

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 14, 2011 until August 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 353610

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 04 2011

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

Mr. David C. 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 22, 2011 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.

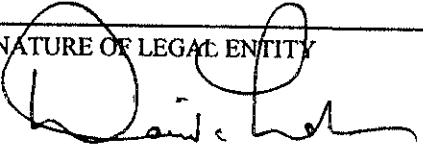
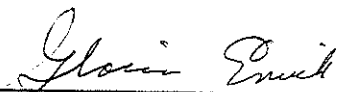
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Acting Director

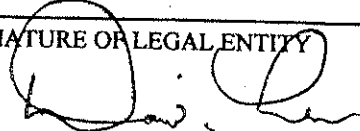
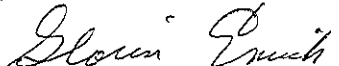
Enclosures
License
Violation Report


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 DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) David Leader, Chief Operating Officer			
SIGNATURE OF LEGAL ENTITY 	DATE 7/7/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/13/11

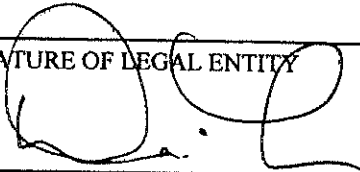

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42c A resident shall be treated with dignity and respect.	On 5/25/2011, at approximately 8:00 pm, Resident #4 was spoken to in harsh tones by Staff person B, during medication administration. Staff person B was being disrespectful during the exchange and did not treat the resident in a respectful or dignified manner. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">JUL 11 2011</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p>	6/1/2011 6/1/2011 ongoing	Staff person B was terminated from the facility immediately upon investigation of the incident of disrespect. Co-workers at the facility were counseled by the Executive Director in daily meetings following the incident. Orientation and on-going training of co-workers addresses the issue of resident treatment.	7/13/11 DE

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 DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich, Doug Hoover	
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 	DATE 7/7/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-13-11


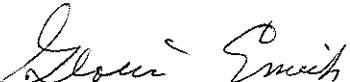
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 2/23/2011, refers to an attachment for the medication regimen; however the attachment was dated 3/30/11 and had not been completed on the same day as the medical evaluation.	3/30/2011 3/30/2011 ongoing	Upon routine audit of medical evaluations, the missing signature from the supplemental form (medication regime) was discovered and promptly sent to the physician's office for signature. Although the attachment had been correctly created on 2/23/2011, the physician's signature was not obtained until 3/30/2011. Co-workers responsible for resident records were counseled on 3/30/2011 as to reviewing all documents for signatures. Ongoing audits of medical evaluations will continue to be conducted by the Director of Wellness/designee in order to ensure complete, correct documentation of all medical evaluations and attachments.	Steps have been taken to correct violation; full compliance is not verifiable 7-13-11  Date Initials (DPW)

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 DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich, Doug Hoover	
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 	DATE 7/7/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/13/11

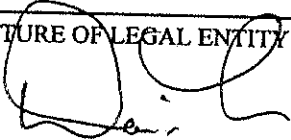
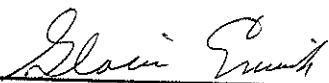
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			(see previous page)	

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 DATES (include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich, Doug Hoover	
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 	DATE 7/7/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-13-11

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 6/22/2011, at approximately 2:45 pm, two 500 mg. tabs of Tylenol were administered to resident #2. Staff person A initialed the medication administration record (MAR) prior to administering the medication.	6/22/2011	Co-worker responsible was counseled at time of inspection to review the medication administration procedure.	Steps have been taken to correct violation; full compliance is not verifiable 7/13/11 SE Date Initials (DPW)
		7/29/2011	In-service re-training on medication administration for appropriate personnel (med-techs) will be conducted by 7/29/2011.	
		ongoing	Ongoing training of med-techs will include the review of all medication administration procedures, including the documentation requirements.	

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 DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich, Doug Hoover	
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 	DATE 7/7/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/13/11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #3, admitted 4/17/2011, did not include a determination that the home can meet the service needs of the resident.	6/22/2011 7/29/2011 ongoing	The pre-admission screening form for Resident 3 was corrected at the time of inspection to include the determination that the home can meet the service needs of Resident 3. In-service re-training of marketers (co-workers responsible for the pre-admission screening) will be conducted on or before 7/29/2011 to review the requirement to check all appropriate sections of the pre-admission screening per regulations. Random audits of pre-admission screening forms will be conducted by marketing team to ensure continued compliance.	Steps have been taken to correct violation; full compliance is not verifiable <u>7/13/11</u> <u>SE</u> Date Initials (DPW)