



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 21, 2018

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's Bureau of Human Services Licensing inspection on March 23, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 35381 - 03/23/2018 - Hoover, Douglas
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 #1 was prescribed *Morphine Sulfate Solution, 0.25 ml (5 mg)*, as needed for pain on 2/9/18. On 3/6/18, Direct Care Staff Member A administered *2.5 ml (50 mg) of Morphine Sulfate Solution* to Resident #1 at 8:30 pm.
 On 3/4/18, Direct Care Staff Member A did not administer the following 6:30 pm medications to Resident #2, as prescribed: *Acetaminophen, 500 mg., Bethanechol, 25 mg., Metoprolol ER, 25 mg., Ost/Cal, 500 mg., Ferrous Sulfate, 325 mg., Fiber Laxtlv, 0.52 GM, Fish Oil, 1000 mg., Mag Oxide, 400 mg. and Metformin, 500 mg.*

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 Direct Care Staff Member A (medication associate) notified the LPN on duty that [redacted] may have administered an incorrect dosage of medication to Resident #1. The medication associate documented that [redacted] administered 2.5 ml of morphine. Upon review, due to inconsistent statements from the medication associate and the LPN on duty, the exact amount could not be verified. The resident did not show any signs of an adverse reaction. The physician was notified and [redacted] did not issue any new orders. The family was notified. The medication associate and the LPN involved were terminated from employment.

The director of wellness will re-educate the medication associates and the LPN's on the 5 rights of proper medication administration by 4/27/18. The administrator, DOW and/or designee will conduct random cart audits to monitor for ongoing compliance.

The results of the medication audits will be discussed at the home's periodic quality management reviews. - JE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/24/2017		
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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 April 17, 2018

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

The above plan of correction is approved as of <u>5/17/18</u> (Date)	Plan of correction implementation status as of <u>5/17/18</u> (Date)
The above plan of correction was approved by <u>SC</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 - 03/23/2018 - Hoover, Douglas
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 on [redacted] 17, was dated 5/15/17.

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 will be re-educated on the proper process for completing initial assessments within proper time frames by 4/27/18. The Administrator/DOW and/or designees will monitor for ongoing compliance.

Ongoing, the administrator will develop a system to ensure that newly admitted residents have detailed assessments completed within the required time frames that identify each resident's personal care needs. The forms will be filled out in their entirety, including signatures and dates. - *de*

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/24/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative Vincent Mizak Assistant Treasurer Date April 17, 2018

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The above plan of correction is approved as of 5/17/18 (Date)

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

Plan of correction implementation status as of 5/17/18 (Date)

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