

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ECUMENICAL COMMUNITIES, INC.

LEGAL ENTITY

To operate ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

NAME OF FACILITY OR AGENCY

Located at 601 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 104
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 September 17, 2010 until September 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 362150

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

SEP 21 2010

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

Mr. David C. Leader, COO
The Ecumenical Communities, Inc.
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Ecumenical Community of Harrisburg – Building II
601 Wilhelm Road
Harrisburg, Pennsylvania 17111

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on June 24, 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.

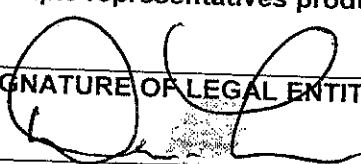
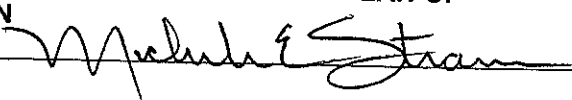
Sincerely,

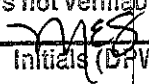
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

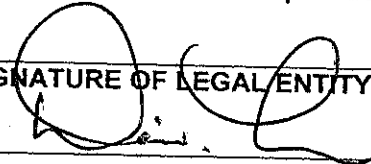

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

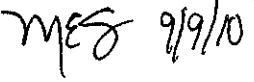
NAME AND ADDRESS OF PERSONAL CARE HOME Ecumenical Retirement Community of Harrisburg, Building II, 601 Wilhelm Road, Harrisburg, PA 17111		CURRENT LICENSE NUMBER 362150	
INSPECTION DATE(S) (Include all dates of the inspection) June 24, 2010		REGIONAL REPRESENTATIVE Lynn Loudenslager, Jaime Erb, Lori Gensil, 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 7/28/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 9/1/10

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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	On 6/12, 6/13 and 6/16/10 when there were 78 residents in the home, only one staff person certified in first aid was on duty between the hours of 10:00pm and 6:00am.	6/25/2010 ongoing	Director of Wellness and Executive Director reviewed subsequent staffing schedules immediately following inspection to ensure that the correct numbers of staff (1 for every 50 residents) certified in first aid, CPR and obstructed airway techniques were appropriately scheduled on the 11-7 shift. Routine audits of schedules will be conducted by the Director of Wellness/designee to ensure continued compliance.	Steps have been taken to correct violation; full compliance is not verifiable 9/9/10 Date Initials (DPW) 

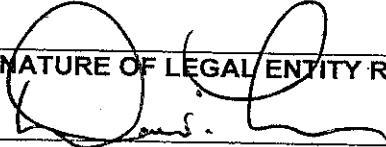
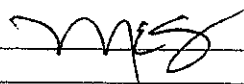
AUG 3 2010


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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-administers medications. Inspectors interviewed the resident and he/she was not able to recognize and distinguish the medications. The time of the interview was 11:50am and resident 1 had not taken the seven pills in the box identified to be taken that morning.	6/24/2010 6/25/2010 ongoing ongoing	Resident 1's medication was removed from the apartment immediately following inspection. Contact was made with family and 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 recognize/distinguish medications, the Director of Wellness and the Executive Director will work with the family and the physician to discontinue self-administration order.	 9/9/10

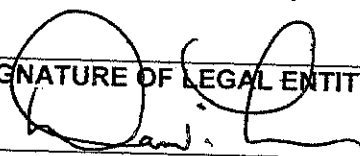
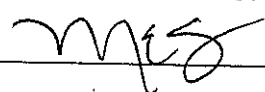
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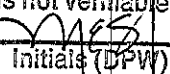
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183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Resident 1 maintains prescription medications in original pharmacy containers in a locked drawer. The resident reported to the inspectors that the medications are removed from the original containers and placed in a seven day medication reminder box by the resident's daughter.	6/24/2010 6/25/2010 ongoing	Resident 1's medications were removed from the apartment immediately following inspection. Family was counseled as to the regulation regarding the removal of medications from their original containers, however, physician was contacted and self-administration order was discontinued. Residents with active self-administration orders will be counseled by the Director of Wellness as to the requirement to maintain medications in their original labeled containers.	 9/9/10


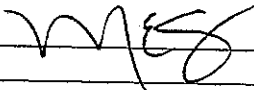
ongoing Director of Wellness/designee will routinely monitor self-administering residents for compliance.

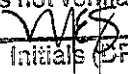
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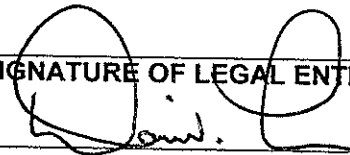
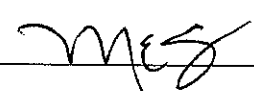
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A prescription ointment <i>Clotrimazole/Betam</i> for Resident 2 was in the shared bathroom in Room 165. The medication was not in a locked area or container.	6/24/2010 6/24/2010 ongoing	Prescription medication was secured in a locked cabinet at the time of inspection. Resident 2 was counseled as to the regulation requiring medications to be secured in locked areas/containers. Routine, random audits of resident rooms will be conducted by the Director of Wellness/designee, as well as personal care staff to ensure no prescription and/or OTC medications, CAM and/or syringes are found unsecured.	Steps have been taken to correct violation; full compliance is not verifiable 9/9/10 Date  Initials (DPW)


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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident 3 in Room 114 self-administers medications. A bottle of Deep Sea Nasal Spray with an expiration date of 1/10 was included in resident 3's supply of medications.	6/24/2010 ongoing ongoing	Corrected at time of inspection - Expired nasal spray was disposed of and resident was counseled as to the regulation requiring only current (non-expired) medications to be kept in the home. Co-workers will be re-educated in daily shift meetings as to the requirement to dispose of expired meds. Director of Wellness/designee will conduct periodic, random audits of resident medications to ensure continued compliance.	Steps have been taken to correct violation; full compliance is not verifiable. 9/9/10 Date  Initials (DPW)

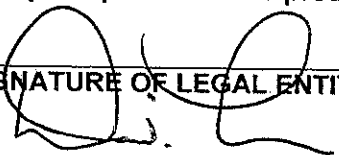
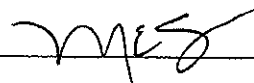
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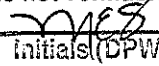
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	The Medication Accountability Sheet indicates a <i>Lortab</i> tablet was removed on 6/2/10 at 4:30pm for Resident 2. The Medication Administration Record (MAR) is not initialed for the administration of the medication. The actual count of remaining <i>Lortab</i> tablets matches the Medication Accountability Sheet.	6/25/2010 6/25/2010 7/9/2010 ongoing	Co-worker was counseled and re-educated as to proper documentation of the MAR as well as the Medication Accountability Sheet as of 6/25/2010. Training was provided to all staff administering medications on 7/9/2010 to re-educate as to documentation requirements as detailed in the regulations. Periodic audits of the MAR against the Medication Accountability Sheet	Steps have been taken to correct violation; full compliance is not verifiable 9/9/10 Date  Initials (DPW)

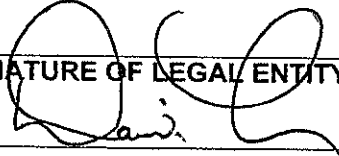
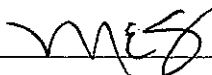
will be conducted by the Director of Wellness/ designee in order to ensure continued compliance in documenting all medication records.

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187d The home shall follow the directions of the prescriber.	-Resident 2's physician ordered <i>Oxycontin 20mg</i> at 9am and 8pm daily. The MAR was initialed on 6/24/10 at 9am for the administration of <i>Oxycontin</i> . The Medication Accountability Sheet did not indicate a tablet was removed. The actual count of tablets matches the remaining number of tablets on the Medication Accountability Sheet; therefore, the resident did not receive the medication.	6/24/2010	Co-worker was counseled immediately regarding the missed dose and the improper documentation. Resident 2 received the 8pm dose.	Steps have been taken to correct violation; full compliance is not verifiable 9/9/10 Date  Initials (DPW)
	-Resident 4 receives <i>Novolog</i> based on a physician's sliding scale related to the results of blood sugar testing. On 6/22/10 at 11am and 4pm, the resident's blood sugar was 363.	7/9/2010	Medication Administration Training was provided to all staff responsible for administering medications on 7/9/2010.	
		6/25/2010	Resident 4 did not receive the proper sliding scale insulin based on orders. Co-worker was counseled on the proper monitoring of blood sugar and administering coverage.	
		7/9/2010	Training was provided to all staff administering medications by 7/9/2010 to re-educate as to monitoring of blood sugar and administering insulin coverage.	

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	<p>According to the scale, the resident should have been given 12 units insulin. The MAR indicates 10 units were given.</p> <p>-Resident 5 receives <i>Novolog</i> based on a physician's sliding scale related to the results of blood sugar testing. On 6/24 at 11am, the resident's blood sugar was 204. According to the scale, the resident should have been given 14 units insulin. The MAR indicates 12 units were given.</p>	<p>6/25/2010</p> <p>7/9/2010</p> <p>ongoing</p>	<p>Resident 5 did not receive the proper sliding scale insulin based on orders. The location on the MAR of the administration time(s) was confusing and made it appear as if the 7am sliding scale should be used for the 11 am. Co-worker was counseled on the proper monitoring of blood sugar and administering of insulin coverage. Training was provided to all staff administering medications on 7/9/10 to re-educate as to monitoring of blood sugar and administering of insulin coverage. The Director of Wellness will review MAR monthly and work with the pharmacy to arrange listing of insulin orders in a manner that is clear and concise.</p>	