

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

July 11, 2024

[REDACTED]
MECHANICSBURG SENIOR CARE LLC

[REDACTED]
ATTN GREG TOOT
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2024, 05/23/2024 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: *07/17/2024*
 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: [REDACTED]
 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: *24* Waking Staff: *18*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/23/2024*

Inspection Dates and Department Representative

05/22/2024 - On-Site: [REDACTED]
 05/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *46* Residents Served: *24*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/22/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2024*

06/14/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/08/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2024*

Inspections / Reviews (*continued*)

06/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/05/2024

07/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted] removed [redacted] catheter on the overnight shift, resulting in clotted blood found on the floor by Med Tech, [redacted]. At approximately 09:40am, the resident started having a running nose and began shaking uncontrollably, preventing the Med Tech from fully taking the resident's vitals. At 09:42am Med Tech Elnesida Bravo called 911 EMS and three EMT's transported the resident to the hospital at 10:00am. The resident's After Visit Summary indicates the resident was hospitalized 03/29/24 to 04/03/24 due to a diagnosis of sepsis. The home did not report this incident to the Department.

Repeated Violation - 2/7/24, et al

Plan of Correction

Accept [redacted] - 06/17/2024)

This incident was reported to DHS on [redacted]. PCHA reviewed all incidents from 2024 on 6/10/24 to ensure all have been reported to DHS per regulation. MTs were educated by PCHA on 6/10/24 on the necessity to report incidents to PCHA in a timely manner. PCHA or designee to conduct audits starting on 7/1/24, 1 time a week for 4 weeks then 1 time a month for two months. PCHA will review report sheets daily to ensure there will no incidents that need reported.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] - 07/11/2024)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills on [redacted] at 4:35AM, [redacted] at 10:25AM, [redacted] 5:50AM, and [redacted] at 12:38PM, all residents did not evacuate to a designated meeting place away from the building or within the fire-safe area designated in writing within the past year by a fire safety expert.

Plan of Correction

Accept [redacted] 06/20/2024)

Facility is unable to retroactively correct this violation. Fire drill was conducted on 5/28/24 with all residents evacuating to a safe zone. Executive Director educated PC staff on 6/11/24 on the need to exit residents to a centralized meeting place during every fire drill. Education to be provided to residents on safe evacuations during resident council on 6/20/24. Effective 7/1/24, during all resident fire drills, Maintenance Director or designee will count to ensure all residents have been evacuated. Administration and SNF staff are to assist with evacuations when available. PC Staff will remain on their side to ensure all residents are safe and accounted for. Maintenance Director will continue to conduct monthly fire drills for personal care.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] 07/11/2024)

132i - Testing Fire Alarm

4. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drills on [redacted] at 5:50AM and [redacted] at 5:59AM, the fire alarm was not sounded.

Plan of Correction

Accept [redacted] - 06/20/2024)

Facility is unable to retroactively correct this violation. Fire drill was conducted on 5/28/24 with fire alarm being sounded. PCHA educated Maintenance Director on 6/10/24 on the need to sound fire alarm with each drill. Maintenance Director will continue to conduct monthly fire drills for personal care. Effective 7/1/24, after each drill, PCHA or designee will follow-up with residents and staff to ensure that a fire alarm was sounded.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] - 07/11/2024)

185a - Implement Storage Procedures

5. 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 [redacted] is prescribed [redacted] checks before breakfast fasting and at bedtime. The [redacted] checks on the [redacted] used for the resident did not match the numbers transcribed on the Medication Administration Record including the following:

- [redacted] on [redacted] at 6:24AM is [redacted] – this reading is not documented on the MAR.
- A blood sugar reading of [redacted] is documented on the medication administration record for [redacted] at 9:00PM – this reading is not found in the glucometer.

Resident [redacted] is prescribed [redacted] / - inject sq three times daily as per sliding scale. The [redacted] checks on the [redacted] used for the resident did not match the numbers transcribed on the Medication Administration Record including the following:

- [redacted] reading on [redacted] at 12:15PM is [redacted] – the number is not documented on the MAR.

Repeated Violation - 2/7/24, et al

Plan of Correction

Accept [redacted] - 06/20/2024)

Staff are unable to retroactively add BGMs readings to the MAR. On 6/3/24, PCHA reviewed all MARs to ensure that proper BGM values were recorded. On 6/10/24, MTs were educated by PCHA to make sure that proper BGM values were recorded on the MARs. Effective 7/1/24, PCHA or designee will conduct audits 1 time a week for 4 weeks then 1 time a month for 2 months.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] - 07/11/2024)

186c - Change in Medications

6. Requirements

186c - Change in Medications (continued)

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [redacted] through [redacted], the home administered [redacted] – take 1 tablet by mouth twice daily to Resident [redacted]. The home had not received a written order from an authorized prescriber until [redacted] and did not have registered nurses authorized to receive verbal orders.

Plan of Correction

Accept [redacted] - 06/20/2024)

Staff are unable to obtain an order for a date in a past. On 6/3/24, PHCA reviewed resident's chart to ensure that there is currently an active order for the medication. PHCA is an LPN and able to take verbal orders. on 6/10/24, PCHA educated MTs on the need to make sure that they verified receipt of an order before starting or stopping a medication. Effective 7/1/24, PCHA or designee will conduct audits 1 time a week for 4 weeks then 1 time a month for 2 months.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] 07/11/2024)

187a - Medication Record

7. Requirements

2600.

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

- 9. Administration times.

Description of Violation

The May 2024 Medication Administration Record for Resident [redacted] does not indicate a designated administration time nor does it include a recorded time of administration for the following medications:

- [redacted] - take 1 tablet by mouth once daily
- [redacted] - take 2 capsules [redacted] by mouth daily in the morning
- [redacted] - take 1 tablet by mouth once daily
- [redacted] - take 1 capsule by mouth once daily
- [redacted] - take 1 tablet by mouth once daily
- [redacted] - take 1 tablet by mouth once daily
- [redacted] - take 1 tablet by mouth once daily
- [redacted] - take 1 tablet by mouth twice daily
- [redacted] - take 1 capsule by mouth twice daily
- [redacted] - take 1 tablet by mouth twice daily
- [redacted] - take 1 tablet by mouth twice daily
- [redacted] - take 1 tablet by mouth three times daily
- [redacted] - take 1 tablet by mouth three times daily
- [redacted] give 1 tablet by mouth at bedtime
- [redacted] - take 1 tablet by mouth at bedtime
- [redacted] - instill 1 drop into each eye at bedtime

187a - Medication Record (continued)

Repeated Violation - 2/7/24, et al

Plan of Correction

Accept [redacted] - 06/20/2024)

on 5/28/24, PCHA corrected all June MARS to add time of administration. Beginning with July MAR, pharmacy are to send MARs with times of administration. on 6/10/24, PCHA educated MTs on the need to document time of administration for all medications given. Effective 7/1/24, PCHA or designee will review all MARs at the beginning of each month to verify that administration times are listed.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [redacted] - 07/11/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] tablet- give 1 tablet by mouth at bedtime. On 5/1/2024 and 5/2/2024, per the medication administration record, this medication was administered twice.

Resident [redacted] is prescribed [redacted]-take 1 tablet by mouth at bedtime for Anxiety. Resident [redacted] did not receive this medication as ordered from 4/21/2024 through 4/24/2024. This medication was not available in the home on 4/21/2024 and 4/22/2024.

Resident [redacted] did not receive the following medications as ordered on [redacted] or [redacted] at 6:00 AM:

- [redacted] sq daily for DM
- [redacted] - take 1 tablet by mouth once daily for [redacted]
- [redacted] - take 1 tablet by mouth once daily for [redacted]
- [redacted] - take 1 tablet by mouth once daily for [redacted]
- [redacted] - take 1 tablet by mouth once daily for [redacted]
- [redacted] - take 1/2 tablet by mouth once daily for [redacted]
- [redacted] - take 1 tablet by mouth once daily for [redacted]
- [redacted] - take 1 tablet by mouth once daily for [redacted]

Resident [redacted] did not receive the following medications as ordered on [redacted]:

- [redacted] - apply to affected area twice a day, HS
- [redacted] - apply [redacted] topically twice a day, HS
- [redacted] - check blood sugar before breakfast fasting and at bedtime at 9PM

Repeated Violation - 7/6/23

Plan of Correction

Accept [redacted] - 06/20/2024)

Facility is unable to retroactively correct this violation. PCHA to review all charts by 6/30/24, to ensure that residents are getting their prescribed medications. PCHA educated MTs on 6/10/24 on the correct processes if a resident is missing a supply of medication. PCHA educated MTs on 6/17/24 on the correct documentation of BGMs. PCHA reviewed resident's MAR on 6/17/24 to ensure all medication are being administered as prescribed. Effective 7/1/24, PCHA or designee will conduct audits 1 time a week for 4 weeks then 1 time a month for 2 months.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [REDACTED] - 07/11/2024)

227d - Support Plan Medical/Dental

11. 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

Resident [REDACTED] has a reported history of wandering to Skilled Nursing for extended periods of time and outside of the facility to a local church down the road. The resident's most current RASP dated [REDACTED] does not reflect needs for this behavior nor document how this need will be met.

Resident [REDACTED] utilizes a wheelchair and has had several instances of falling to the ground in [REDACTED] bedroom and not being able to get [REDACTED] back up. The resident's most current RASP dated [REDACTED] indicates that [REDACTED] is independent in transferring in and out of bed/chair and does not reflect this need nor document how this need will be met.

Repeated Violation - 7/6/23

Plan of Correction

Accept [REDACTED] - 06/20/2024)

Resident [REDACTED] was discharged to another facility on [REDACTED]. Resident [REDACTED] RASP was updated on [REDACTED] to reflect changes in condition. PCHA educated MTs on 6/10/24 to ensure that they inform PCHA of any changes in condition so that the RASP can be updated accordingly. PCHA will review report sheets daily to ensure any changes are captured. PCHA to review all current resident RASPs to ensure they accurately depict the resident's current care needs. Effective 7/1/24, PCHA or designee to audit resident RASPs to ensure accuracy 1 time a week for 4 weeks then 1 time a month for 2 months.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [REDACTED] - 07/11/2024)