



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 16, 2018

Mr. Vincent Mizak,
Assistant Treasurer
Ecumenical Communities
3525 Canby Street
Harrisburg, Pennsylvania 17109

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

Dear Mr. Mizak:

As a result of the Department of Human Services' licensing inspection on March 9, 2018 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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: 31021 - 03/09/2018 - Gillaspie, Denise
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order to hold amlodipine, 2.5 mg, if the systolic blood pressure is less than 110. The medication administration record (MAR), on 3/2/18 at 8:30 am, includes a blood pressure reading of 90/56. The medication was not administered, but was initialed on the MAR as having been administered.

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 involved was re-educated on proper documentation and the 5 Rights when administering medication (see attached.) The DOW/Administrator will monitor for ongoing compliance.

All staff persons responsible for medication administration will be re-educated on the 5 Rights of medication administration by 5/31/18. *BE*

Ongoing, the administrator or designee will complete weekly routine audits of 20% of the home's medication administration records/ physician orders to ensure accuracy with all the required elements. *BE*

The results of the audits will be included in the home's periodic quality management plan reviews. *BE*

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 April 6, 2018

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

The above plan of correction is approved as of 4/13/18
 (Date)

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

Plan of correction implementation status as of 4/13/18
 (Date)

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