

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

November 14, 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 09/24/2025, 09/25/2025 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:** 10/23/2025
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:** 55 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Interim **Exit Conference Date:** 09/25/2025

Inspection Dates and Department Representative

09/24/2025 - On-Site [REDACTED]
 09/25/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 35

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:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 1

Inspections / Reviews

09/24/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/26/2025

10/27/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/07/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/31/2025

Inspections / Reviews *(continued)*

10/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/07/2025

11/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65d - Initial Direct Care Training

1. 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 member A, hired on [redacted] began providing unsupervised ADL services on [redacted] However, the staff member did not complete and pass the Department-approved direct care training course and pass the competency test.

Repeated Violation - [redacted] et al.

Plan of Correction

Accept [redacted] - 10/29/2025)

65D – Initial Direct Care Training

2600.65.d

- Staff Person A completed the Director Care Staff Training and Competency Test on 9/26/2025.
- Education given to HR Director on 10/20/25 stating that Direct Care Staff may not provide unsupervised ADL services until completion of the Direct Care Training Course and passing of the competency test; going forward, all Direct Care Staff must have their DCT prior to starting on the floor for orientation; HR Director will ensure that all direct care staff have DCT's in their employee files.
- Direct Care Staff Certificate Audit completed on all employees by HR Director on 10/20/2025.
- Effective immediately all new hires that do not have the Direct Care Training certificate will be scheduled/set up for this training by HR and/or PCHA 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 and certificate is presented.
- HR Director will conduct audit 2x a month for 4 months on all new hires to ensure that all staff have DCT certificate and passing of the competency test in their HR file beginning on 11/1/2025.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ([redacted] - 11/12/2025)

89b - Hot Water Temperature

2. Requirements

2600.

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

Description of Violation

On [redacted] at 10:20 AM, the hot water temperature in the bathroom sink of resident room [redacted] measured 123.0 degrees Fahrenheit. The hot water temperature in the shower measured 122.2 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 10/29/2025)

2600.89.b – Hot Water Temperature

2600.89.b

- Home is unable to retroactively correct this violation on 9/25/25.
- Maintenance Director adjusted water temp in Room# 700 on 9/25/25 and received a reading of 117 degrees.
- Maintenance Director completed an initial audit on all showers/sinks in resident's room on 10/22/25.
- Education provided by PCHA on 10/20/25 to Maintenance Director on Hot Water temperatures in all areas accessible to the residents that may not exceed 120 degrees and to hold thermometer under water for at least 2

89b - Hot Water Temperature (continued)

minutes to get an accurate reading of temperature going forward.

- Audits to be completed starting week of 11/1/25 by Maintenance Director on all rooms 1x a week for 4 weeks and then all rooms 2x a month for 2 months.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 11/12/2025)

141b2 - Medical Evaluation Changes

3. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] indicated that the resident had minimal mobility needs, requiring limited physical or oral assistance to evacuate in an emergency. However, Resident [REDACTED] assessment, dated [REDACTED] was updated on [REDACTED] to include the resident's need for a two person assist for transfers in the evening and early morning hours. Resident [REDACTED] did not have a medical evaluation completed to reflect the resident's change in mobility needs.

Plan of Correction

Accept ([REDACTED] 10/27/2025)

141.b.2 – Medical Evaluation Changes

2600.141b2

- Medical evaluation completed and faxed to physician to complete on 10/22/2025 for Resident [REDACTED]
- Initial audit completed by PCHA on 10/19/2025 for all resident's to ensure all DME's are accurate and updated to reflect current medical and/or functional status of resident.
- Education provided on 10/20/25 to PCHA and RCC by Executive Director to ensure all residents have updated and accurate DME's to reflect current medical/functional needs.

141b2 Medical Evaluation Changes (continued)

- Starting the week of 11/3/25, audits to be conducted by PCHA/RCC to ensure DME's reflect current medical/functional needs. Audits will be conducted 1x a month for 6 months on 10 residents each month.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 11/12/2025)

183b - Meds and Syringes Locked

4. 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.

Description of Violation

On [REDACTED] at 10:10 AM, a bottle of [REDACTED] shield was unlocked, unattended, and accessible in Resident # [REDACTED] bedroom. Resident [REDACTED] is not assessed to self administer medications.

On [REDACTED] at 10:20 AM, a container of [REDACTED] was unlocked, unattended, and accessible in Resident [REDACTED] bedroom. Resident [REDACTED] is not assessed to self administer medications.

Repeated Violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 10/27/2025)

183B Meds and Syringes Locked

2600.183.b

- Home is unable to retroactively correct this violation.
- PCHA immediately removed the bottle of Proclearz anti fungal shield from Resident# [REDACTED] room and the Nystop powder from Resident# [REDACTED] room.
- Initial audit completed on 10/22/2025 by PCHA/RCC on all resident room's to ensure that there were no prescription medications, OTC medications, CAM and/or syringes in any resident room.
- Education given to RCC and Medication Technicians by PCHA on 10/20/2025 and 10/21/2025 addressing that all prescription medications, OTC medications, CAM and/or syringes are to be kept in an area or container that is locked.
- Beginning the week of 11/1/25 audits will be completed by PCHA and/or designee 2x a month for 6 months on 5 residents to ensure there are no prescription medications, OTC medications, CAM and/or syringes in resident rooms.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 11/12/2025)

183d - Prescription Current

5. Requirements

2600.

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

183d Prescription Current (*continued*)**Description of Violation**

On [REDACTED] at 10:20 AM, a container of [REDACTED] prescribed for Resident [REDACTED] was in the resident's bathroom; however, the medication was discontinued on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 10/29/2025)

183D Prescription Current

2600.183.d

- Home is unable to retroactively correct this violation.
- On 9/25/25, PCHA immediately removed the bottle of Nystop powder from Resident [REDACTED]'s room.
- Initial audit completed on 10/22/2025 by PCHA/RCC on all resident room's to ensure that there were no prescription medications, OTC medications, CAM and/or syringes in any resident room.
- Initial audit to be completed by RCC by 11/7/25 to ensure each medication has a current order and no discontinued medications are in the home.
- Education given to RCC and Medication Technicians by PCHA on 10/20/2025 and 10/21/2025 addressing that all prescription medications, OTC medications, CAM and/or syringes are to be kept in an area or container that is locked and that all medications must have a current valid order before administering medication.
- Beginning the week of 11/1/25 audits will be completed by PCHA and/or designee 2x a month for 6 months on 5 residents to ensure that all treatments have a valid current order.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented ([REDACTED] - 11/12/2025)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], [REDACTED] prescribed for Resident [REDACTED] were in the home's medication cart; however, the medication expired [REDACTED].

Repeated Violation [REDACTED], et al.

Plan of Correction

Accept ([REDACTED] - 10/29/2025)

83E Storing Medications

2600.183.e

- Home is unable to retroactively correct this violation.
- On 9/25/25, RCC immediately removed the Preparation H suppositories prescribed for Resident# [REDACTED] from the medication cart.
- RCC spoke with son on 9/25/25 requesting that he provide new preparation H suppositories. Son received an order from the DR on 10/1/25 discontinuing preparation H suppositories.

183e - Storing Medications (continued)

- Initial audit completed on 10/15/2025 by RCC for the 500/600/700 medication carts to ensure all medications are current and that no medications were expired.
- Education given to RCC and Medication Technicians by PCHA on 10/22/2025 for making sure that all medications given to a resident are current and non-expired.
- Carts will be audited by RCC 2x a month to ensure all medications are current and that there are no expired medications. If medications are close to expiration, RCC will reach out to families or pharmacy to have medications delivered with current expiration dates. **(Directed) The audits being conducted by the RCC will begin the week of 11/1/25-** [REDACTED]
- Beginning the week of 11/1/25 audits will be completed by PCHA and/or designee 2x a month for 6 months on 5 residents to ensure that all treatments and medications have a current expiration date.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 11/12/2025)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The bottle of [REDACTED], prescribed for Resident [REDACTED] was not labeled with a pharmacy label to include: the resident's name, the name of the medication, the prescribed dosage and instructions for administration, the name and title of the prescriber.

Plan of Correction

Accept [REDACTED] 10/29/2025)

184a – Resident's Meds Labeled

2600.184.a

- Home is unable to retroactively correct this violation.
- On 9/25/25, PCHA immediately removed the bottle of Nystop powder from Resident# 6's room.
- Nystop powder was discontinued when Resident #1 returned from Rehab on 8/25/25.
- Initial audit completed on 10/15/2025 by RCC for the 500/600/700 medication carts to ensure all medications and treatments are labeled with resident's name, name of medication, prescribed dosages/instructions for administration and name/title of prescriber.
- Education given to RCC and Medication Technicians by PCHA on 10/22/2025 for making all medications and treatments are labeled with resident's name, name of medication, prescribed dosages/instructions for administration and name/title of prescriber.
- Carts will be audited by RCC 2x a month to ensure all medications and treatments are labeled with resident's name, name of medication, prescribed dosages/instructions for administration and name/title of prescriber. **(Directed) The audits being conducted by the RCC will begin the week of 11/1/25-** [REDACTED]
- Beginning the week of 11/1/25 audits will be completed by PCHA and/or designee 2x a month for 6 months on 5

184a Resident's Meds Labeled (continued)

residents to ensure all medications and treatments are labeled with resident's name, name of medication, prescribed dosages/instructions for administration and name/title of prescriber.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 11/12/2025)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident █ assessment, dated █ indicated 1 2 staff members to assist with transferring from bed/chair and chair/bed, total assistance of 1 staff member for toileting, bladder and bowel management, and requires one staff member to assist to wheelchair and to evacuate in the event of an emergency. However, Resident █ has required the assistance of at least 2 staff members for toileting and transfers and required the assistance of 3 staff to assist from the floor on █. The resident's assessment has not been updated to reflect the resident's changes in needs.

Plan of Correction

Accept (█ - 10/27/2025)

2600.225.c Additional Assessment

2600.225c

- PCHA updated support plan and DME on 10/24/205 to reflect the resident's changes in need on Resident █
- Education provided by Executive Director to PCHA and RCC on 10/24/25 to ensure all support plans are updated with changes on all resident's.
- Initial audit of resident support plans will be conducted by RCC/PCHA to be completed by 10/24/25.
- Starting the week of 11/3/25, audits will be conducted by PCHA/RCC; 2x a month for 4 months on 5 residents to ensure support plan matches resident care needs.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented (█ - 11/12/2025)