

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

March 2, 2023

[REDACTED]  
MECHANICSBURG SENIOR CARE LLC  
707 SHEPHERDSTOWN ROAD  
ATTN [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 01/18/2023, 01/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *VIBRA SENIOR LIVING* License #: *33109* License Expiration: *07/17/2023*  
 Address: *707 SHEPHARDSTOWN ROAD, MECHANICSBURG, PA 17055*  
 County: *CUMBERLAND* Region: *CENTRAL*

## Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

## Legal Entity

Name: *MECHANICSBURG SENIOR CARE LLC*  
 Address: *707 SHEPHERDSTOWN ROAD, ATTN MICHAEL BEAVER, MECHANICSBURG, PA, 17055*  
 Phone: [REDACTED] 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: *73* Waking Staff: *55*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/19/2023*

## Inspection Dates and Department Representative

01/18/2023 - On-Site: [REDACTED]  
 01/19/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *46* Residents Served: *39*

## 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: *39*  
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *1*

## Inspections / Reviews

## 01/18/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2023*

## 02/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/24/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2023*

Inspections / Reviews *(continued)*

02/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/21/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 01/18/23, The Medication Administration Records (MARs) for numerous residents were observed on medication cart located in the 700 Hall, unattended, and accessible.

Plan of Correction

Accept (NN - 02/13/2023)

- 1. On 1/18/23 MAR was immediately removed by PCHA and secured from medication cart in the 700 hall.
- 2. 500/600 cart MARs were secured on 1/18/2023 by PCHA, resident records are being confidentially stored.
- 3. Personal Care Home Administrator (PCHA) will educate licensed staff/med tech on Record confidentiality during the week of 1/23/23. Med administration records will be locked in the med cart while not in use to maintain confidentiality.
- 4. PCHA/designee will audit to ensure records remain confidential 2x a week x 4 weeks, then weekly x 8 weeks, audits will begin the week of 1/30/2023. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [redacted] PCHA. a [redacted] responsible for completion date/Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (NN - 02/27/2023)

18 - Compliance With Laws

2. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 01/18/23, there were gas fireplaces located in the main lobby and the resident common area of the home. However, no carbon monoxide alarms were observed within 15 feet or otherwise of the fireplaces.

Plan of Correction

Accept (NN - 02/13/2023)

- 1. Carbon monoxide detector was placed by fireplace in resident common area on 1/24/23 by the maintenance director. Carbon monoxide detector present at the main lobby fireplace.
- 2. Fireplaces in the facility have carbon monoxide detectors present.
- 3. Executive Director (ED) will educate the PCHA and Maintenance Director on health and safety requirements this was completed on 1/23/23
- 4. PCHA/designee will audit to ensure carbon monoxide detectors are in place weekly x 4 weeks, then monthly x 2 months audits will begin 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [redacted] PCHA. [redacted] responsible for completion date/date of compliance

18 - Compliance With Laws *(continued)*

Licensee's Proposed Overall Completion Date: 04/17/2023

*Implemented (NN - 02/27/2023)*

## 89b - Hot Water Temperature

## 3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 01/19/23 at approximately 09:30 AM, the hot water temperature in resident room 610 measured at 124.1 degrees Fahrenheit.*

**Plan of Correction***Accept (NN - 02/13/2023)*

1. *Regulator for sink in room 610 was adjusted by the maintenance director and temperature does not exceed 120 degrees Fahrenheit.*
2. *On 1/24/23 sinks in resident rooms/sink areas were checked by the maintenance director and they do not exceed 120 degrees Fahrenheit.*
3. *ED will educate PCHA and Maintenance director on hot water temps in areas accessible may not exceed 120 degrees Fahrenheit this was completed on 1/23/2023.*
4. *Maintenance Director/designee will audit 5 rooms/sink areas to ensure hot water does not exceed 120 degrees Fahrenheit 2x a week x 4 weeks, then 10 rooms/sink areas randomly x 2 months, audits will start the week of 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA. [REDACTED] will be responsible for completion date/date of compliance*

Licensee's Proposed Overall Completion Date: 04/17/2023

*Implemented (NN - 02/27/2023)*

## 96a - First Aid Kit

## 4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

*The first aid kits in the home do not include Goggles, Tweezers, and a Thermometer.*

**Plan of Correction***Accept (NN - 02/13/2023)*

1. *Missing items placed in the first aid kit on 1/18/23 by PCHA.*
2. *First Aid kit in PC is compliant; zip tie added and list of items attached.*
3. *PCHA will educate staff on required supplies for first aid kit and procedure put into place this was completed the week of 1/23/23*
4. *PCHA/designee will audit to ensure all items are in place weekly x 4 weeks, then monthly x2 months. Audits start the week of 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA. [REDACTED] will be responsible for completion date/Date of Compliance*

Licensee's Proposed Overall Completion Date: 04/17/2023

96a - First Aid Kit (*continued*)*Implemented (NN - 02/27/2023)*

## 103i - Outdated Food

**5. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation***On 01/19/23, the following dented cans were observed in the kitchen:**7lb Can of Banana Pudding**6lb 8oz Can of Fancy Shredded Sauerkraut**3lb 70z Can of Ripe Olives***Plan of Correction***Accept (NN - 02/13/2023)*

1. *Dented cans were removed immediately for the kitchen on 1/19/2023 by the dietary manager.*
2. *On 1/19/23 a sweep of the kitchen was completed by the dietary manager and there was no dented, outdated or spoiled food noted.*
3. *Dietary Manager will educate dietary staff on outdated, spoiled or dented cans may not be used. this was completed the week of 1/23/23.*
4. *Dietary Manager/designee will audit the kitchen areas for outdated or spoiled food or dented cans weekly x 4 weeks, monthly x2 months. Audits will start the week of 1/30/22. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.*

*[REDACTED] will be responsible for completion date/Date of compliance***Licensee's Proposed Overall Completion Date: 04/17/2023***Implemented (NN - 02/27/2023)*

## 132c - Fire Drill Records

**6. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation***Monthly fire drills dated 07/30/22, 08/4/22, 09/24/22, 10/26/22, 11/19/22, and 12/29/22, do not include the evacuation time or any problems encountered during the drill.***Plan of Correction***Accept (NN - 02/13/2023)*

1. *Unable to fill in missing information for said fire drills*
2. *Fire drill completed on 1/25/23 by the maintenance director, evacuation time and information identified in regulation were completely documented.*
3. *ED will educate PCHA and Maintenance Director on what the written fire drill record must include. this was completed on 1/23/23.*

**132c - Fire Drill Records (continued)**

4. Maintenance Director/designee will audit completed documentation for monthly fire drills, monthly x 6 months. Audits will start the week of 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.

[REDACTED] will be responsible for completion date/Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (NN - 02/27/2023)

**183d - Prescription Current****7. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 01/18/23, the following medications prescribed for Resident 1 were in the home but were discontinued on 1/13/23:

Daily-Vite tab 400MCG Tablet LK: Multivitamin (Tab-A-Vite). 1 Tab by Mouth Every Day. For Depression

Ferrous Sulfate 325MG Tablet LK: Ferrous Sulfate U-D 1 Ta by Mouth three times Daily for Supplement

Clopidogrel 75MG tablet 1 Tab by mouth every day (Sub for Plavix) DX:

Resident 1 is prescribed Sulfamethox 800-160mg tablet 1 tab by mouth every 12 hours medication found in the home, however this medication is not listed on the MAR.

**Plan of Correction**

Accept (NN - 02/13/2023)

1. Medications for Resident 1 were immediately removed on 1/18/23 from cart by PCHA.
2. Facility medication carts and MARS were reviewed on 1/18/23 by the PCHA to ensure discontinued medications were not in the cart.
3. PCHA will educate licensed staff/med techs on removal of discontinued medications from the cart. this was completed the week of 1/23/23.
4. PCHA/designee will audit 5 resident records for new orders to discontinue meds to ensure there are no discontinued meds in the cart, 2x week x 4 weeks then weekly x 8 weeks. Audits will begin the week of 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.

[REDACTED] will be responsible for completion date/ Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

183d - Prescription Current (continued)

Implemented (NN - 02/27/2023)

185a - Implement Storage Procedures

8. 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

Resident 1 is prescribed Acetaminophen 325MG Tablet Give 1 Tab (325) by mouth every 4 hours as needed for pain/temperature, the medication was not found in the home.

Resident 1's Glucometer readings were compared to the MAR resulting in the following:

On 01/05/23 at 10:55am the glucometer reading shows 193.

On 01/05/23 at 11:00am the MAR recording shows 186.

On 01/17/23 at 12:15pm the glucometer reading shows 322.

On 01/17/23 at 11:00am the MAR reading shows 277.

Resident 2 is prescribed Calcitriol Capsule 0.25MG Give 1 Capsule by Mouth one time a day on Monday, Wednesday, and Friday. DX: Hypocalcemia, the medication was not found in the home.

Plan of Correction

Accept (NN - 02/13/2023)

1. Resident 1 Tylenol and Resident 2 Calcitriol was reordered from the pharmacy on 1/18/2023 by PCHA. Glucometer/Mar documentation are unable to be retroactively changed.
2. PCHA compared facility medication carts to current resident MARS to ensure prescribed medications are present on 1/19/23.
3. PCHA will educate licensed staff/med techs on storage and use of medical equipment i.e. Glucometers. this was completed the week of 1/23/23.
4. PCHA/designee will audit med carts and glucometers 2 x a week x 4 weeks, then weekly x 8 weeks. Audits will begin the week of 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.

[REDACTED] will be responsible for the completion date/Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (NN - 02/27/2023)

187a - Medication Record

9. Requirements

**187a - Medication Record (continued)**

2600.

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

**Description of Violation**

*Resident 1 is prescribed Humalog 100Unit 1ML Ins-Vial Inject as per sliding Scale before meals Subcutaneously if 150-200 =2U; 201-250=4U; 251-300= 6U; 301-350=8U; 351-400=10U; Above 400 Units Call MD for Diabetes Mellitus*

*On 01/12/23 at 06:00, the MAR does not include the staff initials, the blood sugar reading or the Humalog units given.*

*The MAR does not include the Humalog units given at 11:00am for the following dates: 1/1/23, 1/2/23, 1/4/23, 1/6/23 – 1/13/23, 1/16/23 through 1/17/23.*

**Plan of Correction****Accept (NN - 02/13/2023)**

1. *Unable to retroactively correct Resident 1 documentation.*
2. *On 1/18/23 MAR's were adjusted for current residents on sliding scales by the PCHA.*
3. *PCHA will educate licensed staff/med techs on proper documentation on a MAR, the week of 1/30/23.*
4. *PCHA/designee will audit 5 Resident MAR's for sliding scale documentation 2x a week x 4 weeks, then weekly x 8 weeks. Audits will begin 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.*

*[REDACTED] will be responsible for the completion date/ Date of compliance*

**Licensee's Proposed Overall Completion Date: 04/17/2023**

**Implemented (NN - 02/27/2023)****187b - Date/Time of Medication Admin.****10. 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 1 is prescribed Humalog 100Unit 1ML Ins-Vial Inject as per sliding Scale before meals Subcutaneously if 150-200 =2U; 201-250=4U; 251-300= 6U; 301-350=8U; 351-400=10U; Above 400 Units Call MD for Diabetes Mellitus.*

*On 01/12/23 at 06:00 the MAR does not include the staff initials indicating if the medication was administered.*

*Resident 1 is prescribed Metformin HCL F/C 1000MG Tablet LK: Glucophage 1 Tab my mouth twice daily for Diabetes Mellitus.*

*On 1/1/23, 1/4/23, 1/11/23, 1/15/23, 01/16/23 and 1/17/23 at 8:00pm, there were no staff initials entered on the MAR indicating if the medication was administered.*

## 187b - Date/Time of Medication Admin. (continued)

**Plan of Correction****Accept (NN - 02/13/2023)**

1. Resident 1 MARs documentation cannot be retroactively changed.
2. On 1/18/23 the PCHA reviewed current residents MAR's, documentation present.
3. PCHA will educate licensed staff/med tech/RCC on completion of documentation for medication administration, the week of 1/23/23.
4. PCHA/designee will audit 5 MARs to ensure needed documentation is present for medication administration 2x a week x 4 weeks, then weekly x 8 weeks. Audits will begin 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.

[REDACTED] will be responsible for completion date/ Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

**Implemented (NN - 02/27/2023)**

## 187d - Follow Prescriber's Orders

**11. Requirements**

2600.

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

**Description of Violation**

Resident 2 is prescribed Sertraline Tab 25mg, 3 Tablets Orally at bedtime for PPX, as detailed on the package. However, resident 2 was administered Sertraline 50MG Tablet, 1 Tab By mouth Daily, DX: Depression on the dates of 01/05/23 through 01/17/23 at 8:00pm

**Plan of Correction****Accept (NN - 02/13/2023)**

1. Immediately on 1/18/23 a change of direction sticker was placed on medication card for resident 2. this was completed by PCHA.
2. On 1/18/23, the PCHA reviewed current residents MARs against medication package and no issues were noted.
3. PCHA will educate Licensed Staff/Med tech/RCC the week of 1/30/23 on following prescriber's orders and placing change of direction stickers on new orders received.
4. PCHA/designee will audit 5 resident records for a change in med order that will need a change of direction sticker for new orders, 2x a week x 4 weeks, then weekly x 8 weeks. Audits will start 1/30/23. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review and recommendation on the 3rd Thursday of every month starting 2/16/2023 by [REDACTED] PCHA.

[REDACTED] will be responsible for completion date/Date of compliance

Licensee's Proposed Overall Completion Date: 04/17/2023

**Implemented (NN - 02/27/2023)**