



Sent via e-mail [dponterio@countrymeadows.com; ttodaro@countrymeadows.com;  
cbaugh@ecumenicalretirement.org]

MAILING DATE: September 9, 2020

Ms. Diana Ponterio  
Senior VP of Operations/Regulatory Compliance  
Ecumenical Communities, Inc.  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Ecumenical Community of Harrisburg  
624 Wilhelm Road  
Harrisburg, Pennsylvania 17111  
Certificate #: 353610

Dear Ms. Ponterio:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on May 8, 11, 12 and 13, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *ECUMENICAL COMMUNITY OF HARRISBURG*  
Address: *624 WILHELM ROAD, HARRISBURG, PA 17111*  
County: *DAUPHIN* Region: *CENTRAL*

License Number: *35361*

## Administrator

Name: *Tanya Todaro* Phone: Email:

## Legal Entity

Name: *ECUMENICAL COMMUNITIES INC*  
Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/11/1974* Issued By: *Labor & Industry*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

## Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Incident*

## Inspection Dates and Department Representative

*05/08/2020 - Off-Site: Jason McCloskey*  
*05/11/2020 - Off-Site: Jason McCloskey*  
*05/12/2020 - Off-Site: Jason McCloskey*  
*05/13/2020 - Off-Site: Jason McCloskey*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *88* Residents Served: *78*

### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

### Hospice

Current Residents: *7*

### Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *78*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *5*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 was the victim of alleged abuse on 5/7/20 and 2/11/20. These incidents were not reported immediately to the local area agency on aging.

Plan of Correction (POC)

On 2/06/2020 it was reported to the Department of Human Services that our staff heard and responded to yelling coming for a married couple's apartment. Upon entry, staff observed the husband lifting a walker off the floor and slamming it down hitting his wife on the left lower leg. The staff immediately separated the residents. Nursing completed an assessment of the wife and identified a small bruise on her lower extremity. Both residents are diagnosed with dementia and neither remembered the incident several minutes later. The family and the physician were notified, however, the staff inadvertently missed notifying Area Agency on Aging within the required time period.

\* Reporting requirements under OAPSA will be reviewed with coworkers on or before July 31, 2020. Sign in sheets for the training will be provided once it is complete.

Ongoing the Executive Director/DON will ensure instances of suspected abuse are reported immediately in accordance with the Older Adult Protective Services Act.

All reportable incidents ongoing will be monitored, reviewed and reported by the Campus Executive Director/Executive Director/DON.

Legal Entity Representative

*Diana Pontero*

Signature

Diana Pontero Sr VP 5/27/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of

7/1/20  
(Date)

Plan of correction implementation status as of

7/15/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

GE  
(Initials)

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for Resident # 2, dated 9/11/19, was not signed by the resident nor is there any documentation of his inability or refusal to do so.

Plan of Correction (POC)

The RASP should always be signed by the resident per regulation and policy. This was an oversight.

Ongoing the Executive Director/DON will ensure residents have reviewed and signed their personalized Support Plans and if refused/unable to sign the Support Plan that it is clearly indicated on the Support Plan.

The Executive Director/DON will conduct ongoing random audits to ensure compliance.

\* In addition, an audit of all RASPs completed in the last 60 days will be done to ensure that they are all signed and/or a notation is made of the resident's inability or refusal to sign. The audit will be completed on or before 7/31/2020. Notification to DHS will be provided once the audit is completed.

Legal Entity Representative

*Diana Ponterio*

Signature

Diana Ponterio Sr VP

Printed Name and Title

5/27/2020

Date

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The above plan of correction is approved as of 7/1/20  
(Date)

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(Date)

Implemented

Not Implemented

The above plan of correction was approved by GE  
(Initials)