

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

February 10, 2026

[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 12/09/2025, 12/10/2025 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: 11/13/2026
 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: Total Daily Staff: 35 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0
 Reason: Incident Exit Conference Date: 12/10/2025

Inspection Dates and Department Representative

12/09/2025 - On-Site: [REDACTED]
 12/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 46 Residents Served: 33

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: 33
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

12/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2025

01/05/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/09/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/12/2026

Inspections / Reviews *(continued)*

01/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/09/2026

02/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 10:30 AM, Resident [REDACTED] reported an alleged abuse incident involving a staff member and Resident [REDACTED] to Staff Member A. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED] at 12:45 PM.

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

Plan of Correction

Accept [REDACTED] - 01/05/2026)

15a – Resident Abuse Report

2600.15.a

Home is unable to retroactively correct this violation for incident on [REDACTED] Act 13 Form completed by Executive Director on 10/26/2025 for Resident [REDACTED] and reported to AAA for incident on 10/26/25.

Executive Director educated by PCHA on 12/22/2025 to accurately report allegations, financial abuse and/or injuries immediately to AAA and complete Act 13 Form.

PCHA to provide education to all direct support staff on forms of abuse and mandated reporting and completed by 1/2/26.

Initial audit to be completed by 1/2/26 for all reportables completed from September 2025 until current, to ensure all reportables were reported to appropriate agencies.

Starting 1/5/26 bi-weekly audits to be conducted by PCHA/designee on current submitted reportables for timely submission of reportables. Audits to be completed 2x a month for 3 months by PCHA/designee on all reportables submitted in that 2 week timeframe.

Proposed Overall Completion Date: 02/23/2026

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] - 02/10/2026)

15d - Resident Abuse-Notification

2. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident’s designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [REDACTED], the home received a report of suspected abuse involving Resident [REDACTED] and a staff member. However, the home did not notify Resident [REDACTED] designated person of the report until a few days after the report was made.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

15d – Resident Abuse (Notification)

15d Resident Abuse Notification (continued)

2600.15.d

Home is unable to retroactively correct this violation for incident on 10/24/25.

Executive Director educated by PCHA on 12/22/2025 to accurately report allegations of abuse and injuries in a timely manner to AAA and complete Act 13 Form. Anytime you receive an allegation of abuse the resident and/or designated person shall be notified immediately of incident and process. Skin assessment must be completed immediately.

Initial audit to be completed by 1/2/26 for all reportables completed from September 2025 until current, to ensure all reportables were reported to appropriate agencies and/or designated person.

Starting 1/5/26 bi weekly audits to be conducted by PCHA/designee on current submitted reportables for timely submission of reportables. Audits to be completed 2x a month for 3 months by PCHA/designee on all reportables submitted in that 2 week timeframe.

Proposed Overall Completion Date: 02/23/2026

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] - 02/10/2026)

16c - Written Incident Report

3. 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] at approximately 10:30 AM, Resident [REDACTED] reported an alleged abuse incident involving a staff member and Resident [REDACTED] to Staff Member A. However, the home did not report this incident to the Department until [REDACTED] at approximately 12:30 PM.

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

Plan of Correction

Accept [REDACTED] - 01/13/2026)

16c Written Incident Report

2600.16.c

Home is unable to retroactively correct this violation from incident on 10/24/25.

Reportable completed by Executive Director on 10/26/2025 for Resident [REDACTED] and reported to DHS for incident on 10/24/25.

Executive Director educated by PCHA on 12/22/2025 to accurately report allegations, financial abuse and/or injuries immediately to DHS, AAA and to make sure all forms are completed in a timely maner.

PCHA to provide education to all direct support staff on forms of abuse and mandated reporting and completed by 1/2/26.

Initial audit to be completed by 1/2/26 for all reportables completed from September 2025 until current, to ensure all reportables were reported to appropriate agencies.

Starting 1/5/26 bi weekly audits to be conducted by PCHA/designee on current submitted reportables for timely submission of reportables. Audits to be completed 2x a month for 3 months by PCHA/designee on all reportables submitted in that 2 week timeframe.

16c - Written Incident Report (continued)

Proposed Overall Completion Date: 02/23/2026

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/10/2026)

16d - Final Incident Report

4. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED] at approximately 10:30 AM, Resident [REDACTED] reported an alleged abuse incident involving a staff member and Resident [REDACTED] to Staff Member A. The home submitted an initial incident report to the Department on [REDACTED]. However, the home did not submit a final report to the Department.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

16d – Final Incident Report

2600.16.d

Home is unable to retroactively correct this violation from incident on 10/24/25.

Final incident report will be completed by Executive Director by 12/31/2025 for Resident [REDACTED].

Executive Director educated by PCHA on 12/24/2025 stating that all facility employees must submit all final investigation reportable to the department upon completion of their investigation. Updated information on all investigations must be submitted to Dept. of Aging upon completion of investigation as well. All departments must be updated immediately upon completion of investigation.

Initial audit to be completed by 1/2/26 for all reportables completed from September 2025 until current, to ensure all reportables were reported to appropriate agencies and finals were submitted upon completion of investigation. Starting 1/5/26 bi-weekly audits to be conducted by PCHA/designee on current submitted reportables to ensure final reportables have been submitted. Audits to be completed 2x a month for 3 months by PCHA/designee on all reportables submitted in that 2 week timeframe.

Proposed Overall Completion Date: 02/23/2026

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] 02/10/2026)

42b - Abuse

5. 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

On the evening of [REDACTED] Staff Member B entered Resident [REDACTED] room and informed the resident that an individual at the home was cleaning rings at no cost. Resident [REDACTED] consented to the service and provided [REDACTED] ring to Staff

42b Abuse (continued)

Member B. Staff Member B later returned to the room and placed a ring on Resident [REDACTED]'s finger. It was later determined that the ring returned was not Resident [REDACTED]'s original ring, but a piece of costume jewelry. As a result of this incident, Staff Member B was terminated, and the Upper Allen Police Department has filed criminal charges against Staff Member B.

Repeated Violation [REDACTED] and [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 01/13/2026)

2600.42.b Abuse

2600.42.b

- Home is unable to retroactively correct this violation from 11/2/2025
- PCHA completed initial audit of residents on 12/24/2025 of all residents asking if they have had any items go missing or stolen in the last 2 weeks.
- Education will be given by PCHA to all direct care staff members on that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Education will start 12/24/25 and be completed by 1/2/2026.
- PCHA will conduct training days on several different dates, requiring all direct care staff to sign up and watch the attached video on Abuse, Neglect, Exploitation and Misappropriation of Property. Trainings will be completed by 2/6/26. Staff will be required to sign with PCHA to ensure they have watched the video and understand the contents. https://www.youtube.com/watch?v_gUy0QbMaNG8&t_0
- Audits will begin week of 1/5/2026 by PCHA/RCC for 2x a month for 3 months for 10 residents to ensure residents personal items have not be stolen.

Proposed Overall Completion Date: 02/06/2026

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/10/2026)

51 - Criminal Background Check

6. 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

Staff Member B, hired on [REDACTED] has not held permanent residency in Pennsylvania for 2 consecutive years prior to beginning employment with the home. However, an FBI background check was not completed.

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

Plan of Correction

Accept [REDACTED] - 01/05/2026)

2600.51 Criminal background Checks

Home is unable to retroactively correct this violation for incident on 9/9/25.

51 - Criminal Background Check (continued)

Initial Audit of all PC Staff to be completed by HR Director by 1/2/26 to ensure all PC staff have completed criminal background check and/or FBI checks (if applicable) in their HR File.

Education provided to HR Director on 12/24/25 by PCHA on Vibralife Policy on the hiring process and importance of having criminal background checks prior to start date. Going forward all new employees are expected to have criminal background checks completed, FBI background checks (if applicable) and placed in their chart prior to start date.

Audits to be completed by HR Director 2x a month for 3 months on all new employee to ensure criminal background checks have been completed. Audits to begin the week of 1/5/26.

Proposed Overall Completion Date: 02/23/2026

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] - 02/10/2026)