

Department of Human Services  
Bureau of Human Service Licensing

August 10, 2020

ECUMENICAL COMMUNITIES INC  
830 CHERRY DRIVE  
HERSHEY, PA, 17033

RE: ECUMENICAL COMMUNITY OF  
HARRISBURG  
624 WILHELM ROAD  
HARRISBURG, PA, 17111  
LICENSE/COC#: 35361

Dear Ms. Ponterio,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *ECUMENICAL COMMUNITY OF HARRISBURG* License #: *35361* License Expiration Date: *08/15/2021*  
 Address: *624 WILHELM ROAD, HARRISBURG, PA 17111*  
 County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

Name: *Candace Baugher* Phone: *7175619915* Email:  
*cbaugher@ecumenicalretirement.org;*  
*jperry@ecumenicalretirement.org*

**Legal Entity**

Name: *ECUMENICAL COMMUNITIES INC*  
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*  
 Phone: *7175619915* Email: *DPONTERIO@COUNTRYMEADOWS.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/11/1974* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *06/25/2020*

**Inspection Dates and Department Representative**

*06/25/2020 - On-Site: Douglas Hoover*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *88* Residents Served: *73*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *73*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *1*

## Inspections / Reviews

## 06/25/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *07/19/2020*

## 7/28/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/15/2020*

## 8/10/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has a physician order for a daily blood pressure check at 8:00 am. The blood pressure for Resident #1 was not checked until 10:25 am on 6/25/2020.

Plan of Correction - 07/28/2020

Accept

An in-service to be completed by 7/31/2020 with Medication Associates reviewing the "5 Rights of Medication Administration. Documentation to follow.

Resident medication review to be completed by DON or designee by 8/15/2020 to determine if any medication times can be adjusted to alleviate the amount of medications being administered during the morning medication pass.

Notes will be sent upon completion of the audit.

Random eMAR audits to be completed by DON or designee weekly x 4 weeks and then monthly x 3 months to ensure medications are being administered within the acceptable time frame. Any concerns will be addressed with the coworker and retraining provided.

Follow up documentation will be sent on or before 8/15/2020.

Completion Date: 07/15/2020

Document Submission - 08/10/2020

Implemented

Follow up documentation will be sent on or before 8/15/2020.

Attached is the promised supporting documentation.