

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

July 20, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 07/06/2023 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 [REDACTED], 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:** 67 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/06/2023

Inspection Dates and Department Representative

07/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 36

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:** 36
Diagnosed with Mental Illness: 19 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 31 **Have Physical Disability:** 0

Inspections / Reviews

07/06/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/17/2023

07/14/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/19/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/20/2023

Inspections / Reviews (*continued*)

07/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/28/2023

07/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

Resident #1 has a physician's order for [REDACTED] to be applied to the affected areas topically every shift and as needed for skin prevention. This treatment was not applied for the month of May, according to the May 2023 Treatment Administration Record (TAR). On [REDACTED], Resident #1 was admitted to the hospital and diagnosed with a [REDACTED], superficial open areas to the bilateral buttocks and superficial denuded areas on bilateral inner thighs/groin.

Plan of Correction

Accept [REDACTED] - 07/17/2023)

1. Unable to rectify missing documentation and order from May 2023. Resident re-admitted back to PC on [REDACTED]. Order was changed to [REDACTED] to be applied to buttock BID and PRN. On 7/6/2023 the PCHA, [REDACTED], LPN verified the new order was correct and treatment was on the TAR for BID and PRN. Resident areas continue to improve and treatment is documented as being applied since re-admission on [REDACTED].
2. The week of 7/10/2023 the PCHA, [REDACTED] will complete skin checks and talk to the residents about abuse to ensure neglect, intimidation, physical or verbal abuse, mistreatment, subjected to corporal punishment or disciplined in any way is not being reported on current residents, to ensure the potential for abuse is absent.
3. The W/O 7/10/2023 the PCHA, [REDACTED] will educate the PCA's and Med Tech's on abuse and the requirements for 2600.42.b. Ensuring to follow Prescriber's orders as not following orders can look like neglect and cause harm to a resident.
4. PCHA or designee will perform skin checks for signs of skin integrity issues and ask about concerns of abuse on 5 Residents weekly x 12 weeks. See attached auditing schedule. Finding will be reported to Quality Assurance Committee for review on the 3rd Thursday of every Month starting on 7/20/2023. See QAA/QAPI meeting schedule. [REDACTED] will be responsible for completion Date/ Date of compliance 9/26/2023.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented ([REDACTED]) - 07/20/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] to be applied to the affected areas topically every shift and as needed for skin prevention. This treatment was not administered during the month of May 2023.

Repeated Violation- 1/18/2023, et al

Plan of Correction

Accept [REDACTED] - 07/14/2023)

1. Unable to rectify missing documentation and order from May 2023. Resident re-admitted back to PC on 6/22/2023. Order was changed to [REDACTED] to be applied to buttock BID and PRN. On 7/6/2023 the PCHA,

187d Follow Prescriber's Orders (continued)

- ██████████, LPN verified the new order was correct and treatment was on the TAR for BID and PRN. Resident areas continue to improve and treatment is documented as being applied since re admission ██████████
2. The week of 7/10/23 Current resident's orders will be checked by the PCHA, ██████████ to ensure orders for the MAR/TAR are correct and appropriate documentation is documented.
 3. The W/O 7/10/2023 the PCHA, ██████████ will educate current Med Techs regarding MAR/TAR documentation and the requirements for following Prescriber's orders.
 4. PCHA, ██████████ or designee will audit new orders and MAR/Tar documentation the W/O 7/17/2023 to ensure compliance. Audits will be 5 Residents with new orders, MAR/TAR 2x week x 4 weeks, then 5 residents weekly x 2 months. See attached auditing schedule. Finding will be reported to Quality Assurance Committee for review on the 3rd Thursday of every Month starting on 7/20/2023. See QAA/QAPI meeting schedule. ██████████ will be responsible for completion Date/ Date of compliance 9/26/2023.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (██████) - 07/20/2023)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Per staff interviews, Resident #1 displays verbal and/or physical aggression when staff provide personal care. The assessment for Resident #1, dated ██████████, does not include the resident's behavioral need for agitation or aggression. Additionally, the Support Plan indicates the resident has a need for assistance moving from one place to another. The Support Plan does not indicate that the resident uses a wheelchair for mobility.

Plan of Correction

Accept (██████) - 07/17/2023)

1. On 7/6/2026 PCHA, ██████████ immediately documented on Resident #1 Support plan, residents behavioral need for agitation, aggression, irritability and judgment. Support plan also adjusted for the use of a wheelchair for mobility and the use of briefs.
2. The W/O 7/10/2023 PCHA, ██████████ or designee will audit current residents support plans to ensure support plans identify all needs as well as behavioral needs, use of mobility devices and briefs.
3. On 7/10/2023 the Executive Director, ██████████ will educate PCHA, ██████████ on support plans and the requirements of 2600.227.d. PCA and Med Techs will be educated by ██████████, PCHA on the following: Staff is to notify the PCHA if there are changes to what is baseline for each resident. Staff will look for changes in the following areas and notify the PCHA
 1. Behaviors
 2. Changes with ADL's
 3. Changes with Mobility
 4. Changes in Cognition

227d - Support Plan Medical/Dental (continued)

5. Changes in skin integrity

4. PCHA, [REDACTED] or designee will start auditing newly admitted resident support plans, and residents with significant changes the W/O 7/17/2023 to ensure compliance. Audits will be newly admitted Residents, and residents with significant changes weekly x 12 weeks, then ongoing auditing will continue monthly of 10 residents per month to ensure Support plans are individualized and appropriate. See attached auditing schedule. Findings will be reported to Quality Assurance Committee for review on the 3rd Thursday of every Month starting on 7/20/2023. See QAA/QAPI meeting schedule. [REDACTED] will be responsible for completion Date/ Date of compliance 9/26/2023.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented ([REDACTED] - 07/20/2023)