

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 15, 2012 until August 15, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 10 2012

Mr. David C. Leader, COO
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 July 2, 2012 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,

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 35361 - 07/02/2012 - Gensil, Lori
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600

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.

2. DESCRIPTION OF VIOLATION

Four round pills were found loose in the bottom of the 2nd drawer on the right side of the center hall medication cart (1 green, 1 purple, 1 white, 1 peach). In addition, 1 round white pill was found loose in the 2nd drawer on the left side of the center hall medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An additional medication cart for the building has been ordered. It will be placed into use effective July 24, 2012. This will eliminate the congestion of the blister packs. A schedule has been implemented to ensure all medication associates maintain sanitary storage conditions in all medication carts to meet regulatory compliance. All medication associates and licensed nurses will be in-serviced on the medication storage policy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Hamilton, Sr. VP and Chief of Operations			Date 7/27/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-31-12</u> (Date)	Verification of Legal Entity Representative Signature <u>7-31-12</u> (Date)
The above plan of correction was approved by <u>GH</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35361 - 07/02/2012 - Gensil, Lori
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a sliding scale of Novolog inj. T1D with each meal. The resident is to be given 14 units of Novolog when blood sugar measures between 351-400. On 6/18/12 at 11:33 am, the resident's blood sugar measured 363 and only 10 units were administered. On 6/30/12 at 11:20 am, the resident's blood sugar measured 354 and only 10 units were administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On July 24, 2012 - coworkers were individually in-serviced on the five rights of medication administration. Medication passes for those coworkers will be reviewed by the director of wellness / designee for sixty (60) days. Random audits will be completed for those coworkers following the sixty (60) days to ensure compliance with regulations. All medication associates and licensed coworkers will attend an in-service to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Hamilton, Sr. VP and Chief of Operations

Date 7/27/2012

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 (Date)

Verification of Legal Entity Representative Signature 7-31-12
 (Date)

The above plan of correction was approved by SH
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented