done to correct?

Date\_\_\_\_\_

Person Completing Audit\_\_\_\_\_

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident 1 was prescribed Hydrochlorothiazide, 125 mg, to be given once a day on Mondays, Wednesdays, and Fridays. Resident 1 was given this medication on Wednesday, 3/17/21; Thursday, 3/18/21; and Friday, 3/19/21.

**Plan of Correction****Accept**

Education to staff in regards to following prescriber's orders given. Weekly audits done by RCC to ensure all staff are following prescriber's orders. Errors will be reported per 2600.16.

The results of the medication audits will be discussed at the home's periodic quality management reviews, beginning in November, 2021.

Completion Date: 10/07/2021

**Document Submission****Implemented***Prescriber's Orders Audit*

2600.187d The home shall follow the directions of the prescriber.

Were medications given per prescriber's order?

If not, were medication errors reported per 2600.16?

What was done to correct?

Date\_\_\_\_\_

Person Completing Audit\_\_\_\_\_

**2. Requirements**

2600.

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

**Description of Violation**

Resident 4 is prescribed Hydrocodone-Acetaminophen, 10 mg-325 mg, 1 tab by mouth every 6 hours. This medication was not administered to Resident 4 on 5/11/21 at 5am, 11am, or 5pm because the medication was not available in the home.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

*Education to staff in regards to following prescriber's orders given. Weekly audits done by RCC to ensure all staff are following prescriber's orders. Errors will be reported per 2600.16. The results of the medication audits will be discussed at the home's periodic quality management reviews, beginning in November, 2021.*

**Completion Date:** 10/07/2021

**Document Submission****Implemented***Prescriber's Orders Audit*

*2600.187d The home shall follow the directions of the prescriber.*

*Were medications given per prescriber's order?*

*If not, were medication errors reported per 2600.16?*

*What was done to correct?*

*Date* \_\_\_\_\_

*Person Completing Audit* \_\_\_\_\_

## 225a - Assessment 15 Days

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*An assessment was not completed for Resident 1, who was admitted to the home* [REDACTED]

**Plan of Correction****Accept**

*Assessment immediately completed. Education given to staff regarding the initial assessment and completion. PCHA to audit RASPs weekly x4 weeks then monthly.*

**Completion Date:** 10/07/2021

225a - Assessment 15 Days *(continued)***Document Submission****Implemented***RASP Audit*

2600.225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2600.227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2600.227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Was the initial assessment completed in 15 days?

If not, why?

Was the initial care plan completed within 30 days?

If not, why?

If revisions are needed were they placed on the addendum sheet and attached?

If not, what was done to correct?

Was a RASP completed yearly and upon changes?

If not, what was done to correct?

Date \_\_\_\_\_

Person Completing Audit \_\_\_\_\_

## 227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident 1 was admitted on [REDACTED] however, no support plan was developed for the resident.

**Plan of Correction****Accept**

Support plan immediately completed. Education given to staff regarding the initial assessment and completion.

PCHA to audit RASPs weekly x4 weeks then monthly.

Completion Date: 10/07/2021

227a - Support Plan 30 Days (continued)

**Document Submission**

**Implemented**

*RASP Audit*

*2600.225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.*

*2600.227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.*

*2600.227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.*

*Was the initial assessment completed in 15 days?*

*If not, why?*

*Was the initial care plan completed within 30 days?*

*If not, why?*

*If revisions are needed were they placed on the addendum sheet and attached?*

*If not, what was done to correct?*

*Was a RASP completed yearly and upon changes?*

*If not, what was done to correct?*

*Date \_\_\_\_\_*

*Person Completing Audit \_\_\_\_\_*

227c - Support Plan Revision

**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

*Resident 2's current support was completed on [REDACTED] the previous support plan was completed on [REDACTED]*

**Plan of Correction**

**Accept**

*Support plan immediately completed. Education given to staff regarding the initial assessment and completion.*

*PCHA to audit RASPs weekly x4 weeks then monthly.*

**Completion Date:** *10/07/2021*

## 227c - Support Plan Revision (continued)

**Document Submission****Implemented***RASP Audit*

2600.225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2600.227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2600.227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Was the initial assessment completed in 15 days?

If not, why?

Was the initial care plan completed within 30 days?

If not, why?

If revisions are needed were they placed on the addendum sheet and attached?

If not, what was done to correct?

Was a RASP completed yearly and upon changes?

If not, what was done to correct?

Date \_\_\_\_\_

Person Completing Audit \_\_\_\_\_

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.

**Description of Violation**

Resident 1's record does not include identifying marks, hair color, or eye color.

Resident 2's record includes only one medical evaluation completed in 2015. The resident lived in the home until 2021.

**Plan of Correction****Accept**

Medical record was updated immediately to include the necessary information. Education given to staff. Audit by PCHA to be done weekly x4 then monthly to ensure that all of the information required by this regulation is present. Missing information will be added immediately.

Completion Date: 10/07/2021

252 - Record Content (*continued*)**Document Submission****Implemented***Chart Audit*

2600.252 *Content of Resident Records-Each resident's record must include the following information: 2. Race, Height, Weight, Color of Hair, Color of Eyes, Religious Affiliation, if any, and Identifying Marks. 7. Current and previous 2 years' physician's exam reports, including copies of medical evaluation forms.*

*Does the chart have a face sheet that includes: race, height, weight, color of hair, color of eyes, religious affiliation, if applicable, and any identifying marks?*

*If not, what was done to correct?*

*Does the chart contain the current DME, past 2 years' DME, and physicians' reports?*

*If not, what was done to correct?*

*Date* \_\_\_\_\_

*Person Completing Audit* \_\_\_\_\_