

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ECUMENICAL COMMUNITIES, INC.

LEGAL ENTITY

To operate ECUMENICAL COMMUNITY OF HARRISBURG

NAME OF FACILITY OR AGENCY

Located at 624 WILHELM ROAD, HARRISBURG, PA 17111

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 88
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 353610

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 12 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. David Leader, Chief Operating Officer
Ecumenical Communities, Inc.
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Ecumenical Community of Harrisburg
624 Wilhelm Road
Harrisburg, Pennsylvania 17111

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on June 21, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

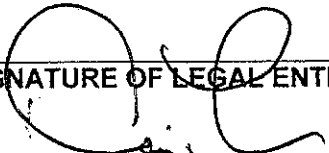

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 7/2/10

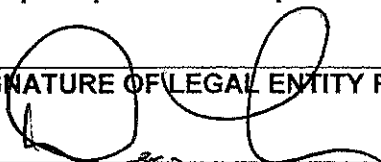

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Although direct care staff person A, hired 5/4/2010, indicated on an employment application that he/she had lived in Florida from 5/1/08 to 10/15/08, the home did not complete an FBI background check as required by OAPSA.	6/22/2010	Direct care staff person A was a legal PA resident and visiting out of state from 5/1 to 10/15/08. It is our understanding in reading the regulations and the LMI, that an FBI background check is only required for non-PA residents. We request this citation be removed. In the interim, while waiting	7/2/10 CB


for a ruling, we have requested staff person A's information for an FBI background check.

The home will obtain FBI background checks for any person who does not reside in Penna. during previous 2 years continuously as required. CB 7/2/10

JUL 9 2010

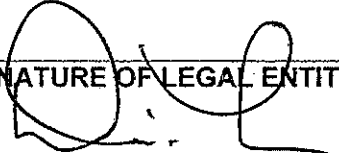
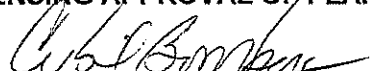
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
181e To be considered capable to self-administer medications, a resident shall: (1) Be able to recognize and distinguish his medication. (2) Know how much medication is to be taken. (3) Know when medication is to be taken.	Resident #1 self-medicates. During an interview with Resident #1, Resident #1 was not able to recognize or distinguish his/her prescribed medications.	6/22/2010 6/22/2010 - 7/1/2010 ongoing	Resident 1's medication was removed from the apartment immediately following inspection. Contact was made with family & physician and self-medication order was discontinued. Director of Wellness will regularly audit residents' self-administer orders and meet with residents to ensure their continued ability to recognize & distinguish medications. If a resident becomes unable to	7/28/10 

recognize/distinguish medications, the Director of Wellness and the Executive Director will work with the family and the physician to discontinue self-administration order.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

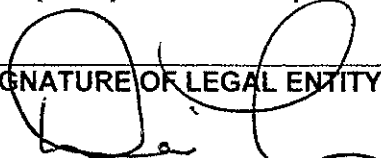
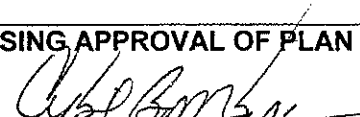
NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610		
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/28/10


1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	The medications for Resident #1 were removed up to a week in advance of scheduled administration times. The resident's niece fills a weekly pill container with medications for resident #1 each week.	6/22/2010 7/1/2010 6/22/2010- 7/1/2010 ongoing	Resident 1's medication was removed from the apartment immediately following inspection. Family was counseled as to the regulation regarding the removal of medications from their original containers. Contact was made with family & physician and self-medication order was discontinued. Residents with self-administration orders will be counseled as to the requirement to maintain medications	7/28/10 

ongoing

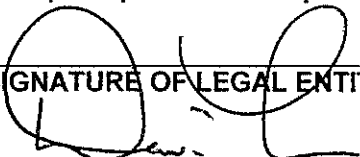
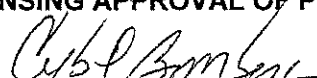
Director of Wellness will routinely monitor self-administering residents for compliance.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/29/10

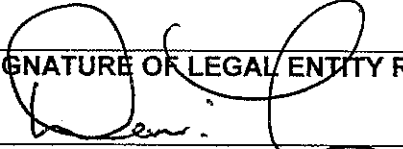
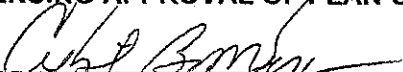
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The original containers for Resident #1's prescription medications are not in the home.	6/22/2010 7/1/2010 6/22/2010 - 7/1/2010 7/1/2010	Resident 1's medication was removed from the apartment immediately following inspection. Family was counseled as to the regulation regarding the removal of medications from their original containers. Contact was made with family & physician and self-medication order was discontinued. Resident 1's medications were ordered at Alert Pharmacy and packaged according to facility standard. Medications are now being administered by trained staff.	7/29/10 
		ongoing	Residents with self-administration orders will be counseled as to the requirement to maintain medications in their original labeled containers.	
		ongoing	Director of Wellness will routinely monitor self-administering residents for compliance.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a 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.	On 6/18/2010 the prescription medication, <i>Oxycontin</i> was administered to Resident #2. According to the home's medication policy, the Medication Administration Record was initialed. However, the removal of the <i>Oxycontin</i> tablet was not recorded on the Medication Accountability Sheet.	6/22/2010 7/9/2010 ongoing	The medication <i>Oxycontin</i> was administered to Resident #2 as indicated on the Medication Administration Record. Co-worker was counseled regarding failure to document the administration of the medication to the Medication Accountability Sheet. Training will be provided to all staff administering medications by 7/9/2010 to review proper recording and documentation practices. Director of Wellness will conduct routine, random audits of resident medication administration records to ensure continued compliance.	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 Date Initials (DPW) <i>DS</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Community of Harrisburg 624 Wilhelm Road Harrisburg, PA 17111		CURRENT LICENSE NUMBER 353610	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Lynn Loudenslager and Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7/2/10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber:	Resident #2 has a medication order for <i>Oxycontin 20 mg tablet at 2pm and 8pm daily</i> , and <i>Oxycontin 40 mg tablet at 8 am</i> . On 6/16/2010, the Medication Accountability Sheet indicates that a 20 mg tablet and a 40 mg tablet were removed at 8 am. The actual tablet count of 4 was accurate, which indicates that Resident #2 was given 60 mg of <i>Oxycontin</i> at 8am instead of the 40 mg. Repeated Violation: 6/18/09, et. al.	7/9/2010	After careful investigation of records and staff interviews, we are confident that resident 2 did receive the appropriate dosage(s) at the correct time(s). The Medication Administration Record (MAR) was documented correctly for Resident 2, however, we acknowledge that the Medication Accountability Sheet (MAS) was incorrectly documented. Training will be provided to all staff administering medications by 7/9/2010 to review proper recording and documentation practices.	Steps have been taken to correct violation; full compliance is not verifiable. <u>7/28/10</u> <u>CB</u> Date Initials (DPW)

ongoing

Director of Wellness will conduct routine, random audits of resident medication administration records to ensure continued compliance.