



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 25, 2018

Ms. Elaine Bussoletti,
Vice President of Operations
Ecumenical Community
3525 Canby Street
Harrisburg, Pennsylvania 17109

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

Dear Ms. Bussoletti:

As a result of the Department of Human Services' licensing inspections on May 10, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III		License Number: 31021
Address: 3525 CANBY STREET, HARRISBURG, PA 17109		County: Dauphin
Administrator: Candace Baugher		Region: CENTRAL
Legal Entity Name: ECUMENICAL COMMUNITY		
Legal Entity Address: 3525 CANBY STREET, HARRISBURG, PA 17109		
Certificate(s) of Occupancy I-2 12/21/2010 Susquehanna Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 69	Waking Staff: 52
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2018: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable 04/05/2018: McCloskey, Jason		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 136 Number of Residents Served: 42 Secured Dementia Care Unit in Home: Yes Area: Connections Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0	

Violation Report: 31021 - 04/05/2018 - McCloskey, Jason
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

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

2a. DESCRIPTION OF VIOLATION

On 3/25/18 at 9:00am, Staff Person A administered Resident 1 medications prescribed for another resident instead of Resident 1's own prescribed 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.

On 3/25/18, Staff Person A/Med Associate was counseled and retrained on the 5 Rights for proper medication administration. The Director of Wellness or designee will monitor for ongoing compliance. As an additional safety measure, resident photos were updated.

* The home's administrator or Medication Administration Trainer shall observe Staff Person A perform a complete medication administration pass once per week for a period of four weeks. Documentation of these observations shall be maintained by the home for Department review.

BTS 5/25/18

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	May 24, 2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/25/18
 (Date)

Plan of correction implementation status as of 5/25/18
 (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: 31021 - 04/05/2018 - McCloskey, Jason
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Staff Person A, who provides care in the home's Secure Dementia Care Unit, had only two hours of training in dementia care during training year, April 1, 2017 to March 31, 2018.

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 person A was not regularly scheduled to work in the Secure Dementia Care Unit (SDCU) neighborhood. The Administrator/designee will ensure that all co-workers in the SDCU neighborhood have the required 6 hours of dementia care training.

- * Staff Person A shall not be scheduled to provide care in the Secured Dementia Care Unit until this worker receives four hours of training related to dementia care and services.
- * The home shall perform an audit of the current training hours and the training plans for all staff members who provide care in the secured dementia care unit to assure that the additional 6 hours of training related to dementia care and services has been provided or is scheduled to occur.

BAS 5/25/18

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 May 24, 2018
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The above plan of correction is approved as of <u>5/25/18</u> (Date)	Plan of correction implementation status as of <u>5/25/18</u> (Date)
The above plan of correction was approved by <u>BAS</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