



SEP 07 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
License #: 353610

Dear Mr. Mizak:

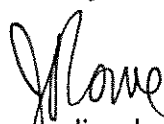
As a result of the Department of Human Services' annual licensing inspection on June 5, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 35361 - 08/05/2017 - Springs, Israel
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 5/14/17, during the hours of 3pm to 11pm, the home had 64 residents and only one staff person on duty who was trained in first aid and certified in obstructed airway techniques and CPR.

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.

CPR and First Aid class has been scheduled for July 7, 2017. The Associate Executive Director (AED) reviewed schedule by 6/19 to determine if other shifts are in compliance and will ensure all shifts meet required regulatory compliance. The AED and Scheduler will review each schedule before posting to ensure CPR certifications and regulatory compliance is met. The Executive Director and Assistant Director of Wellness 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 (Required on EVERY Page)	Vincent Mizak 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 6/26/17
 (Date)

Plan of correction implementation status as of 6/26/17
 (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: 35361 - 06/05/2017 - Springs, Israel
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Member A, only completed 8 of the required 12 hours of annual training during the training year of April 1, 2016 through March 30, 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.

Staff Member A's training hours were identified by Ecumenical's internal audit completed April 2017, and therefore, Staff Member A completed annual 2017 training on 4/6/17 to ensure required topics and hours were completed. Ongoing, the Training & Development Coordinator will ensure training topics and required hours are completed by the end of the year for all staff. 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

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>[Signature]</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 - 06/05/2017 - Springs, Israel
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member A, did not receive annual training in Fire Safety, Emergency Preparedness, and the Older Adult Protective Services Act during April 1, 2016 through March 31, 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.

Staff Member A's training hours were identified by Ecumenical's internal audit completed April 2017 and therefore Staff member A completed annual 2017 training on 4/6/2017 to ensure required topics, including Fire Safety, Emergency Preparedness and the Older Adult Protective Services Act were completed. Ongoing, the Training and Development Coordinator will ensure training topics and required hours are completed by the end of the year for all staff.

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) Vincent Mizak 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 6/26/17
 (Date)

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

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

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

Violation Report: 35361 - 06/05/2017 - Springs, Israel
 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

A container of Glimepiride 2 mg, initially prescribed for Resident #1, but discontinued on 5/27/17, was located in the medication cart with current 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.

Discontinued medication was removed and destroyed on 6/6/2017 and medication carts were inspected. The nursing and medication associates will receive inservice training by June 28, 2017 on the proper auditing of med carts and disposal of discontinued medications. Routine medication cart audits will be completed by the Assistant Director of Wellness or designee to ensure 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 (Required on EVERY Page)	Vincent Mizak 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 6/26/17
 (Date)

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

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

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

Violation Report: 35361 - 06/05/2017 - Springs, Israel
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #3 was developed on 3/29/16.

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 # 3's support plan and assessment was completed 6/20/2017. An audit of all annual RASPs will be completed by 6/30/17. The nursing team will ensure all RASPs are up-to-date by 7/14/17. 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):			
----------------------	-----------------------------------	--	--	--

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
--	--------------------

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

The above plan of correction is approved as of 6/26/17
 (Date)

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

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

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