

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

June 6, 2025

[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 03/19/2025, 03/20/2025, 03/21/2025 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:** 07/17/2025
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:** 44 **Waking Staff:** 33

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 03/21/2025

Inspection Dates and Department Representative

03/19/2025 - On-Site: [REDACTED]
 03/20/2025 - On-Site: [REDACTED]
 03/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 28

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:** 28
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

03/19/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/17/2025

Inspections / Reviews (*continued*)

04/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/24/2025

04/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2025

06/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

2. 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

The following medication errors were not reported to the Department:

- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] at 8:00PM on [REDACTED] and [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] at 8:00PM on [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] and [REDACTED] at 6:00AM on [REDACTED] and [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] in either eye at 9:30PM on [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] at 6:00PM on [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] and [REDACTED] at 8:00PM on [REDACTED].
- Resident [REDACTED] is prescribed nystatin powder three times daily. However, on [REDACTED], it was only administered twice.
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] and [REDACTED] at 8:00PM on [REDACTED].
- Resident [REDACTED] was not administered [REDACTED] prescribed [REDACTED] on [REDACTED] at 8:00PM.

Repeated Violation - [REDACTED], et al and [REDACTED], et al

Plan of Correction

Directed [REDACTED] 04/28/2025)

2600.16.c

- The facility is unable to retroactively correct violation from 3/4/25, 3/13/25, 3/14/25, 3/16/25, 3/17/25, 3/18/25, 3/19/25.
- PC Director submitted reportable to DHS for Resident [REDACTED] and Resident [REDACTED] on 3/24/2025.
- Reportable for Resident [REDACTED] and [REDACTED] for medication errors will be completed by 4/25/25.
- ED educated PCHA/PD Director on timely reporting of incidents on 4/14/25.
- Beginning on 4/14/25 PCHA or Designee will be responsible for ensuring that the policy is implemented and monitored for effectiveness. PCHA or Designee will review this policy quarterly with all staff.
- Beginning 4/14/25 PCHA or designee will conduct audit on all internal reportable incidents from 3/1/25 through present to ensure proper reporting has occurred. The audit will be completed by 4/30/25.
- Resident Care Coordinator will be responsible for monitoring MAR's/TAR's for medication errors and completion. RCC, PCHA or PC Director will report medication error's to DHS within a timely manner.
- Audits will begin by PCHA or Designee week of 4/21/25 1x week x 4 weeks then 1x month for 2 months

16c Written Incident Report (continued)

Proposed Overall Completion Date: 06/30/2025

[Directed]

- Beginning no later than 5/5/25, the Resident Care Coordinator or designee will complete daily audits of resident MARs and TARs for medication errors to ensure those errors are reported to the Department within 24 hours. Documentation of these audits will be kept and available for review by the Department. The PCHA or designee will review these audits weekly to ensure compliance.

Directed Completion Date: 05/23/2025

Implemented [REDACTED] - 06/03/2025)

17 - Record Confidentiality

3. 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 [REDACTED] at 9:51AM, there was a clipboard located on the counter of the 600 nurse station. On the clipboard were various documents with residents' names and weight checks. On top of the documents was a laminated page that said, "privacy shield". However, this clipboard was unlocked, unattended and accessible.

On [REDACTED] at 10:25AM, Resident [REDACTED] delivery receipt for [REDACTED] [REDACTED] chair was unlocked, unattended, and accessible on top of the 500 hall medication cart.

Plan of Correction

Directed [REDACTED] - 04/28/2025)

17 Record Confidentiality

2600.17

- Staff Member B received the clipboard from DHS auditor and placed in a secured area on 3/19/25.
- Staff Member B immediately secured the delivery receipt from 500 medication cart on 3/21/25.
- PCHA or Designee will educate all staff members on the resident's rights to confidentiality and the potential for HIPPA violations beginning week of 4/14/25 to be completed by 5/2/25.
- PCHA or Designee will conduct audits on the med cart and nursing stations to ensure resident records are securely and inaccessible to anyone other than facility associates. Audits will begin 4/14/25.
- Audits beginning the week of 4/14/25 for 2x a week for 4 weeks then 1x a week for 8 weeks

17 - Record Confidentiality (continued)

Directed Completion Date: 05/23/2025

Implemented (████) 06/03/2025)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On █████, the home did not have Staff Person H's (hired on 03/04/2025), or Staff Person E's (hired on █████) completed criminal history check results, to include the record for control of the Pennsylvania background check requested on █████ and █████, respectively. Staff Person I informed Agents of the Department that the home never attempted to obtain the record for control for any staff, even if the Pennsylvania background check indicated there was a record.

As of █████, the home has not requested a Pennsylvania criminal history background check for Staff Person J, who was hired on █████

Repeated Violation - █████, et al

Plan of Correction

Accept (████) - 04/28/2025)

2600.51

- HR requested the record of control for staff member H (hired on 3/4/25) and staff member E (hired on 3/4/25) on 3/21/2025.
- HR completed a criminal history background on staff person J (hired on 5/7/24) on 5/2/2024.
- On 4/14/25 ED educated all leadership team members on the requirement regarding criminal background checks to be conducted in accordance with regulation effective immediately. Education to be completed by 5/2/25.
- Beginning 4/14/25 HR or Designee will conduct an audit of all current employee files to verify that criminal history checks have been conducted in accordance with regulation. Initial audit will be completed by 4/30/25.
- Beginning on 5/1/25 HR or designee will conduct monthly audit of each months newly hired associates for a period of 3 months to ensure ongoing compliance.

Proposed Overall Completion Date: 06/30/2025

Proposed Overall Completion Date: 05/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (████) - 06/06/2025)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

54a Direct Care Staff (continued)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Person K has been providing unsupervised direct care to residents since [REDACTED]. However, as of [REDACTED] the home did not have Staff Person K's high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] 04/28/2025)

2600.54.a

- HR collected staff person K (Diploma, GED, or CNA) on [REDACTED].
- On 4/14/25 ED educated HR/Scheduler and PC Director on the requirement for Direct Care Staff collection of either a high school diploma, GED, or CNA certificate in accordance with regulation effective immediately.
- Beginning 4/14/25 HR or Designee will conduct audit of all current employees' files to verify that they either have high school diploma, GED, or CNA, this audit will be completed by 4/30/25.
- Beginning on 5/1/25 HR or Designee will conduct monthly audit of each months newly hired associates for a period of 3 months to ensure ongoing compliance.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

60a - Staff/Support Plan

6. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

As of [REDACTED], the home only had one staff person, Staff Person H, who was qualified to administer medications to residents. The home has 28 residents who require routine and as needed medications as well as insulin injections. On the following dates and times, the home did not have a qualified medication administration trained staff person available to administer medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/28/2025)

2600.60.a

- Unable to correct violation from 3/5/25, 3/15/25, 3/16/25, 3/18/25
- Education given by ED to PCHA on regulation for staff administering medications
- PCHA the week of 4/14/25 will assign staff the Medication Administration Course to be completed by 5/2/25.
- Face to Face class for Medication Administration is scheduled for 4/26/25 at 9am, 4/26/25 at 2pm, 5/1/25 at 5pm and 5/3/25 at 9am.
- PCHA starting 5/1/25 will monitor quarterly the completion of observations for Medication administration.

60a - Staff/Support Plan (continued)

- Starting the week of 5/5/25, HR/Scheduler will monitor the schedule prior to being posted to ensure that each shift has a certified medication technician.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ([redacted] 06/03/2025)

63a - First Aid/CPR Training

7. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times, approximately 28 residents were present in the home and the home did not have a staff person who is trained in first aid and certified in obstructed airway techniques and CPR present in the home:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept ([redacted] - 04/28/2025)

2600.63.a

- Unable to correct violation on 3/6/25, 3/7/25, 3/10/25, 3/11/25, 3/12/25, 3/15/25, 3/16/25, 3/18/25
- Education given by ED to PCHA and PC Director on regulation for CPR/First aid regulation on 4/14/25.
- CPR/First Aid Class was conducted on 2/6/25. PC Director reached out to CPR instructor regarding the class. CPR instructor ordered the wrong cards. Correct CPR/First Aid Certificates received on 3/20/2025.
- Audit by PC Director or Designee will be started the week of 4/14/25 to identify all staff needing CPR/First Aid training and will be completed by 4/30/25.
- PC Director or Designee will review all new hires upon hire for CPR/First Aide Training.
- Starting the week of 4/28/25, HR/Scheduler will monitor schedule prior to completion bi-weekly to ensure that there are the required number of staff who are CPR and First Aid Trained on each shift.
- PC Director or Designee will review all current employees monthly x 3 months beginning 5/1/25 for CPR/First Aid training
- First Aid/CPR Classes will be set up Quarterly as needed beginning 6/1/25 for all staff needing CPR/First Aid training.

Proposed Overall Completion Date: 06/30/2025

63a - First Aid/CPR Training (*continued*)

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The following staff persons have completed [REDACTED] 40th scheduled work hour:

- Staff Person L
- Staff Person D
- Staff Person M
- Staff Person H
- Staff Person E
- Staff Person N
- Staff Person F
- Staff Person K
- Staff Person O
- Staff Person P

However, these staff have not completed training in the following topics:

- Emergency medical plan
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 —10225.5102)
- Reporting of reportable incidents and conditions.

Plan of Correction

Directed [REDACTED] 04/28/2025)

2600.65.b

- Staff Persons L, D, M, H, E, N, F, K, O, P the week of [REDACTED] will complete the missing orientation for Emergency Medical Plan, Mandatory reporting of abuse and neglect, reporting of reportable incidents and conditions.
- On 4/14/25, education given by ED to HR regarding the regulation of training within 40 hrs. for direct care staff persons, ancillary staff persons, substitute personnel and volunteers.
- Beginning week of 4/14/25 all employee files will be audited by HR to ensure all staff have completed this training. This will be completed by 4/30/25
- HR will ensure that all new hires will complete Resident Rights, Emergency medical Plan, Mandatory reporting of abuse and neglect and reporting or reportable incidents and conditions at their orientation class.
- Monthly audit starting 5/1/25 x 3 months completed by HR on all new hires' complete orientation within 40 hrs of working.

Proposed Overall Completion Date: 06/30/2025

Directed Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

65d - Initial Direct Care Training

9. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Person D has been providing direct care to residents since [REDACTED] and has not completed and passed the Department-approved direct care training course and passing of the competency test.

Staff Person E has been providing direct care to residents since [REDACTED], and the home was unable to produce a competency test certificate that included a passing date, indicating when the staff completed and passed the Department-approved direct care training course.

Staff Person F has been providing direct care to residents since [REDACTED] and did not complete and pass the Department-approved direct care training course and passing of the competency test until [REDACTED].

Staff Person K has been providing direct care to residents since [REDACTED] and has not completed and passed the Department-approved direct care training course and passing of the competency test.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

2600.65.d

- Employee D was suspended on [REDACTED] pending investigation related to not signing MAR/TAR after administering medications/treatments. Employee D was terminated on 3/29/2025 for failing to sign MAR/TAR
- Staff Person E completed the Director Care training on 5/14/24
- Unable to correct violation for employee F not having completed training until 3/5/25
- Staff Person K completed the Direct Care training on 3/26/25.
- Education given to HR on 4/14/25 on staff completing the Initial Direct Care Training by ED
- Audit to be started the week of 4/14/25 on all staff to ensure the Initial Direct Care Training is complete by HR to be completed by 4/30/25.
- Beginning week 4/14/25 all new hires that do not produce the Initial Direct Care Training certificate will be scheduled/set up for this training by HR or PC Director on their first day of orientation to complete this training prior to starting on the floor. Staff will not work the floor unit training is complete.
- HR will audit monthly x 3 months that all staff have this training certificate in their file beginning 5/1/25.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/03/2025)

65f - Training Topics

10. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

65f Training Topics (continued)

Description of Violation

Staff Person G did not receive the following trainings in the 2024 annual training year:

- Medication self administration training
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Personal care service needs of the resident

Plan of Correction

Directed [redacted] - 04/28/2025)

2600.65.f

- Unable to correct the violation for Staff Person G training for 2024
- Education given by ED to HR on training regulation on 4/14/25
- Staff Member G will be required to complete trainings for Medication self administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plans and personal care service needs of the resident by 5/9/2025.
- HR will complete by 5/2/25 audit to ensure all current staff have the required training per regulation scheduled for this year.
- HR beginning 5/1/25 will run Medline report by the 15th of each month and give to PCHA or Designee on staff members that have not completed training. PCHA or Designee will have staff members complete the training by end of month or staff member will be removed the schedule until completed.

Proposed Overall Completion Date: 06/30/2025

[Directed]

- HR or designee will complete an initial audit of the 2024 training year. Any other staff found to be missing trainings from the 2024 training year will be educated on the missing training topics by 5/23/25. Documentation of this audit will be kept and available for review by the Department.

Directed Completion Date: 05/23/2025

Implemented [redacted] - 06/06/2025)

121a - Unobstructed Egress

11. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], at approximately 9:55AM, the door leading to the courtyard of the 700 hallway was locked with a keypad and card reader. There were no instructions on how to unlock the door displayed on or near the door. This door to the courtyard displayed a sign stating, "Not an Exit". However, there is an unlocked door in the courtyard fence which connects to a public thoroughfare.

Plan of Correction

Accept [redacted] - 04/28/2025)

2600.121.a

- On 4/22/2025 a sign was placed by the exit door leading to courtyard of the 700 hallway with instructions on

121a Unobstructed Egress (continued)

how to unlock the door by Maintenance Director.

- Maintenance Director did not remove "Do Not Exit" sign due to current fire policies and procedures. Sign was placed by door with instructions for resident to have door opened when they would like to utilize courtyard.
- Starting week of 4/14/25 Education will be provided to all associates, activity assistance, and leadership team on the importance on ensuring that all stairways, hallways, doorways, passage ways and egress routes from rooms and building must be unlocked and unobstructed with completion date of 5/2/25.
- Beginning the week of 4/21/25 Maintenance Director or Designee will conduct a daily walk through (M F) x 4 weeks then weekly x 8 weeks of building to ensure all egress routes are free from obstruction.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

132c - Fire Drill Records

12. 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

The documentation for the fire drill completed on [REDACTED], at 3:30PM, does not include the specific exit routes used.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

2600.132.c

- Unable to correct fire drill completed on 3/11/25 at 3:30pm
- Education given by ED to PCHA, PC Director and Maintenance Director the week of 4/14/25 on what the written fire drill record must include to be completed by 4/25/25.
- Beginning 5/1/25 Maintenance Director/designee will audit completed documentation for monthly fire drills x 6 months.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

183b - Meds and Syringes Locked

13. 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.

183b Meds and Syringes Locked (continued)

Description of Violation

On [REDACTED], at 11:22AM, the medication storage room for the [REDACTED] Hallway was unlocked, unattended and accessible. Located in the room were numerous medications for various residents including, but not limited to:

- Resident 7
- Resident 8
- Resident 3
- Resident 9
- Resident 10
- Resident 6
- Resident 4
- Resident 11
- Resident 12

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 04/28/2025)

183B Meds and Syringes Locked
2600.183.b

- Immediately on 3/21/2025 Maintenance Director fixed keypad on 700 Hallway medication storage room
- The week of 4/14/25 PCHA gave education to team members on the need for all prescription meds, CAM and syringes to be kept in an area or container that is locked to be completed by 5/2/25.
- Beginning the week of 4/21/25 audits will be completed weekly x 4 weeks then monthly x 2 months on 500/600/700 med carts and 600/700 medication storage room

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

185a - Implement Storage Procedures

14. 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] glucometer contains a blood sugar reading of [REDACTED] at 4:54PM on [REDACTED]. However, this reading was not documented on the resident's medication administration record (MAR).

Resident [REDACTED] March 2025 MAR states that a blood sugar reading of [REDACTED] at 8:00AM on [REDACTED] However, this reading is not in the resident's glucometer.

Resident [REDACTED] is prescribed bisacodyl suppository with orders to insert rectally every 24 hours as needed for constipation for no bowel movement within 24 hours after administration of milk of magnesia. On [REDACTED], this medication was not present in the home.

185a - Implement Storage Procedures (continued)

According to the home's medication records policy, a record of medications that are disposed of in the community is maintained for at least 3 years. According to Resident [REDACTED] glipizide 30-day medication supply pack, Staff Person J did not give the medication on [REDACTED] and the medication was destroyed. However, the full record of this disposal, is not maintained by the home or in the resident's record.

Repeated Violation - [REDACTED], et al and [REDACTED], et al

Plan of Correction

Directed [REDACTED] - 04/28/2025)

185a – Implement Storage Procedures

2600.185.a

- Unable to correct missed documentation on MAR for Resident [REDACTED] on 3/18/25
- Unable to correct missed documentation on MAR for Resident [REDACTED] on 3/13/25
- Unable to correct the missing documentation for non-administration of medication on 2/24/25.
- Unable to correct the missing documentation on disposal of medication
- On 3/20/25 Resident [REDACTED] was ordered from pharmacy by Staff Member J and delivered to the home with the 6pm pharmacy run on 3/20/25.
- Education was given the week of 4/14/25 by PCHA to PC Director and Med Techs on storage procedures and Medication destruction to be completed by 4/30/25.
- Beginning week of 4/21/25 and completed by 4/30/25 audit of all residents to ensure all medications/treatments are present in home by PCHA, RCC or Designee.
- Beginning week 4/21/25 audit will be completed 2x week x 4 weeks then weekly x 8 weeks to ensure glucometer readings in glucometer match MAR by PCHA, RCC or Designee
- Beginning 4/21/25 all medication disposal will be written on medication disposal form and filed in residents' chart. Audit completed weekly x 12 weeks by PCHA, RCC or Designee.

Proposed Overall Completion Date: 06/30/2025

[Directed]

- Beginning no later than 5/5/25, the PCHA, RCC or designee will complete monthly audits of PRN medications to ensure all PRN medications are available on-site. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

187a - Medication Record

15. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.

187a Medication Record (continued)

7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On [REDACTED], at 4:00PM, [REDACTED] prescribed to Resident [REDACTED] was available in the [REDACTED] hall medication cart. The medication contained a pharmacy label that read, "apply medium amount on affected area on skin twice a day for dry skin". Staff Person J reports staff are administering the cream. However, this cream is not included on resident's March 2025 medication administration record (MAR).

Resident [REDACTED] March 2025 MAR does not include the resident's name or if the resident has any drug allergies.

Resident [REDACTED] is prescribed [REDACTED] with orders to take 1 tablet by mouth two times a day, may take [REDACTED] daily as needed to a total of 10mg a day if patient is having worsening heart failure symptoms. However, the resident's March 2025 MAR doesn't include the following directions: "may take 2 mg daily as needed to a total of 10mg a day if patient is having worsening heart failure symptoms".

Resident [REDACTED] is prescribed [REDACTED] with orders to take 1 tablet by mouth daily, take on empty stomach, 30 60 mins prior to breakfast. The resident's March 2025 MAR doesn't include the following directions: "take on empty stomach, 30 60 mins prior to breakfast".

On [REDACTED], at 12:25PM, located in the 500 hall medication cart was Resident [REDACTED] tablet with orders to take at bedtime as needed. However, this medication is not included on the resident's March 2025 MAR.

On [REDACTED], the MARs and treatment administration records (TARs) for the following residents do not include the month or year referencing administration:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Repeated Violation [REDACTED] et al and [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 04/28/2025)

2600.187a Medication Record

- During Medication face to face class Med Techs will be trained on the 7 rights of medication administration by PCHA. Class is scheduled for 4/26/25 @9am and 2pm, 5/1/25 at 5pm and 5/3/25 at 9am.
- Corrections for violations:
 - o 1. Topical cream removed from cart on 3/20/25 by Staff Member J.
 - o 2. MAR corrected on 3/20/25 by Staff Member J
 - o 3. PC Director requested clarification on order from DR for worsening heart failure symptoms for Resident 7.
 - o 4. MAR corrected by PC Director on 3/20/25 for Resident 7
 - o 5. Medication removed from cart on 3/20/25 by Staff Member J due to not having order for medication.
 - o 6. All MAR's/TAR's corrected by PC Director on 3/20/25.
- Education by PCHA to all med tech the week of 4/14/25 will be given on regulation 187a to ensure physician

187a Medication Record (continued)

- orders match the MAR and month/year are present on all MAR/TAR. Education to be completed by 4/30/25.
- Initial audit of all residents MAR/TAR will be completed and compared to prescribing orders to ensure the physician orders match orders on MAR/TAR this to be completed by 4/30/25 by PPCHA or Designee.
 - Initial audit of all residents MAR/TAR will be completed to ensure all residents have month/year by PCHA or Designee by 4/30/25
 - Beginning 5/1/25 10 resident MAR/TAR will be audited 12 weeks to ensure physician orders are accurate and month/year are present

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

187b - Date/Time of Medication Admin.

16. 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

Staff Person H administered [REDACTED] of [REDACTED] to Resident [REDACTED] on [REDACTED], but did not record [REDACTED] name and initials for administration or the time of administration, on the resident's medication administration record (MAR). On [REDACTED], Staff Person H confirmed to an Agent of the Department, that this is an accurate account of what occurred, and the staff forgot to record [REDACTED] name, initials, and time of administration of the medication on the resident's MAR.

Plan of Correction

Accept [REDACTED] 04/28/2025)

2600.187b Date/Time of Medication Administration

- Staff Member H corrected MAR on 3/20/2025 to reflect that medication was provided to resident.
- Education given by PCHA or Designee the week of 4/14/25 on completion of medication cycle to include date/time of when medication will be administered to all med techs with completion date of 5/2/25.
- Starting 4/14/25, weekly audits to be conducted to ensure all medications/treatments are being signed off when administered by PCHA or Designee.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet. However, on [REDACTED] and [REDACTED] at 8:00PM, this

187d - Follow Prescriber's Orders (continued)

medication was not administered.

Resident [REDACTED] is prescribed [REDACTED]. However, on [REDACTED], at 8:00PM, this medication was not administered.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. However, on [REDACTED], [REDACTED] and [REDACTED], at 6:00AM, these medications were not administered.

Resident [REDACTED] is prescribed [REDACTED]. However, on [REDACTED], at 9:30PM, this solution was not administered.

Resident [REDACTED] is prescribed [REDACTED] n. However, on [REDACTED], at 6:00PM, this medication was not administered.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. However, on [REDACTED], at 8:00PM, these medications were not administered.

Resident [REDACTED] is prescribed [REDACTED] three times daily. However, on [REDACTED], it was only administered twice.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. However, on [REDACTED], at 8:00PM, these medications were not administered.

Resident [REDACTED] is prescribed [REDACTED]. However, on [REDACTED], at 8:00PM, this medication was not administered.

Repeated Violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 04/28/2025)

2600.187d – Follow Prescriber’s Orders

- Unable to correct missing documentation for Resident 1, 2, 3, 4, 6 and 7.
- PC Director addressed medication technician for the listed violations. MT stated that all medications/treatments were given to residents but failed to sign off on MAR/TAR’s on multiple days/shifts. Medication Technician was suspended on 3/22/25 and then terminated on 3/29/25 after investigation due to multiple error’s on MAR’s/TAR’s and previous write ups.
- Education given by PCHA or Designee the week of 4/14/25 on completion of medication cycle to include date/time of when medication was administered to all med techs to be completed by 4/30/25.
- Starting the week of 4/21/25, weekly audits will be conducted to ensure all medications/treatments are being signed off when administered by PCHA, RCC or Designee.

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 06/06/2025)

190a - Completion Medication Course

18. Requirements

190a Completion Medication Course (continued)

2600.

190.a. A staff person who has successfully completed a Department approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person D administered medications to the following residents and has not successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test.

- [redacted] or [redacted] to Resident [redacted].
- [redacted] at 8:00PM and levothyroxine at 6:00AM on [redacted] and [redacted], to Resident [redacted]
- [redacted] and [redacted], and [redacted] at 9:00PM on [redacted]
- [redacted] at 9:00PM on [redacted] and [redacted] and melatonin at 10:30PM on [redacted] to Resident [redacted]

Staff Person R has not properly completed the Department-approved medication administration training course or annual requirements since August of 2023 and administered medications to the following residents:

- [redacted] and [redacted] at 8:00AM on [redacted] and [redacted] to Resident [redacted].
- [redacted], and [redacted] l at 9:00AM on [redacted] to Resident [redacted].

Staff Person J has not properly completed the Department-approved medication administration training course or annual requirements in 2024 or 2025 and administered medications to the following residents:

- [redacted] and [redacted] at 9:00AM on [redacted] to Resident [redacted]
- [redacted] and [redacted] at 9:00AM on [redacted] and [redacted] to Resident [redacted]

Staff Person Q has not properly completed the Department-approved medication administration training course or annual requirements since 12/27/2023 and administered medications to the following residents

- [redacted], and [redacted] at 6:00AM on [redacted]. As well [redacted] at 6:00AM on [redacted] and [redacted] to Resident 3.
- [redacted] at 6:00AM on [redacted] and [redacted] to Resident [redacted]

Staff Person S has not properly completed the Department-approved medication administration training course or annual requirements since [redacted] and administered medications to the following residents

- [redacted] at 6:00AM on [redacted] and [redacted] to Residents [redacted] and [redacted]
- [redacted] at 6:00AM on [redacted] and [redacted] to Resident [redacted].

190a Completion Medication Course (continued)

Staff Person O administered medications to the following residents and has not successfully completed a Department approved medications administration course that includes the passing of the Department's performance based competency test or any annual medication administration training course requirements.

- [redacted], and [redacted] at 9:00PM on [redacted] to Resident [redacted]
- [redacted] and [redacted] at 4:00PM, [redacted] at 5:00PM, [redacted] at 8:00PM, and [redacted] and [redacted] during the 3:00PM 11:00PM shift, on [redacted] to Resident [redacted]
- [redacted] at 8:00PM on [redacted] and [redacted] to Resident [redacted]

Plan of Correction

Directed ([redacted] 04/28/2025)

190a Completion Medication Course

2600.190.a.

- Education given by ED to PCHA on regulation for staff administering medications on 4/14/25
- PCHA the week of 4/21/25 will assign staff the Medication Administration Course to be completed by 5/2/25.
- Face to Face class for Medication Administration is scheduled for 4/26/25 at 9am, 4/26/25 at 2pm, 5/1/25 at 5pm and 5/3/25 at 9am.
- PCHA starting 5/1/25 will monitor quarterly the completion of observations for Medication administration

Proposed Overall Completion Date: 06/30/2025

[Directed]

- Staff Person D, J, O, Q, R and S will complete the Standard Medication Administration Course by 5/2/25. Staffs' certifications for this training will be printed off, filed and available for review by the Department.
- The PCHA or designee will complete an audit of all current medication technician training records by 5/9/25. Any additional training required will be completed by 5/30/25. Documentation of this audit and the additional trainings completed will be kept and available for review by the Department.
- Beginning no later than 5/1/25, the PCHA or designee will complete quarterly audits of all medication technicians current MAR reviews and observations as part of the annual practicum to ensure compliance. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 05/30/2025

Implemented ([redacted] - 06/06/2025)

190b - Insulin Injections

19. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Person J has not properly completed the Department approved medication administration training course or annual requirements in 2024 or 2025 but did complete a diabetic education training in August of 2024. However,

190b Insulin Injections (continued)

Staff Person J administered insulin to the following residents and checked their blood sugar levels without receiving both the Department's medication administration training course and diabetic education:

- Checked Resident [REDACTED] blood sugar levels at 8:00AM on [REDACTED] and [REDACTED]
- Administered [REDACTED] and [REDACTED] to Resident [REDACTED] at 8:00AM on [REDACTED], [REDACTED], and [REDACTED].

Staff Person D administered insulin to the following residents and checked their blood sugar level. However, Staff Person D has not successfully completed a Department approved medications administration course or diabetes patient education program:

- [REDACTED] injection to Resident [REDACTED] at 5:00PM on [REDACTED] and [REDACTED]
- Checked Resident [REDACTED]'s blood sugar levels at 5:00PM on [REDACTED] and [REDACTED]

Staff Person O administered [REDACTED] injection to Resident [REDACTED] at 5:00PM on [REDACTED] and has not successfully completed a Department approved medications administration course or diabetes patient education program.

Repeated Violation [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 04/28/2025)

190b Insulin Injections

2600.190.b

- Education given by ED to PCHA on regulation for staff administering insulin on 4/14/25
- PCHA set up Diabetic Training for 5/8/25 at 8:30am and 5/13/25 @ 8:30am
- Staff Members B, D, I, J and O will be participating in the diabetic training on 5/8/25 or 5/13/25.
- PCHA or Designee will complete Audit Quarterly to ensure staff have completed yearly DM training starting 5/1/25

Proposed Overall Completion Date: 06/30/2025

[Directed]

- Staff Person D, J and O will complete the Standard Medication Administration Course by 5/2/25. Staffs' certifications for this training will be printed off, filed and available for review by the Department.
- The PCHA or designee will complete an audit of all current medication technician training records by 5/9/25 to ensure all current medication technicians have current medication administration training certifications and diabetic education certifications. Any additional training required will be completed by 5/30/25. Documentation of this audit and the additional trainings completed will be kept and available for review by the Department.
- Beginning no later than 5/1/25, the PCHA or designee will complete quarterly audits of all medication technicians' standard medication administration course certification and diabetic education certification to ensure compliance. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 05/30/2025

190b Insulin Injections *(continued)*

Implemented [REDACTED] 06/06/2025)

225a Assessment 15 Days

20. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]. However, as of [REDACTED], an initial assessment has not been completed.

Resident [REDACTED] was admitted to the home on [REDACTED]. However, as of [REDACTED], an initial assessment has not been completed.

Plan of Correction

Directed [REDACTED] - 04/28/2025)

225a Assessment 15 Days

2600.225.a

- On 4/14/25 ED educated PCHA and PC Director on this regulation
- Support Plan for Resident 6 and Resident 11 were completed by PC Director on 3/25/2025.
- Beginning 4/14/25 PCHA will conduct audit on all resident assessments to ensure assessments reflect needs of the resident. Audit to be completed by 4/30/25
- Beginning 4/14/25 PC Director or Designee will ensure initial assessments are conducted within 15 days of admission
- Beginning 5/1/25 quarterly audits on resident assessments will be completed by PCHA/Designee to ensure assessments are completed and completed within the required time frame.

Proposed Overall Completion Date: 06/30/2025

[Directed]

- The PCHA or designee will complete an initial audit of all current residents' initial assessments to ensure compliance. This audit will be completed by 5/16/25. Documentation of this audit will be kept and available for review by the Department.

Proposed Overall Completion Date: 05/23/2025

Directed Completion Date: 05/23/2025

Implemented [REDACTED] - 06/03/2025)