



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAILED: October 24, 2017**

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

RE: Ecumenical Community of Harrisburg  
624 Wilhelm Road  
Harrisburg, Pennsylvania 17109  
Certificate #: 353610

Dear Mr. Mizak:

As a result of the Department of Human Services' licensing inspection on August 24, 2017 and October 4, 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.

Sincerely,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 35361 - 10/04/2017 - Bomberger, Cybil  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

On 10/4/17, prescribed Loperamide for Resident #1, with an expiration date of 9/17 was located in the "south" 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.*

The prescribed Loperamide for Resident #1 was immediately removed from the "south" hall medication cart at time of the inspection. Going forward, Nursing will complete weekly random medication cart audits. The Administrator/Designee will monitor to ensure ongoing compliance.

*Staff training on the removal of expired and/or discontinued medications was completed on 8/29/17. bRS 10/24/17*

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

*V. Mizak*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Vincent Mizak  
 Assistant Treasurer

Date October 19, 2017

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

The above plan of correction is approved as of 10/24/17  
 (Date)

Plan of correction implementation status as of 10/24/17  
 (Date)

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

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



Violation Report: 35361 - 08/24/2017 - McCloskey, Jason  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Resident 1 receives medication administration services from the home. On 8-10-17, the resident was observed by a staff person of the home attempting to hide the medications instead of taking them. The resident admitted to hiding the medications and not taking them for a period of approximately 1 month. On 8-24-17 at approximately 9:00 am, licensing representatives observed Staff Person A give medications to Residents #2 and #3 and leave the area prior to the residents ingesting the 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.*

Staff person A was observed and recertified by Med-Tech trainer on 8/26. In-Service regarding proper procedure was conducted on 8/29/2017. Med-Techs and Nurses not in attendance will be individually educated by Friday, 9/8/2017. All designated Med-tech associates will have observations by certified Med-Tech trainers completed by Friday, 9/8. The Assistant Director of Wellness and the Administrator 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 September 11, 2017

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

The above plan of correction is approved as of 9/10/17  
 (Date)

Plan of correction implementation status as of 10/24/17  
 (Date)

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

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

Violation Report: 35361 - 08/24/2017 - McCloskey, Jason  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

On 8-24-17 The following discontinued or expired medications prescribed for Resident 1 were present on the medication cart:

- Advair Diskus was marked as open on 7-10-17. The manufacturer's instructions state to discard the device one month after removal from the protective foil overwrap.
- Mucinex DM 30 - 600 mg that was discontinued on 4-11-17
- Mirtazipine Tab 15 mg that was discontinued on 8-18-17

**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 audit of all medication carts will be completed by 9/8/2017. In-Service provided regarding the removal of expired and/or discontinued medications was completed on 8/29. Med-Tech and nursing staff not in attendance will be individually educated by 9/8/2017. Ongoing, the Assistant Director of Wellness and nursing staff will complete monthly cart audits to ensure ongoing compliance. The Administrator will monitor to ensure ongoing compliance.

*\*Nursing will complete weekly random medication cart audits.  
 BAS 10/24/17*

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

Date September 11, 2017

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Violation Report: 35361 - 08/24/2017 - McCloskey, Jason  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 is prescribed to have fasting blood sugar measurements taken Monday and Friday of each week. No blood sugar measurement was performed on Friday, 8-18-17.

**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.*

All co-workers were educated on timely blood sugar checks. An audit of all diabetic certified co-workers will be completed by 9/6/2017. Ongoing, the Training and Development Coordinator and Assistant Director of Wellness or designee will ensure ongoing compliance of valid diabetic certifications.

The Administrator will monitor to ensure ongoing compliance.

\* The home will complete weekly audits of the Medication Administration Record to assure proper administration has occurred. These audits shall be completed on a 10% sample of records for current residents. The audits shall be completed for a period of six weeks from the date of this plan's receipt.

BAS 9/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Vincent Mizak,  
 Assistant Treasurer

Date September 11, 2017

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Violation Report: 35361 - 08/24/2017 - McCloskey, Jason  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person B's medication administration training is not current and up-to-date as there have been no annual medication administration observations performed on this staff person since May 2016. Staff person B has administered medications to multiple residents on a regular basis, including Resident #2 on 8-24-17, 8-23-17, 8-21-17, and 8-20-17.

**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 B was observed and recertified by Med-Tech trainer on 8/27/2017.

All designated Med-Tech associates will have up-to-date observations by certified Med-Tech trainers completed by Friday, 9/8/2017. The Assistant Director of Wellness or designee will monitor for ongoing compliance. The Administrator will monitor to ensure ongoing compliance.

\* The administrator will monitor the medication administration training of the staff on a quarterly basis to assure that training requirements are being maintained.

*BAS 9/18/17*

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The above plan of correction was approved by	<u><i>BAS</i></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 - 08/24/2017 - McCloskey, Jason  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

**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**

The initial assessment for Resident #1, admitted [redacted] 16, was not completed until [redacted] 17.

**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 audit of all assessments was completed June 2017. The July and August assessment audit was completed by 9/5/2017. All assessments are up-to-date as of 9/5/2017. The Associate Executive Director will ensure ongoing compliance in conjunction with the Assistant Director of Wellness or designee.

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 September 11, 2017
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