



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 10 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 17109  
Certificate #: 353610

Dear Mr. Mizak:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 6, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a printed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 35361 - 06/06/2018 - Showers, Michael  
 PCH Name: ECUMENICAL COMMUNITY OF HARRISBURG

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident 3's "SkIntelligence" facial moisturizer expired 5/22/17 and was observed in the medication cart on 6/6/18 for use on the resident.

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.*

Resident #3 skintelligence facial moisturizer was removed from the cart at the time of inspection and replaced with a new container.  
 Ongoing nursing will complete weekly random medication care audits.  
 The administrator or designee will monitor 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) Diana Ponterio

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Diana Ponterio, Sr. VP of Operations Date June 22, 2018

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

The above plan of correction is approved as of 6/25/18  
 (Date)

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

Plan of correction implementation status as of 6/25/18  
 (Date)

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

Violation Report: 35381 - 06/06/2018 - Showers, Michael  
 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**

Resident 4, admitted 3/28/18, did not have an initial assessment completed until 4/20/18.

**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.*

Co-workers were re-educated on the the on completing assessments / care plans and RASP within the regulator guidelines (see attached). Initial assessments will be completed within the 15 day time frame for all new admitting residents. The executive director or designee will monitor 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) Diana Ponterio

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana Ponterio, Sr. VP of Operations Date June 22, 2018

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- Partially Implemented - Inadequate Progress
- Not Implemented