

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

May 5, 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 04/01/2025 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:** 43 **Waking Staff:** 32

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/01/2025

Inspection Dates and Department Representative

04/01/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 29

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:** 29
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 14 **Have Physical Disability:** 0

Inspections / Reviews

04/01/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/18/2025

04/17/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/02/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/23/2025

Inspections / Reviews *(continued)*

04/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2025

05/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

187a - Medication Record

1. Requirements

2600.

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

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] irrigation – cleanse area with NSS, pat dry, apply Xeroform, cover with abdominal pad, wrap with cling, change daily until healed, effective 1/2/2025. However, the resident's January 2025 Medication/Treatment Administration Record does not have the following information for the treatment: (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

Resident [REDACTED] was prescribed [REDACTED] apply on in the morning and off at bedtime daily, effective 2/4/2025. However, the resident's February 2025 Medication/Treatment Administration Record does not have the following information for the treatment: (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

Repeated Violation - [REDACTED], et al.

Plan of Correction

Accepted [REDACTED] 04/18/2025

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 4/19/25 @ 10am, 4/23/25 @ 6pm, 4/26/25 @ 9am and 2pm
- Education by PCHA to all med techs the week of 4/14/25 will be given on regulation 187a to ensure physician orders match the MAR and month/year are present on all MAR/TAR.
- On 4/1/24, PCHA corrected MAR/TAR to add additional information missing.
- 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 PCHA or Designee

187a - Medication Record (continued)

- 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's/TAR's will be audited 1x a week for 12 weeks to ensure physician orders are accurate and month/year are present

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 05/05/2025)

187b - Date/Time of Medication Admin.

2. 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 [REDACTED] was prescribed, for a skin tear, to have staff clean with NSS, pat dry, apply Xeroform, cover with ABD pad, wrap with Kling, and change daily until healed. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above treatment on [REDACTED] during the 7AM-3PM shift.

Resident [REDACTED] was prescribed [REDACTED] – apply to groin each shift. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above treatment on the following days:

[REDACTED]

Resident [REDACTED] was prescribed [REDACTED] moisturizing cream apply topically to skin (whole body) twice a day. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above treatment on the following days:

[REDACTED]

Resident [REDACTED] was prescribed [REDACTED] – apply under breast area twice a day. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above treatment on [REDACTED] during the 7AM-3PM and 3-11PM shifts and [REDACTED] during the 7AM-3PM shift.

Resident [REDACTED] was prescribed [REDACTED] - apply on in the morning and off at bedtime daily. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above treatment on the following days:

[REDACTED]

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



Resident [REDACTED] is prescribed [REDACTED] tablet take 1 tablet by mouth once daily. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above medication on [REDACTED] at 6AM and [REDACTED] at 6AM.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered the above medications on [REDACTED] at 8PM.

Plan of Correction

Accept ([REDACTED] - 04/18/2025)

2600.187b Date/Time of Medication Administration

- Unable to correct the missing information from MAR on 1/6/25, 1/18/25, 1/23/25, 2/15/25, 2/16/25, 2/21/25, 2/25/25, 2/28/25, 3/11/25, 3/12/25, 3/16/25, 3/20/25, 3/21/25, 3/22/25, 3/23/25, 3/24/25, 3/28/25, 3/29/25 and 3/30/25,
- Education given by PCHA or Designee the week of 4/14/25 to all Med Techs on completion of medication cycle to include date/time of when medication was administered to all med techs
- Starting 4/14/25, weekly audits on 10 residents to be conducted to ensure all medications/treatments are being signed off when administered by PCHA or Designee.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([REDACTED] - 05/05/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] has physician's orders to apply compression stockings to bilateral lower extremities daily. During on site inspection on [REDACTED], the resident was not observed to be wearing the stockings at 9:55AM, 1:11PM, and 2:30PM. As per Staff Member B, the previous shift staff had reported that the stockings were not applied because they were too tight for the resident.

On [REDACTED], Staff Member A had to leave during [REDACTED] shift, resulting in the following medications not being administered per physician's orders for Resident [REDACTED]

- [REDACTED]: [REDACTED] apply topically to skin (whole body) twice a day

187d - Follow Prescriber's Orders (continued)

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

Repeated Violation - [REDACTED], et al.

Plan of Correction

Directed [REDACTED] 04/18/2025)

2600.187d – Follow Prescriber’s Orders

- Unable to correct missing compression stockings for Resident [REDACTED] on 4/1/25
- Unable to correct missed documentation on MAR for Resident [REDACTED] on 2/11/25
- Education given by PCHA or Designee the week of 4/14/25 to all Med Techs on completion of medication cycle to include date/time of when medication was administered to all med techs
- Resident care coordinator will be responsible for contacting the medical director for all changes/concerns regarding resident treatments, care and medications. Med Techs are to report changes/concerns to RCC, PCHA or PC Director immediately to ensure concerns/changes are addressed immediately. RCC to start officially in position the week of 4/28/25, until that time PCHA and/or Designee will step in to provide medical director with changes/concerns for residents.
- PCHA and RCC will step in to ensure all medications are administered and treatments are completed if/when an employee has to leave job unexpectedly. If RCC and PCHA are unavailable, PCHA or Designee will reach out to RN or LPN on SNF to assist with passing medications and completing treatments until an additional med tech arrives to take over.
- Starting the week of 4/14/25, weekly audits will be conducted to ensure all medications and treatments are being given/provided as well as ensuring medications/treatments are being signed off in the MAR/TAR when administered by PCHA or Designee.

(Directed)

In addition to the above plan of correction:

- Education will be provided to all staff members who administer medications on administering medications and treatments per the physician's orders. Education will also include the notification requirements if a staff member is unable to complete the medication or treatment process for any resident to ensure they receive

187d - Follow Prescriber's Orders (continued)

the medications and treatments per physicians orders. Education will be completed by 5/1/25 by the Administrator or designee.

Directed Completion Date: 05/01/2025

Implemented [REDACTED] - 05/05/2025)