

Department of Human Services
Bureau of Human Service Licensing

December 10, 2021

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

RE: VIBRA SENIOR LIVING
707 SHEPHERDSTOWN 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 09/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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:
Address: *707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

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 Twp*

Staffing Hours

Resident Support Staff: *16* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/09/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

09/09/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2021*

Inspection Dates and Department Representative (*continued*)

09/09/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/08/2021*

09/09/2021 - Document Submission

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

16c - Written Incident Report

General Requirements

1. Requirements

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

Resident #1 is prescribed 12 units of Novalog mix twice daily at 8 AM & 4 PM. According to the medication administration record (MAR), the 4 PM doses were not given on 9/4/21, 9/5/21, 9/6/21, nor 9/8/2021. These medication errors were not reported to the Department.

Plan of Correction

Accept

Administrator to audit all reportable incidents, weekly x4 weeks, then monthly, to ensure incidents were reported in a timely manner. RCC auditing MARs weekly to notice missing doses. RCC will notify PCHA immediately of missing doses, and PCHA will file report.

Completion Date: 10/21/2021

Correction

Implemented

Reportable Incidents

2600.16c The home shall report the incident or condition 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 should also follow the guidelines in 2600.15 (relating to abuse reporting covered by law).

2600.188b A medication error should be immediately reported to the resident, the resident's designated person and the prescriber.

Were there any medication errors?

When was the date and time of the error?

Was the error reported within 24 hours?

If no, what was done to correct?

Were there any reportable incidents?

If yes, were they reported within the 24 hour time frame?

If no, what was done to correct?

Abuse reporting follows separate guidelines-ensure 2600.15 is followed for abuse

Date_____

Person Completing Audit_____

General Requirements (continued)

Completion Date: 12/06/2021

184a - Labeling OTC/CAM

Medications

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The following unlabeled over-the-counter (OTC) medications were found in the 700 Hall Medication Cart: 14 oz. bottle of MiraLAX, 4 oz. bottle of Black Elderberry Syrup, 81 mg bottle of Bayer chewable aspirin, and a bottle of Nature's Truth Sambucus Black Elderberry 1000 mg Tabs.

An unlabeled 12 oz. bottle of Milk of Magnesia was also found in the bottom of the 600 Hall Medication Cart.

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: 10/21/2021

Correction

Implemented

Labeled Medications

2600.184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) Resident's name (2) Name of medications (3) Date prescription issues (4) Prescribed dosage and instructions for administration (5) Name and title of prescriber

Are all prescriptions labeled with the resident's name?

Medications (continued)

If not what was done to correct?
Are all prescriptions labeled with the name of medication?
If not what was done to correct?
Are all prescriptions labeled with the date the prescription was issued?
If not what was done to correct?
Are all prescriptions labeled with the prescribed dosage and instructions for administration?
If not what was done to correct?
Are all prescriptions labeled with the name and title of prescriber?
If not, what was done to correct?
Date
Person Completing Audit _____

Completion Date: 12/06/2021

186a - Authorized Prescriber

Medications

1. Requirements

2600.
 186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Both the Documentation of Medical Evaluation (DME) and Resident Assessment-Support Plan (RASP) for Resident #3 show that the resident is unable to self-administer medications. However, the MAR for Resident #3 shows Cerave 1% itch cream to be self-administered. This cream was found in the resident's room and Resident#3 admitted to administering it [REDACTED] the MAR lists this prescription, hand written as "self admin"; however, no physician's order was provided dictating that the medication can be self-administered.

Plan of Correction

Medication pulled from room immediately. All rooms checked for any medications or treatments. RCC auditing MARs weekly to ensure all "self-administration" medications are verified. All charts audited to ensure any resident who had medications in room had a self admin order. Currently, no residents are self administering medications. Education given to staff.

Completion Date: 10/21/2021

Correction

Prescription Medications
 2600.186a Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.
Is anyone self-administering?-If no audit complete sign and date. If yes continue.
Does the DME/RASP and MAR reflect that resident is self-administering?
If not what was done to correct?
Is there a self-medicating assessment completed?
If not what was done to correct?

Accept

Implemented

Medications (continued)

Date _____

Person Completing Audit _____

Completion Date: 12/06/2021

187b - Date/Time of Medication Admin.

Medications

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 MAR contains the following medications with no initial of administration or notation of refusal:

Acetaminophen 325 mg Tablet, 2 tablets by mouth 4 times daily - 9/3/21 5 AM

Bengay Patch Apply to lower back twice daily - 9/4, 9/5 & 9/6 6 PM

Calcium w Vit D 600mg-400 Tablet daily - 9/7, 9/8, 9/9 8 AM

Ensure Liquid 1 can by mouth twice daily - 9/4, 9/5, 9/6 6 PM.

Resident #1 - Atorvastatin Calc 40 mg Tab 9/3/21 8 PM Dose.

Accuchecks 9/4, 9/5, 9/6 4 PM

Plan of Correction

Accept

MAR corrected immediately. RCC auditing MARs weekly and will continue to do so x4 weeks, then monthly with change over. Education given to all staff regarding signing MARS. The results of the medication audits will be discussed at the home's periodic quality management reviews, beginning in November, 2021.

Completion Date: 10/21/2021

Correction

Implemented

MAR

260.187b A medication record shall be kept to include the following for each resident whom medications are administered: 13. Date and Time of medication administration. 14. Name and initials of the staff person administering the medication.

Are dates and times present for each medication?

If not, what was done to correct?

Are initials noted?

Are initials and signature on Master Signature Form?

If not, what was done to correct?

Date

Person Completing Audit

Completion Date: 12/06/2021

188b - Medication Error Reporting

Medications

1. Requirements

Medications (continued)

2600.

188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

Description of Violation

Resident #1 is prescribed 12 units of Novalog mix twice daily at 8 AM & 4 PM. According to the MAR, the 4 PM doses were not given on 9/4/21, 9/5/21, 9/6/21, nor 9/8/2021. These errors were not reported to the resident, the resident’s designated person and/or the prescriber.

Plan of Correction

Accept

RCC conducting weekly MAR checks. All missing medications are immediately reported to PCHA, PCHA then reports to DHS, Resident and POA. Education given to staff regarding administering medications.

Completion Date: 10/21/2021

Correction

Implemented

Reportable Incidents

2600.16c The home shall report the incident or condition 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 should also follow the guidelines in 2600.15 (relating to abuse reporting covered by law).

2600.188b A medication error should be immediately reported to the resident, the resident’s designated person and the prescriber.

Were there any medication errors?

When was the date and time of the error?

Was the error reported within 24 hours?

If no, what was done to correct?

Were there any reportable incidents?

If yes, were they reported within the 24 hour time frame?

If no, what was done to correct?

****Abuse reporting follows separate guidelines-ensure 2600.15 is followed for abuse****

Date_____

Person Completing Audit_____

Completion Date: 12/06/2021

57d - Waking Hours

Staffing

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 8/15/2021, a total of 41 hours of direct care was required. 38.25 calculated hours were worked. However, only 29 of the required hours, or 70.73 percent, were provided during waking hours.

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

Repeated Violation - 3/10/21, et al

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: 10/21/2021

Correction

Implemented

Audit Form Staffing and Direct Care Hours

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

Number of staffing hours?

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 of Audit _____

Person Completing Audit _____

Completion Date: 12/06/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

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

Description of Violation

Resident #1 is to have Accuchecks performed twice daily, according to the MAR and Glucometer. These checks were not performed on 9/4/21, 9/5/21, nor 9/6/21 at 4 PM. Further, 12 units of insulin are to be injected twice daily. However, the MAR indicates that they were only given once on 9/4/21, 9/5/21 and 9/6/21.

Repeated Violation - 3/10/21, et al

Medications (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: 10/21/2021

Correction

Implemented

Prescriber's Orders

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

Completion Date: 12/06/2021

2. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed a Ben Gay patch twice daily. However, this was not administered on 9/3/21 at 6 PM, 9/4/21 at 8 AM or 6 PM, 9/5/21 at 8 AM or 6 PM, 9/6/21 8 AM or 6 PM, because the medication was not available in the home.

Resident #2 is prescribed Ensure Vanilla 1 can twice daily – However, this was not given from 9/1/21 until 9/7/2021 because the medication was not available in the home.

Repeated Violation - 3/10/21, et al

Plan of Correction

Accept

Education to staff in regards to following prescriber's orders given and ordering procedures, to ensure that prescriptions are ordered/reordered in a timely manner so that residents do not go without their medication. 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: 10/21/2021

Correction

Implemented

Prescriber's Orders

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

Medications (continued)

Completion Date: 12/06/2021