



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 23, 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 17111
Certificate #: 353610

Dear Mr. Mizak:

As a result of the Department of Human Services' licensing inspection on September 13, 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 35361 - 09/13/2017 - Cargile, Kellie
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/30/17, Resident #1 spilled hot tea on his/her lap resulting in burns. On 9/4/17, the resident was sent to the hospital for a burn wound infection. The home did not submit an incident report to the Department until 9/8/17.

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.

The Campus Executive Director reviewed the policy and procedure for incident reporting with the Associate Executive Director who filed the late report. The Campus Executive Director will regularly monitor incident reports to ensure timely reporting and ongoing compliance. (See attached). on 9/13/17 (BE)

Results of the on-going monitoring of incident reports will be addressed at the home's periodic quality management reviews. - BE

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 October 11, 2017

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

The above plan of correction is approved as of 10-23-17
 (Date)

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

Plan of correction implementation status as of 10-23-17
 (Date)

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

Violation Report: 35361 - 09/13/2017 - Cargile, Kellie
 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 home completed an assessment of Resident #1 on 8/2/17 that identified the resident as having minimal mobility needs and being independent with ambulating and transferring. Following this assessment, Resident #1 incurred falls on 8/4/17, 8/14/17, 8/17/17, 8/19/17, and 8/27/17. The home did not complete a new assessment of the resident's needs in response to the recent falls.

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.

A significant change assessment was completed for Resident #1 on 10/6/17. Policy for regulation 2600.225(c) was reviewed with the Associate Executive Director and the Assistant Director of Wellness. The Campus Executive Director will regularly audit Resident assessments 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 Vincent Mizak (Required on EVERY Page) Assistant Treasurer	Date October 11, 2017
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