



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: March 5, 2018**

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

RE: Ecumenical Retirement Community Of Harrisburg II  
601 Wilhelm Road  
Harrisburg, Pennsylvania 17111  
Certificate #: 362150

Dear Mr. Mizak:

As a result of the Department of Human Services' licensing inspections on January 31, 2018 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 black ink, appearing to read "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 36216 - 01/31/2018 - McCloskey, Jason  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

**1. REGULATION 56 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home has not implemented procedures for the safe use of medications as evidenced by the absence of Resident #1's Morphine Sulphate Solution, 20 mg / ml, to be given orally every 3 hours as needed for moderate to severe pain. This medication was requested by the resident on 12/19/17 but was not in the home and available to be given.

**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.*

Nursing staff will ensure all prescribed medications for residents are present in the facility and available to the residents upon request.

Nursing staff will ensure any new or changed prescription medications for residents are on site at the facility and available to the residents.

Medication carts will be audited on a weekly basis by Nursing staff to ensure availability of prescribed medication to the residents.

The Administrator will monitor to ensure ongoing compliance.

The home shall review and amend the home's policies regarding the safe storage, access, distribution, and use of medications to specifically address how Pro Re Nata medications shall be maintained on site at the facility and how staff should report missing medications. A copy of the policy, including any amendments, will be provided to and reviewed with all medication administration staff. This shall be completed within 20 days from receipt of this plan.

*BAS 3/5/18*

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	March 2, 2018
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/5/18  
 (Date)

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

Plan of correction implementation status as of 3/5/18  
 (Date)

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

Violation Report: 36215 - 01/31/2018 - McCloskey, Jason  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Morphine Sulphate Solution, 20 mg / ml, to be given orally every 3 hours as needed for moderate to severe pain. On 12/19/17 at 8:51pm, Resident #1 requested this medication, but was administered 25 ml of Cheratussin AC that was prescribed for another resident of the home. Resident #1's Morphine Sulphate Solution was not in the home and available for administration.

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 Medication Associate who administered the wrong prescribed medication to resident #1 was immediately removed from Medication Associate duties due to not following the proper procedures for medication administration (e.w. the 5 Rights) to ensure residents receive the proper prescribed medications.

Going forward, nursing staff will ensure all prescribed medications for residents are present in the facility and available to the residents upon request.

Medication carts will be audited on a weekly basis by Nursing staff to ensure availability of prescribed medication to the residents.

The Administrator will monitor to ensure ongoing compliance.

All staff responsible for medication administration shall be educated on the policies to notify management of missing medications, and assuring that only a prescribed medication for a resident can be administered to that resident. This shall be completed within 20 days from receipt of this plan.

*BOS 3/5/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Vincent Mizak Assistant Treasurer	Date	March 2, 2018
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Violation Report: 36215 - 01/31/2018 - McCloskey, Jason  
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

1. REGULATION 55 Pa.Code §2800  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's record does not include the orders for the hospice care services the resident is receiving.

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 Nursing staff and Wellness Secretary will ensure all Hospice residents have a current order for Hospice in each of their records.

An audit will be completed weekly by the Nursing Staff and Wellness Secretary on all Hospice residents to ensure all current orders, as well as any notes from the Hospice agency, are available for each Hospice resident. The Administrator will monitor to ensure ongoing compliance.

The home acquired a copy of these orders, and added them to the resident's file on the date of the inspection

*BAS 3/5/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 March 2, 2018

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