



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

Mr. Vincent Mizak,
Assistant Treasurer
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's Bureau of Human Services Licensing's annual licensing inspection on June 7, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 36215 - 06/07/2018 - Showers, Michael
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

1. REGULATION 85 Pa.Code §2800
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1, dated 9/10/17, does not document the resident's height.
 The medical evaluation for Resident #2, dated 1/12/18, does not document the resident's height, pulse rate, health status, and cognitive functioning.

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 #1 medical evaluation will be updated by June 27, 2018 to include the resident's height.
 Resident #2 medical evaluation will be updated by June 27, 2018 to include the resident's height, pulse rate, health status and cognitive functioning.
 Resident medical evaluations to be monitored for completion by nursing department and the business office on a consistent basis for newly admitted residents as well as the annual medical evaluations for current residents.
 Executive director or designee to monitor medical evaluations for 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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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/27/18</u> (Date)	Plan of correction implementation status as of <u>6/27/18</u> (Date)
The above plan of correction was approved by <u>BAP</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: 36215 - 06/07/2018 - Showers, Michael
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent medical evaluation was completed on 5/9/18. The previous medical evaluation was completed 4/11/17.

Resident #4's most recent medical evaluation was completed on 5/16/18. The previous medical evaluation was completed 3/20/17

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.

All staff involved with the medical evaluation process will be re-educated on the required time frame and content of medical evaluation by July 30, 2018.

The nursing department, executive director or designee will monitor for ongoing compliance.

The home will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as can be scheduled and annually thereafter. The audit will be completed within 30 days form the receipt of this plan.

BAS 6/27/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Printed Name and Title of Legal Entity Representative
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Violation Report: 36215 - 06/07/2018 - Showers, Michael
 PCH Name: ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II

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

The medication administration record for Resident 4 does not include the diagnosis or purpose for the prescribed carbamazepine and Pravastatin.

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 #4 diagnosis for prescribed Carbamazepine and Pravastatin will be added to the medication administration record by June 27, 2018.
 DOW or designee will monitor to ensure residents prescribed medications on the MAR do have a diagnosis as well as purpose for the prescribed medication for ongoing compliance.

X The home will audit all resident Medication Administration Records to ensure that each medication has the diagnosis or purpose of the medication documented. The audit will be completed within 30 days form the receipt of this plan.

BAS 6/27/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 38215 - 06/07/2018 - Showers, Michael
 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
 The prescriber's order for Resident #5's Carvedilol 6.25 mg states that the administration is to be held if the resident's heart rate measures less than 70. On the following dates and times the medication was administered to the resident:
 - June 1, 2018 at 8:30 am, when pulse rate was 65.
 - June 1, 2018 at 4:30 pm, when pulse rate was 58.
 - June 3, 2018 at 4:30 pm, when pulse rate was 60.
 - June 4, 2018 at 4:30 pm, when pulse rate was 62.
 - June 6, 2018 at 4:30 pm, when pulse rate was 61.

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 is adding a medication parameter question on the medication administration record that the medication associate must respond to on medications with specific parameters as ordered by the physician. DOW or designee will review proper medication administration and following specific medication parameters per physician. Ongoing DOW or designee will monitor prescribed medications with specific physician ordered parameters during their normal medication audits.

* All staff responsible for medication administration shall receive re-training on following prescriber's orders. This training shall be completed within 30 days from the date of this plan.

* The home will complete daily audits of the administration of Resident 5's Carvedilol to assure that it is administered per prescriber's directions. These audits shall be completed for a period of two weeks from the date of this plan.

BAS 6/27/18

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