



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Mr. Vincent Mizak,  
Assistant Treasurer  
Ecumenical Communities, Inc.  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Ecumenical Retirement Community of Harrisburg II  
601 Wilhelm Road  
Harrisburg, Pennsylvania 17109  
License #: 362150

Dear Mr. Mizak:

As a result of the Department of Human Services' annual licensing inspection on June 6, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

<b>PCH Name:</b> ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II		<b>License Number:</b> 36215
<b>Address:</b> 601 WILHELM ROAD, HARRISBURG, PA 17111		<b>County:</b> Dauphin
<b>Administrator:</b> Jesse Weidman		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> THE ECUMENICAL COMMUNITIES INC		
<b>Legal Entity Address:</b> 830 CHERRY DRIVE, HERSHEY, PA 17033		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-2	
02/19/1997	12/12/2010	
Labor and Industry	Susquehanna Township	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 78	<b>Waking Staff:</b> 59
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/08/2017: Heemer, Laura; Springs, Israel		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 104	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 74	<b>Receive Supplemental Security Income:</b> 13	
<b>Secured Dementia Care Unit In Home:</b> No	<b>Are 60 Years of Age or Older:</b> 74	
<b>Area:</b>	<b>Have Mental Illness:</b> 3	
<b>Secured Dementia Unit Capacity, if Applicable:</b>	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served In Secured Dementia Care Unit, if applicable:</b>	<b>Have a Mobility Need:</b> 4	
<b>Number of Current Hospice Residents:</b> 6	<b>Have a Physical Disability:</b> 2	
<b>Number of Hospice Residents In past year:</b> 13		

Violation Report: 36215 - 06/06/2017 - Heemer, Laura  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

**1. REGULATION 55 Pa.Code §2600**  
 2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A's First Aid/CPR certification expired on 3/31/2017. Staff person A is a driver for the community and has been transporting residents without a valid First Aid/CPR certification since this date.

**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.*

Staff person A has been removed from service as a driver until completing the First Aid/CPR which is scheduled 7/7/17. The Training and Development Coordinator audited all other records for drivers and all are in compliance. Regular audits will be done by the Training and Development Coordinator and the Executive Director to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Vincent Mizak Assistant Treasurer	Date	June 23, 2017
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/26/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</u> (Date)
The above plan of correction was approved by <u>BAS</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: 36215 - 06/06/2017 - Heemer, Laura  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On 6/1/2017, at 3:30 pm, the water temperature in the bathroom for Resident 4 measured 124 degrees Fahrenheit.

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.

The Maintenance Director adjusted the water heater and performed the following test to ensure compliance:  
 Water temperature checked on 6/7/17 at 3:00 pm - 119.5 degrees Fahrenheit  
 Maintenance to check water temperatures periodically and report to Executive Director any readings exceeding 120 degrees Fahrenheit. The temperature will be monitored by the Maintenance staff as well as the Executive Director periodically 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)			Date
Vincent Mizak Assistant Treasurer			June 23, 2017

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 (Date)

Plan of correction implementation status as of 6/26/17  
 (Date)

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

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

Violation Report: 36215 - 06/06/2017 - Heemer, Laura  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident 1 was admitted to the home on [redacted] 2017. An initial support plan for the resident was not developed until [redacted] 2017

**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.*

The community transferred to an electronic health record which included the PA RASP. The nursing team failed to complete the RASP upon admission, which was previously completed by the Marketing staff. The Assessment and Support Plan (RASP) was completed 6/6/17. Nursing team were counseled and inserviced on the proper regulatory requirement and that the responsibility rests with the Nursing team. Director of Resident Services will audit all admissions since 1/1/17 and will ensure ongoing compliance. The Executive Director will monitor for ongoing 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      Vincent Mizak  
 (Required on EVERY Page)      Assistant Treasurer      Date June 23, 2017

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 (Date)

Plan of correction implementation status as of 6/26/17  
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 36215 - 06/06/2017 - Heemer, Laura  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident 2 participated in the development of the support plan dated 9/8/2016. The resident did not sign the support plan, nor was there documentation that the resident refused or is unable to sign.

Resident 3 participated in the development of the support plan dated 9/21/2016. The resident did not sign the support plan, nor was there documentation that the resident refused or is unable to sign.

**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.*

Resident #2 was at the hospital at the time of the inspection, and subsequently deceased while at the hospital, so was unable to sign the support plan after inspection. Resident #3 signed the RASP by 6/22/17. The Nursing staff will be inserviced on the need to have resident signature or notation of refusal/inability to sign. New RASPs will be reviewed by the Executive Director and the Director of Wellness to ensure necessary signatures are present. The Executive Director will monitor for ongoing compliance.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent Mizak Assistant Treasurer	Date June 23, 2017
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