Department of Human Services
Bureau of Human Service Licensing

August 10, 2022

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

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/04/2022, 01/18/2022, 01/19/2022, 01/20/2022, 01/21/2022 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

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:** *07/17/2022*

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* [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:** *30* **Waking Staff:** *23*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *01/20/2022*

Inspection Dates and Department Representative

01/04/2022 - Off-Site: [redacted]*y*
01/18/2022 - On-Site: [redacted]
01/19/2022 - On-Site: [redacted]
01/20/2022 - Off-Site: [redacted]
01/21/2022 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* **Residents Served:** *20*

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:** *20*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *10* **Have Physical Disability:** *0*

Inspections / Reviews

01/04/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/07/2022*

08/01/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/08/2022*

08/10/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/17/2022*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for Resident 1 was not signed by the resident.

Plan of Correction ***Accept***

Resident 1 contract is unable to be signed due to resident not being a current resident. Contracts of current residents in the home have been audited and are compliant with 2600.25 b. RCC will be educated on full completion of contracts. Audits will be completed 1x week for 4 weeks and monthly x 2 months to ensure current residents/new admits have a signed contract. UPDATED 8/8/22- Contracts Initial Audit 1/24/22. staff education completed 1/30-31/2022. Audit Completion [redacted], ED or [redacted] PCHA.

Completion Date: *04/24/2022*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], Resident 1 was found on the floor at approximately 12 pm. The home conducted an assessment of the resident and documented that the resident denied hitting [redacted] head.

On [redacted], the resident was observed to be lethargic, confused, weak, uncoordinated and jaundiced. At 10 am, the home notified the physician of the resident's condition and sent the resident to the hospital.

The home has a fall policy which states that "the physician is contacted for further instructions if the head was not involved in the fall and the resident is able to move all extremities."

The home failed to notify and seek treatment advice from the resident's physician until approximately 22 hours after the resident was found on the floor. Once at the hospital, it was determined that the resident had a large acute intracranial hemorrhage, likely the result of trauma from the recent fall. The resident died at the hospital several days after hospitalization with the cause of death listed as subdural hematoma as a result of a fall.

Plan of Correction ***Accept***

Facility will notify and document appropriate MD and family representative at the time of an incident. Staff will be educated on timely notification and the documentation procedure according to policy and procedure. Audits will be completed on incidents weekly x 4 weeks and monthly x 2 months to ensure policy and procedure is being followed.UPDATED 8/8/22 Staff Education completed 1/30-31/2022. Audit Completion [redacted], ED or [redacted] PCHA.

Completion Date: *04/24/2022*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 2's medical evaluation, completed [redacted] does not include the medical professional's license number or the resident's height, weight, temperature or body position.

Plan of Correction ***Accept***

Resident 2 medical evaluation is unable to be completed as resident is no longer a resident in the facility. Current residents charts have been audited and have completed information as described in 2600.141 a. RCC will be educated on said regulation. Audits will be completed to ensure compliance with regulation 1x week for 4 weeks and monthly x 2 months. UPDATED 8/8/22. Initial Audit Completed 1/25/22. Staff Education completed 1/30-31/2022. Audit Completion [redacted], ED or [redacted] PCHA.

Completion Date: *04/24/2022*

185a - Implement Storage Procedures

1. Requirements

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

On 1/18/22 at approximately 9:15 am, the treatment cart stored in the 500 hallway was unlocked, unattended, and accessible leaving a glucometer and test strips belonging to Resident 3 accessible to anyone passing by the cart.

Plan of Correction ***Accept***

Cart was immediately locked, Glucometer/test strip were removed and placed in the appropriate treatment cart which is locked. Extra treatment cart was placed in the medication room where it is housed. Staff will be educated that all carts must be locked when unattended. Audits are being conducted 1xweek x 4 weeks and 1x month x 2 months. UPDATED 8/8/2022 Staff Education completed 1/30-31/2022. Audit Completion Karen Capuano, ED or Tiffany Neal PCHA.

Completion Date: *04/24/2022*

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident 4's record does not include a copy of the official death certificate. Resident 4 died in the home in [redacted].

Plan of Correction ***Accept***

Resident 4 death certificate was obtained and placed in the closed medical record. RCC will be educated by PCHA on proper contents of the medical record. Audits are being completed 1x week x 4 weeks and 1x month x 2 months to ensure death certificates are place in the chart when closing a record. UPDATED 8/8/2022 Staff Education completed 1/30-31/2022. Audit Completion [redacted], ED or [redacted] PCHA.

Completion Date: *04/24/2022*

16c - Written Incident Report

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

On [redacted], Resident 1 was found on the floor. On [redacted], the resident was sent to the hospital because of confusion, weakness, and lethargy. The home did not report this incident to the department until 8/16/21.

Repeated violation - 9/9/21

Plan of Correction ***Accept***

Home is unable to retroactively correct this violation. RCC will be educated by PCHA on timely reporting of incidents. Audits are being completed 1x week x 4 weeks and 1x month x 2 months to ensure incidents are being report in appropriate time frames. UPDATED 8/8/2022-RCC and PCHA educated 1/30-31/2022, Completion and sending reports is the RCC or the PCHA. [redacted],ED or [redacted], PCHA completed the Audits

Completion Date: *04/24/2022*

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

On 1/18/22 at approximately 9:15 am, the treatment cart stored in the 500 hallway was unlocked, unattended and accessible. The cart contained a tube of diclofenac sodium topical cream; (3) 30g bottles of nystatin powder; and (4) bottles of 325mg Acetaminophen tablets.

On 1/18/22 at approximately 9:20 am, the bedroom occupied by Resident 5 contained a Trelegy Ellipta inhaler and a plastic cup with 3 round pills and 3 capsules. These medications were unlocked, unattended and accessible to the

183b - Meds and Syringes Locked (continued)

resident or anyone who entered the bedroom.

Repeated violation - 5/25/21, 3/10/21

Plan of Correction ***Accept***

Staff member immediately locked the cart, removed meds from the cart and placed them in the locked medication room, and placed the extra cart in the locked medication room. Staff member also immediately removed medications from resident's bedside. PCHA educated the staff member immediately of violation and supplied on the spot education. Staff will be educated on making sure carts are locked and medications are not being left at the bedside for the safety of all residents. Audits are being completed 1x week x 4 weeks and 1x month x 2 months to ensure carts are locked and medications are not being left at the bedside. UPDATED 8/8/2022-Staff educated 1/30-31/2022.
[redacted] *ED or* [redacted] *PCHA*
Completion Date: *04/24/2022*