



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 19, 2014

Ms. Michelle Hamilton, Chief of Senior
Living Operations
Ecumenical Community
3525 Canby Street
Harrisburg, Pennsylvania 17109

RE: Ecumenical Retirement Community
Of Harrisburg III
License #: 310210

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's Human Services licensing inspection on June 13, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb". The signature is fluid and cursive, with the first name "Jaime" being larger and more prominent than the last name "Erb".

Jaime Erb
Regional Licensing Administrator

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: Tonya Aumiller		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: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/13/2014: Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 07 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 29 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: 29 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0	

Violation Report: 31021 - 06/13/2014 - Hoover, Douglas
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 7/22/13, for resident #1, admitted on 8/27/12, does not have a diagnosis of Alzheimer's or other dementia.

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.

Education was provided to the nursing staff and the physician's assistant who visits our secured dementia care unit about the medical evaluations for residents who reside in the secured dementia care unit. The nurses and marketers who receive the medical evaluations have been informed to carefully review the medical evaluations and be sure the diagnosis reflects either Alzheimer's disease or dementia. Memory loss is not an acceptable diagnosis. The current medical evaluation dated 6/13/14 does reflect a diagnosis of dementia. Going forward, the Director of Wellness will be conducting monthly audits of all new admissions to ensure that the medical evaluations have been completed properly.

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)		Date
PattiAnn Rohrbach Vice President of Operations		July 2, 2014

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

The above plan of correction is approved as of 7.14.14
(Date)

Plan of correction implementation status as of 7.14.14
(Date)

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

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

Violation Report: 31021 - 06/13/2014 - Hoover, Douglas
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on 8/27/12. The cognitive preadmission screening was completed on 8/23/12 which is more than 72 hours prior to admission.

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.

Education regarding the personal care regulations has been provided to the physician's assistant who visits our facility regarding the time sensitivity of the cognitive preadmission screening. Going forward the nursing department will ensure that all new admissions will have the cognitive preadmission screening complete with 72 hours prior to admission. The Director of Wellness will be conducting monthly audits of all new admissions to ensure that the documentation and required forms are completed and correct.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Patti Rohrbach

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) PattiAnn Rohrbach
 Vice President of Operations

Date July 2, 2014

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Violation Report: 31021 - 06/13/2014 - Hoover, Douglas
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan, dated 9/10/13, for resident #1 did not have any documentation or signatures to indicate that the resident or designated person was involved in the development or revisions of the support plan.

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 the future, we will obtain signatures from residents and/or the designated person who are participating in the development and revisions of the support plans. If the resident refuses to sign, we will provide documentation of that refusal. The Campus Executive Director and/or the Director of Wellness along with the nursing staff will be responsible to ensure that support plans are properly signed by the resident and/or the resident's designated person.

The Executive Director and the Director of Wellness will monitor for compliance ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
PattiAnn Rohrbach Vice President of Operations			July 2, 2014
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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7.14.14 (Date)		7.14.14 (Date)	
The above plan of correction was approved by		<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	
[Signature] (Initials)			