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

September 2, 2026

[redacted], EXECUTIVE DIRECTOR
MECHANICSBURG SENIOR CARE LLC
707 SHEPHERDSTOWN ROAD
[redacted]
MECHANICSBURG, PA, 17055

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2026, 06/17/2026, 06/18/2026 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: *707 SHEPHERDSTOWN ROAD,* [redacted] *, MECHANICSBURG, PA, 17055*

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**: *56* **Waking Staff**: *42*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *06/18/2026*

Inspection Dates and Department Representative

06/16/2026 - On-Site: [redacted]
06/17/2026 - On-Site:
06/18/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* **Residents Served**: *38*

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**: *38*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *18* **Have Physical Disability**: *1*

Inspections / Reviews

06/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2026*

Inspections / Reviews *(continued)*

07/31/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *08/07/2026*

08/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/31/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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 5/28/2026, at 7:03PM, Resident #1 reported that the staff providing assistance during a shower had pushed [redacted] This allegation of abuse was not reported to the Area Agency on Aging.

Repeated Violation - 12/9/2025, et al, 7/24/2025, et al

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Home is unable to retroactively correct this violation for incident on 5/28/2026.

Incident on 5/28/2026 was reported to AAA by PCHA on 6/30/2026.

PCHA to provide education to all direct support staff on forms of abuse and mandated reporting and complete by 8/14/2026.

Initial audit to be completed by 8/14/2026 for all reportables completed from January 2026 until current, to ensure all reportables were reported to the appropriate agencies.

Starting 8/17/2026 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.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

17 - Record Confidentiality

2. 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 6/16/2026 at 9:39 AM, resident records, including those for Residents #2 and #3, containing medical evaluations and resident assessment and support plans were unlocked, unattended, and accessible in the 500-hall nurse's station.

17 Record Confidentiality (continued)

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Immediately upon identification of the deficiency on 6/16/2026, the resident's records for Residents #2 and # 3 were secured in a locked location.

Immediately following the survey, frosted window film was installed on the windows to the 500 hall nurse's station to prevent unauthorized viewing of resident records and to ensure resident confidentiality.

Initial audit to be completed by 8/14/2026 of all resident record storage areas to ensure all resident medical records, assessments, and support plans are maintained in locked area when not actively in use. Access to resident records was limited to authorized personnel only.

All staff with access to resident records to be reeducated by 8/14/2026 on confidentiality, emphasizing that resident records must never be left unattended or accessible to unauthorized individuals.

Starting 8/17/2026, PCHA, or designee, will conduct audits of resident record storage 2x a week for 4 weeks, then weekly for 4 weeks, followed by monthly audits for the next three months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

18 - Compliance With Laws

3. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year round." However, on 6/16/2026, the home did not have a copy of the influenza awareness poster posted in a public place.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Immediately following survey the required Influenza Awareness Act poster was obtained and posted in a prominent public locations within the facility (building entrance & 600 hall nurse station) where it is readily accessible to residents, staff, and visitors.

Starting 8/17/2026 PCHA, or designee, will complete a monthly environmental compliance audit for 6 months to verify the Influenza Awareness poster remains posted in the designated public areas.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

18 - Compliance With Laws *(continued)*

60a - Staff/Support Plan

5. 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

The home did not have staff trained in Medication Administration during the overnight shift from 5/23/2026 10:30 PM to 5/24/2026 6:00 AM. As a result, the home was unable to provide medication administration services during this time, including Resident #6's administration of Haloperidol ordered for 12:00 AM and 4:00 AM.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

Upon identification of the deficiency, the scheduler and RCC immediately reviewed the medication administration schedule and staffing assignments to ensure medication administration coverage is available for all shifts.

The missed medications were reviewed, appropriate notifications will be completed, and physician/responsible parties will be notified by 8/21/2026. (Currently attempting to get access to former PCHA files where proof of notifications were made)

Education to scheduler and RCC to be provided by 8/14/2026 on the requirement to maintain medication administration coverage.

An on call schedule will be implemented by 9/1/2026 for call offs or unexpected staffing shortages, until implemented RCC will cover open shifts for call offs or unexpected shortages.

Starting 8/28/2026, scheduler and RCC, will complete weekly audits for 8 weeks, followed by monthly audits for 4 months to ensure qualified medication administration staff were scheduled for all shifts.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/02/2026)

63a - First Aid/CPR Training

6. 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 5/1/2026, 5/2/2026, and 5/3/2026 from 11:00 PM – 7:00 AM, 37 residents were present in the home. During this time, 0 staff persons were present in the home who were trained in first aid and certified in obstructive airway techniques and CPR.

63a - First Aid/CPR Training (continued)

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Immediately following survey the scheduler and RCC reviewed all staff First Aid/CPR certifications and current shift schedules. Staff members who were not current in first aid/CPR were identified, and coverage gaps for the affected shifts were addressed.

Education to be provided by 8/14/206 to the scheduler and RCC on staffing requirements to ensure at least one staff person on each shift maintains current first aid/CPR certification.

Initial audit of all first aid/CPR certifications start will be conducted by 8/14/2026.

Starting 8/17/2026 RCC will maintain first aid/CPR binder and audit monthly for expirations.

Starting 8/17/26 PCHA will conduct audits 2x a week for 4 weeks, weekly for 4 weeks, followed by monthly for 4 months to ensure staff schedules are in compliance with regulatory first aid/CPR requirements.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff Member A did not receive training on the following topics during the training year 2025:

-Fire safety

-Emergency preparedness procedures

-OAPSA

-Falls and accident prevention

Staff Member B did not receive training on the following topics during the training year 2025:

- Fire Safety

- Emergency Preparedness Procedures

65g Annual Training Content (continued)

Resident Rights
OAPSA

Plan of Correction ***Accept (- 08/06/2026)***

Staff Member A had fire safety, emergency preparedness, and falls and accident prevention. Please see attached documentation for your review to remove the completed trainings from the citation.

Education for Staff Member A on OAPSA was completed 8/5/2026.

Education for Staff Member B on Fire Safety, Emergency Preparedness, Residents Rights & OAPSA was completed on 8/5/2026.

Human Resources/RCC to complete an audit on for 2025 trainings on Fire Safety, Emergency Preparedness, Residents Rights, OAPSA, & Falls and Accident Prevention by 8/21/2026.

Human Resources/RCC will ensure all current staff have trainings that are not a part of Medline yearly trainings by 8/28/2026.

Human Resources will add trainings that are not a part of Medline yearly training to orientation packet for newly hired staff.

Human Resources will send out monthly reminders to current staff that Medline training is to be completed by 12/19/2026 or they will be removed from the scheduled until completed.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented (- 09/02/2026)

66b - Training Plan Content

10. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home did not have a staff training plan for 2026 that included the name, position, and duties of each direct care staff person, required training course for each staff person nor dates, times and locations of the scheduled training for

66b - Training Plan Content (continued)

each staff person for the upcoming year.

Plan of Correction ***Accept (- 07/31/2026)***

Following the survey human resources posted Medline training information around the building for all staff to complete by 12/19/2026.

Human Resources/PCHA/RCC will create a packet of staff trainings that are required annually that not included in Medline by 8/14/2026.

Human Resources/PCHA/RCC will ensure that all future annual staff training plans are developed and reviewed prior to the beginning of each calendar year to verify compliance with regulatory requirements.

Human Resources/RCC will create a spreadsheet to confirm that all required information is included in the training plan.

Starting 8/17/2026 Human Resources/PCHA/RCC will audit the staff training plan annually prior to implementation and will review training records monthly to ensure staff are completing required trainings as scheduled.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 09/02/2026)

81b - Resident Personal Equipment

11. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 6/17/2026, Resident #7's bed had an enabler device that was attached to a wooden plank which slid under the mattress. This device was not securely attached to the structure of the bed creating a safety hazard.

Plan of Correction ***Accept (- 07/31/2026)***

Immediately upon identification of the deficiency on 6/17/2026 maintenance secured enabler device securely on resident #7's bed.

Education to all direct care staff to be provided by 8/14/2026 to reeducate staff on reporting to maintenance or direct supervisor if enabler devices and/or other equipment are not free of hazards and/or need repair.

Initial audit on all enabler devices to be completed 8/14/2026 to ensure they are safely secured.

81b - Resident Personal Equipment (continued)

Starting 8/17/2026 maintenance will audit enabler bars 2x/week X 2 months, 1x/week X 1 month, followed by monthly for 3 months

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

82a - Poisonous Materials

12. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 6/17/2026, a clear, unlabeled spray bottle containing a purple liquid was present in an upper cabinet of the 600 hall nurses' station. Staff were unable to identify the contents of the spray bottle.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Immediately upon identification of the deficiency on 6/17/2026 RCC removed and disposed of unlabeled bottled containing a purple liquid from the 600 hall nurses' station.

Education to be provided to housekeeping and direct care staff by 8/14/2026 on poisonous materials and how they are to be stored in their original, labeled containers, and report immediately to direct supervisor if they find any improperly labeled, unlabeled, damaged, or improperly stored poisonous materials.

Housekeeping to start audits 8/17/2026, 2x/week X 1 month, 1x/week X 1 month, followed by monthly for 4 months, to ensure all poisonous materials are in original labeled containers and stored properly in cleaning carts and cleaning closets.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

82c - Locking Poisonous Materials

13. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 6/17/2026 at approximately 9:29AM, (2) Clorox Bleach Spray Bottles with a manufacturer's label indicating "if in eyes, on skin or clothing, call a poison control center or doctor for treatment advice", and Tide pods with a manufacturer's label indicating "Call a poison control center or doctor immediately if detergent gets in mouth or eye or on skin" were unlocked, unattended, and accessible in the 600 hall nurse's station cabinets.

Not all residents of the home, including Residents #1 and #7, have been assessed capable of recognizing and using poisons safely.

82c Locking Poisonous Materials *(continued)*

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Immediately upon identification of the deficiency on 6/17/2026 RCC removed Clorox bleach spray bottles and tide pods from the 600 nurses' station.

Following survey residents #1 & #7 were reevaluated to determine their ability to safely access areas where poisonous materials may be present.

The evaluation process has been completed and all current residents have been determined to be able to safely be around poisonous materials. Resident assessments will be reviewed and updated as needed to reflect any changes in residents' abilities, cognition, or safety needs.

All direct care staff will be reeducated by 8/14/2026 on safe storage, labeling, and handling of poisonous materials and the need to report any changes in a residents' ability to safety be around these materials to direct supervisor.

Starting 8/17/2026 RCC to complete audits of resident assessments and environmental safety checks twice a month for 6 months to ensure residents continue to be able to safely by around poisonous materials

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

96a - First Aid Kit

14. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the 600 hall Nurses Station Desk did not include antiseptic.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Following survey antiseptic was purchased and replaced in the first aid kit in the 600 hall nurse station. The first aid kit was reviewed to ensure all required supplies are present and available for use.

Staff educations will be provided by 8/14/2026 to educate on the requirement to report missing or depleted first aid supplies to direct supervisor to ensure timely replacement and continued compliance.

Starting 8/17/2026 RCC will conduct audits weekly for 2 months followed by monthly for 4 months to verify that all required supplies are available, properly stocked, and within expiration dates.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

96a - First Aid Kit *(continued)*

141b1 - Annual Medical Evaluation

16. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #8's most recent medical evaluation, completed on [redacted] did not include the resident's weight, pulse rate, blood pressure, or temperature; these areas were left blank.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Home is unable to retroactively correct this violation for medical evaluation on [redacted].

Following survey resident did have a medical evaluation 7/14/2026, upon returning RCC checked medical evaluation form to ensure all sections were filled out appropriately.

To prevent recurrence, PCHA/RCC will review all medical evaluations upon receipt to verify that all required sections are complete before they are filed in the resident's record. If any required information is missing the form will be returned to the physician for completion.

Initial audit to be done by RCC by 8/14/2026 to ensure all current medical evaluations are filled out appropriately.

Starting 8/17/2026 RCC will audit 2X a month for 2 months, followed by 1X a month for 4 months to ensure all medical evaluations in residents files are filled out appropriately.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

183b - Meds and Syringes Locked

17. 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 6/17/2026 at approximately 9:16 AM, Fluticasone Proprionate nasal spray labeled with Resident #9' name was unlocked, unattended, and accessible on the ledge outside of the 500 hall nurses' station glass window.

On 6/18/2026 at approximately 10:32 AM, a quarter-cut of a white round pill was present on the ground along the wall behind the 700-hallway med cart.

Repeated Violation - 9/24/2025, et al.

183b - Meds and Syringes Locked *(continued)*

Plan of Correction ***Accept (- 07/31/2026)***

Home is unable to retroactively correct this violation.

On 6/17/2026 RCC immediately removed nasal spray from 500 nurse station glass window and returned it to its proper area in the locked 500 med cart.

On 6/18/2026 RCC immediately destroyed the quarter-cut of a white round pill in facilities drug buster liquid container in 700 nurse station med room.

Education to be given to RCC and Medication Technicians by PCHA by 8/14/2026 addressing all prescription medications, OTC medications, CAM and/or syringes are to be kept in an area or container that is locked. Also, to ensure all areas around medication carts are clear of any loose medications.

Beginning 8/17/2026 audits will be completed by RCC 2x a week for 1 month, 1 x a week for 1 month, followed by 1 x a month for 4 months to ensure medications are being stored properly in locked medication carts after administration and areas around medication carts are clear of any loose medications.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 09/02/2026)

183e - Storing Medications

18. 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 6/17/2026 at approximately 2:20 PM, a loose white round pill with 5R inscribed on one side and TV 0.5 inscribed on the other side was present in top right small drawer of 500 hall med cart.

On 6/18/2026 at approximately 10:30 AM, a box of Mucus Relief tablets belonging to Resident #1 was present in the medication cart with an expiration date of May 2026.

On 6/17/2026 at approximately 2:52 PM, a Tresiba insulin pen belonging to resident #3 was not labeled with the date of opening. According to the manufacturer's instructions, the pen should be kept at room temperature (up to 86°F) or refrigerated for up to 8 weeks and disposed after 8 weeks, even if there is insulin left in the pen or vial and the expiration date has not passed.

On 6/17/2026 at approximately 2:27 PM, a bottle of Nystop powder belonging to Resident #10 was present in the medication cart with an expiration date of 5/31/2026.

Repeated Violation - 9/24/2025, et al.

Plan of Correction ***Accept (- 07/31/2026)***

Home is unable to retroactively correct this violation.

183e Storing Medications (continued)

On 6/17/2026 Medication Technician removed and destroyed loose white round pill in facilities drug buster container in the 700 nurse station med room.

On 6/17/2026 RCC dated Tresiba pen from the date that it was received from pharmacy.

On 6/17/2026 RCC removed the bottle of Nystop and ordered a new bottle from pharmacy to replace the expired bottle.

On 6/18/2026 RCC removed Mucus Relief tablets and immediately replaced them with a new box with expiration date of Jan 2027.

Initial Audit to be completed by 8/14/2026 by RCC for the 500/600/700 medication carts to ensure all medications are current, that no medications are expired, and no loose medications are found.

Education to be given to RCC and Medication Technicians by PCHA by 8/14/2026 on making sure that all medications given to residents are current and not expired, and check routinely for loose medications and policy on getting rid loose medications if found.

Starting 8/17/2026 RCC will begin to audit medication carts 1x a week for 2 months, followed by 2x a month for 4 months to ensure carts are free of loose medications and all medications are current and not expired.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)

185a - Implement Storage Procedures

19. 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 #3 was prescribed Accucheck, check blood sugar before meals and at bedtime. The blood glucose readings on Resident #3's Freestyle Libre reader did not match the numbers transcribed on Resident #3's June 2026 Medication Administration Record (MAR) on the following dates:

On 6/9/2026 at 20:00, a blood sugar reading of 307 was documented on MAR; this reading was not in the resident's glucometer

On 6/11/2026 at 8:00, a blood sugar reading of 214 was documented on MAR; a reading of 219 was stored in the glucometer for 6/11/2026 at 6:27 AM.

Repeated Violation 7/24/2025, et al.

185a - Implement Storage Procedures (continued)

Plan of Correction ***Accept (- 07/31/2026)***

The home is unable to correct the incorrect blood glucose reading on MAR for Resident #3 on 6/11/2026.

The home is unable to retroactively correct the missing blood glucose numbers on reader for 6/9/2026 @ 2000.

Education will be provided by 8/14/2026 by PCHA to RCC and Medication Technicians on proper use of blood glucose monitor and documentation on MAR for blood sugar readings.

Starting 8/17/2026 RCC will begin audits 2x a week for 4 weeks and then 1x a week for 8 weeks on MAR and blood glucose monitor for residents who have blood sugar checks.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 09/02/2026)

187b - Date/Time of Medication Admin.

20. 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 #3 was prescribed Nystop apply topically to affected area) three times daily. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/10/2026 11-7 shift, 6/14/2026 11-7, 3-11 shifts, and 6/16/2026 11-7 shift.

Resident #8 was prescribed Baclofen 10MG take 1 tablet by mouth in the morning and 1 tablet in the evening and 1 tablet before bedtime. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/12/2026 at 17:00.

Resident #11 was prescribed Diclofenac Sodium 1% apply 3x a day. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/1/2026 at 8:00 AM or 6/1/2026 at 2:00 PM.

Resident #11 was prescribed Brimonidine eye drops - one drop in right eye twice daily. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/14/2026 at 8:00 AM.

*Resident #11 was prescribed Coenzyme *10 - 2 capsules every other day. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/6/2026 at 8:00 AM..*

Resident #11 was prescribed Pravastatin 1 tablet every other day. The resident's June 2026 Medication Administration Record did not include the initials of the staff person who administered the medication on 6/14/2026 at 8:00 PM.

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

The following medications were documented to be administered by Staff Member C on the residents' May 2026 MARs; however, Staff Member C did not administer these medications as the staff member was not in the home at the time of the medication administration:
Resident #6 Haloperidol 1ML 5/24/26 at 12:00 AM and 4:00 AM
Resident #13 Acetaminophen 500mg 5/24/2026 at 6:00 AM, and Gabapentin 100mg 5/24/2026 at 6:00 AM
Resident #14 Levothyroxine 15mg 5/24/2026 at 6:00 AM
Resident #15 Levothyroxine 25mg 5/24/2026 at 6:00 AM

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

Home is unable to retroactively correct this violation.

RCC spoke with staff member C and a statement was provided on 8/5/2026. RCC educated staff member C 8/5/2026 on slowing down and paying closer attention when signing the MAR.

PCHA will provide education to RCC and Medication Technicians by 8/21/2026 on signing MAR at time of administration and paying closer attention to where they are signing when signing the MAR. Also only the staff scheduled to administer medications should be signing the MAR.

Starting 8/28/2026 MAR audits on 5 residents 1x a week for 8 weeks, followed by 1x a month for 2 months to ensure medications being administered are being signed off on MAR by the scheduled medication technician.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/02/2026)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

Resident #3 was prescribed Novolog Flexpen SS if BG 91 150 6U, 151 200 7U, 201 250 8U, 251 300 9U, 301 350 10U, >351 11U. If BG < 90 do not take. The order was transcribed incorrectly to the MAR, resulting in units being administered incorrectly on the following dates:
6/4/2026 8:00 blood sugar reading 266 10 units administered when 9 units should have been administered
6/4/2026 17:00 blood sugar reading 294 10 units administered when 9 units should have been administered
6/5/2026 8:00 blood sugar reading 157 8 units administered when 7 units should have been administered
6/5/2026 17:00 blood sugar reading 239 9 units administered when 8 units should have been administered
6/6/2026 12:00 blood sugar reading 134 7 units administered when 6 units should have been administered

187d - Follow Prescriber's Orders (continued)

6/6/2026 17:00 blood sugar reading 258 – 10 units administered when 9 units should have been administered, et al

Resident #3 was prescribed Carvedilol 12.5 mg tablet, take 1 tablet by mouth twice daily hold for SBP <100 or HR <60. On 6/5/2026 at 17:00, the Resident #3's hear rate was 56; however, the medication was administered.

Resident #8's order for Mucinex was discontinued on 5/21/2026. However, Resident #8 continued to receive this medication until 5/25/2026.

Resident #8's order for Seroquel 25MG was discontinued on 5/21/2026. However, Resident #8 continued to receive this medication until 5/27/2026.

Resident #8's order for Cyclobenzapine 5MG take 1 tablet by mouth three times a day was discontinued on 5/21/2026. The home administered the medication on 5/26/2026, held the medication 5/26/2026-5/27/2026, administered it again on 5/28/2026 and did not discontinue the medication until 5/29/2026.

Resident #8's prescribed order for Bumetanide 1MG take 1 tablet by mouth daily decreased to 0.5MG 1 tablet in the morning on 5/21/2026. Resident #7 continued to receive the 1MG dose until 6/1/2026.

Resident #6 was prescribed Haloperidol, take 1 ML by mouth every 4 hours. This medication was not administered to Resident #6 did on 5/24/2026 at 12:00 AM and 4:00 AM as there were no staff scheduled to administer medications in the home.

Repeated Violation - 7/24/2025, et al.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

Home is unable to retroactively correct this violation.

RCC called [redacted] office to clarify sliding scale order on 6/18/2026. [redacted] returned call on 6/27/2026 to clarify the current order we have is the order to follow. RCC updated MAR with correct Novolog Sliding Scale for Resident #3 on 6/28/2026.

Education to be provided to RCC and Medication Technicians by 8/21/2026 on medication parameters and the importance of administering medications as ordered by the physician and reporting any concerns.

Physician orders to only be entered and removed from MAR by RCC to ensure they are entered/removed correctly and in a timely manner. In the event of RCC absence assigned medication technician will take over physician orders until RCC returns.

Scheduler/RCC to monitor staff schedules daily to make sure a medication technician is scheduled for all shifts to

187d Follow Prescriber's Orders (continued)

ensure medications are administered following doctor's orders.

Starting 8/28/2026 RCC will conduct MAR audits on 5 residents who have medications with parameters and/or new orders 1x a week for 8 weeks, followed by 1x a month for 2 months to ensure medications is being administered correctly following parameters and physician orders.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/02/2026)

190b - Insulin Injections

22. 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

On 6/10/2026 at 8:00 AM, 5:00 PM, and on 6/11/2026 at 5:00 PM, Staff Member A, who has not completed diabetes training since 5/13/2025, administered insulin to Resident #3.

On 4/13/2026 at 5:00 PM, and on 4/29/2026 at 5:00 PM, Staff Member D, who has not completed diabetes training, administered insulin to Resident #3.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The home is unable to retroactively correct violations on 4/13/2026 & 6/10/2026.

Staff members A & D received their Diabetic Certifications 7/26/2026.

Immediately following survey the scheduler and RCC reviewed all medication technicians Diabetic Certifications and current shift schedules. Staff members who were not current in diabetic training were identified, and coverage gaps for the affected shifts were addressed.

Education to be provided by 8/14/206 to the scheduler and RCC on staffing requirements to ensure at least one medication technician on each shift maintains current Diabetic Certification.

Initial audit of all Diabetic certifications will be conducted by 8/14/2026.

Starting 8/17/2026 RCC will maintain Diabetic Certificate binder and audit monthly for expirations.

190b Insulin Injections (continued)

Starting 8/17/26 PCHA will conduct audits 2x a week for 4 weeks, weekly for 4 weeks, followed by monthly for 4 months to ensure staff schedules are in compliance with regulatory diabetic training requirements.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 09/02/2026)

190c - Record of Training

23. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Member A did not include the completed checklists for the two MAR reviews and medication administration observations. The form did not document whether the staff member passed or failed the April 2026 MAR review and May 2026 observation.

Plan of Correction ***Accept (- 07/31/2026)***

Staff member A's medication administration training file was immediately reviewed. The missing documentation, including the completed checklists for the two MAR reviews, medication administration observations, and practice activities were completed on 7/23/2026. The documentation now clearly reflects whether the staff member passed.

Starting 8/17/2026 the RCC/Trainer will conduct monthly audits of all medication administration training files to ensure all required documentation is completed, including required checklists and pass/fail status for MAR reviews and observations.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented (- 09/02/2026)

225a - Assessment 15 Days

24. 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

An assessment was not completed for Resident #3, who was admitted to the home on

Resident #7's medical evaluation, dated indicated Resident #7 has a high risk for falls and "needs close supervision", "Needs a walker at all times", "walker standard + Supervision", "supervision close at all times should not walk alone". However, Resident #7's assessment, dated indicated the resident is independent when ambulating and requires minimal supervision and no assistance when in the home.

Plan of Correction ***Directed (- 08/06/2026)***

Redispute Citation for Resident #3 An assessment was completed on Please see attached

225a - Assessment 15 Days (continued)

documentation for your review as validation to remove Resident #3 from this citation

The home cannot retroactively fix violation for Resident #7.

RCC asked physician to reevaluate Resident #7 as [redacted] has not needed close supervision and walks on [redacted] own frequently. Physician completed that reevaluation on 7/17/2026. Resident's Medical Evaluation & Assessment now state resident is minimal support with supervision.

To prevent recurrence, PCHA/RCC will review all medical evaluations and support plans are consistent and accurately reflect resident's current needs. Each residents support plan must align with the information and recommendations documented in the medical evaluation.

Starting 8/21/2026 RCC will audit 2X a month for 2 months, followed by 1X a month for 4 months to ensure both medical evaluation and support plan align with each other.

Starting 9/1/2026 PCHA will complete monthly audits on newly admitted residents records for 6 months to ensure assessments are completed timely and available for review upon request.

(Directed)
In addition to the above plan of correction:

- *All newly admitted residents will have an assessment completed in accordance with the timeline identified in Regulation 2600.225(a).*
- *Education will be provided to staff member's responsible for the completion of resident assessments on the timeline requirements for initial resident assessments by 8/28/26.*
- *The home will review current policies and procedures to ensure steps are in plan to have initial resident assessments readily available in the home upon the Department's request by 8/28/26.*
- *Beginning no later than 8/28/26, all new resident assessments will be audited by the administrator or designee within 10 days of the resident's admission to the home to ensure timely completion and proper filing in the resident's record.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *08/28/2026*

Implemented ([redacted] - 09/02/2026)

225c - Additional Assessment

25. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment *(continued)*

Description of Violation

Resident #1's most recent assessment, dated [redacted] indicated Resident #1 is independent with bowel management. However, Resident #1 requires assistance from staff for adult briefs and proper hygiene following a bowel movement.

Resident #1's assessment dated [redacted] indicated Resident #1 requires some physical assistance when transferring in and out of bed. However, Resident #1 requires physical assistance from staff to move the resident's legs out of bed for [redacted] to pivot-to-stand as the resident cannot move [redacted] independently.

Resident #1's assessment, dated [redacted], indicated Resident #1 requires assistance from 1 staff member when ambulating with a walker. However, Resident #1 was transferred to and utilized a wheelchair for ambulation during the inspection.

Repeated Violation - 9/24/2025, et al., 7/24/2025 et al

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

RCC updated resident #1 RASP on 7/17/2026 when resident was discharged from [redacted]. Updated bowel management section to meet needs.

Upon multiple observations by staff and family RASP does match resident #1 physical needs. Resident can move [redacted] legs independently and lifts them in/out of bed regularly. Resident can also walk with walker when [redacted] is in the mood, but is capable of walking.

RCC will complete an initial audit on all current residents to make sure documented needs match the resident's current needs by 8/21/2026.

PCHA will provide education to RCC by 8/21/2026 to ensure resident assessments are being updated as the needs of the resident change.

Starting 8/28/2026 RCC with conduct observation audits 1x a week for 8 weeks, followed by 1x a month for 2 months to ensure resident's assessments still are meeting current physical requirements.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/02/2026)

227d - Support Plan Medical/Dental

26. Requirements

2600.

227d Support Plan Medical/Dental *(continued)*

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 #16's support plan, dated [redacted], indicated that med tech/nurse will administer wound care to right lower leg as ordered by physician. However, on [redacted], the physician provided orders for Resident #16 to perform [redacted] own wound care. The resident's support plan was not updated to reflect this change in supports provided by the home.

Repeated Violation 7/24/2025, et al.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

RCC updated support plan on 7/15/2026 for updated wound care needs for resident #16.

Education will be provided to PCHA and RCC by 8/7/2026 to ensure all support plans are updated with changes on all residents.

Initial audit of resident support plans will be conducted by PCHA and RCC to be completed by 8/14/2026.

Starting 8/17/2026 RCC will conduct audits 1x a week for 4 weeks and then 2x a month for 3 months to ensure support plans match resident care needs.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 09/02/2026)