



October 25, 2019

Ms. Diana Ponterio
Senior Vice President of Operations
The Ecumenical Community
3525 Canby Street
Harrisburg, Pennsylvania 17109

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

Dear Ms. Ponterio:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 12, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG III*
Address: *3525 CANBY STREET, HARRISBURG, PA 17109*
County: *DAUPHIN* Region: *CENTRAL*

License Number: *310210*

Administrator

Name: *Candace Baugher* Phone: *7175612590* Email: *cbaugher@ecumenicalretirement.org*

Legal Entity

Name: *THE ECUMENICAL COMMUNITY*
Address: *3525 CANBY STREET, HARRISBURG, PA, 17109*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/27/2001* Issued By: *Labor and Industry*
Type: *I-2* Date: *12/21/2010* Issued By: *Susquehanna Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

06/12/2019 - On-Site: Hope O'Pake, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *136* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower Level* Capacity: *38* Residents Served: *29*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/12/19, the hot water temperature in the bathroom of Bedroom #3 measured 127.2 degrees Fahrenheit.

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 June 12, 2019, the temperature at the water heater was lowered by maintenance and the corporate office was notified of the issue with water supply.


The maintenance team and Engenuity made changes to the hot water system. Additional piping and valves were added to prevent the temperature from exceeding 120 degrees F. The system was monitored daily for two weeks to ensure the issue was corrected.

Ongoing maintenance will monitor and conduct random water temperature checks to ensure compliance.

Legal Entity Representative

Signature	Diana Ponterio, Sr VP of Ops / Reg Compliance	8/5/2019
	Printed Name and Title	Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	9/20/19	Plan of correction implementation status as of	9/20/19
	(Date)		(Date)
		XX Fully Implemented	
Plan of correction was approved by	GE	Partially Implemented - Adequate Progress	(Date)
	(Initials)	Partially Implemented - Inadequate Progress	
The above p		Not Implemented	
06/12/2019			3 of

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 1/11/19. The resident's previous medical evaluation was completed on 12/11/17.

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 did have a medical evaluation on 1/16/18 and 1/11/19. The medical evaluation dated 1/16/18 was twenty days past the annual grace period. Staff ensured the 1/11/19 medical evaluation was completed within the required time frame.

Ongoing, executive director / DON / Business Office Manager will conduct audits to ensure residents have a medical evaluation completed within the required time frame.

Legal Entity Representative

Signature

Diana Ponterio, Sr VP of Ops / Reg Compliance
Printed Name and Title

8/5/2019
Date

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