



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 2017

Mr. Vincent Mizak,
Assistant Treasurer
Ecumenical Communities, Inc.
3525 Canby Street
Harrisburg, Pennsylvania 310210

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

Dear Mr. Mizak:

As a result of the Department of Human Services' annual licensing inspection on June 8, 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31021 - 06/08/2017 - Springs, Israel
PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

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.

2a. DESCRIPTION OF VIOLATION

On 6/8/17 a prescribed bottle of Quetiapline 25 mg tablets prescribed for Resident #1 was not stored in a locked container and located in the resident's room. Resident #1 is not assessed to be able to self-administer medications.

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.

Medication in Resident #1's room was removed on 6/8/17. Resident #1 was assessed on 6/8/17 to determine ability to self-medicate and store medications in their room. Resident #1 was not found to be able to self-medicate and therefore resident and POA were notified that medications have been removed from Resident #1's room and the staff are now administering. Resident #1 and ■ POA were notified and educated regarding turning all medications in to nurses' office. The Nurse will also monitor residents per policy for ability to self-administer meds. Director of Resident Services will educate all residents upon admission 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)

Printed Name and Title of Legal Entity Representative Vincent Mizak
(Required on EVERY Page) Assistant Treasurer

Date June 23, 2017

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

The above plan of correction is approved as of 6/27/17
(Date)

Plan of correction implementation status as of 6/27/17
(Date)

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

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

Violation Report: 31021 - 06/08/2017 - Springs, Israel
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 On 6/8/17, Resident #1, admitted [REDACTED], did not have an assessment completed by the home.

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 on 6/9/17. 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):		
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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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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: 31021 - 06/08/2017 - Springs, Israel
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 65 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
 On 6/8/17, Resident #1, admitted [REDACTED], did not have a support plan developed by the home.

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 on 6/9/17. 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.

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