



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Ms. Judi Baker, Executive Director
Ecumenical Community
Ecumenical Retirement Community of Harrisburg III
3525 Canby Street
Harrisburg, Pennsylvania 17109

Dear Ms. Baker:

As a result of the Department of Public Welfare's licensing inspection on May 23, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of July 4, 2013 to July 4, 2014 was issued on March 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III		License Number: 310210
Address: 3525 CANBY STREET, HARRISBURG, PA 17109		County: Dauphin
Administrator: Judi Baker, Executive Director		Region: CENTRAL
Legal Entity Name: ECUMENICAL COMMUNITY		
Legal Entity Address: 3525 CANBY STREET, HARRISBURG, PA 17109		
Certificate(s) of Occupancy C-2 LP A2 02/27/2001 L&I		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Full	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/23/2013: Riel, Becky; Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: NA		Random Indicators: NA
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 31 Secured Dementia Care Unit in Home: Yes Area: NA Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 31 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 0	

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Violation Report: 31021 - 05/23/2013 - Riel, Becky
PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The home has 2 staff persons routinely scheduled during sleeping hours, from 11pm-7am. Of the past 4 sleeping hour fire drills, not one was conducted with less than 3 staff participating. The home routinely schedules sleeping hour fire drills when additional staff persons are present.

- The last 4 sleeping hour fire drills were as follows;
- 6/22/2012 @ 5:30am 3 staff persons participated
 - 9/28/2012 @ 6:18am 3 staff persons participated
 - 12/13/2012 @ 6:00am 3 staff persons participated
 - 4/29/2013 @ 6:06am 4 staff persons participated

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.

Maintenance director will be responsible for scheduling and conducting drills during sleeping hours when no additional staff persons are present.

Ongoing executive director / designee will audit the fire drill log monthly to ensure compliance.

The home needs to demonstrate successful completion of a fire drill with the least number of staff who may be working in the home.
Wae

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana Pontero* Date *7/1/13*

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

The above plan of correction is approved as of 7/1/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 7/1/13
(Date)

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

Violation Report: 31021 - 05/23/2013 - Riel, Becky
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa. Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11/18/2011 with a medical evaluation from 11/16/2011. The resident did not have an annual medical evaluation completed until 2/15/2013.

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.

In-service training was conducted on May 24, 2013, to reeducate all managers and nursing staff on timely completion of annual medication evaluations for compliance.

Ongoing, random audits will be conducted by executive director / designee to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *D. Ponterio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diana Ponterio</i>	Date <i>7/1/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/15/13
 (Date)

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

Plan of correction implementation status as of 7/15/13
 (Date)

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