

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

December 6, 2022

[REDACTED]
ECUMENICAL COMMUNITIES INC
[REDACTED]

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

Dear [REDACTED]

[REDACTED] result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021, 05/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
Gloria Emick

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

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

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ECUMENICAL COMMUNITIES INC*
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/27/2021*

Inspection Dates and Department Representative

05/26/2021 - On-Site: [REDACTED]
 05/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *88* Residents Served: *62*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

05/26/2021 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2021*

05/26/2021 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/21/2021*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/28/2021*

Inspections / Reviews *(continued)*

12/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2021

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 3. Remove the medication from the original container.

Description of Violation

On 5/27/2021, Direct Care Staff Person A was observed pouring medication from pill bottles into the staff person's ungloved hand and placing the medication in a pill cup for administration.

Plan of Correction

Accept

Direct Care Staff Person A was re-educated at the time of inspection as to the appropriate way to pour medication from a bottle while considering infection control.

We will ensure all employees are following the standard steps of safe medication administration by providing a reminder of the appropriate way to pour medication considering infection control.

Nursing leadership who are Medication Trainers will ensure employees administering medications are monitored per the observation schedule for their individual training certifications and document in their individual med training records.

Licensee's Plan Completion Date: 07/21/2021

Implemented

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The home provides a bed cane for Resident 1. The need for a bed cane is not included in Resident 1's assessment and support plan, dated [REDACTED].

Plan of Correction

Accept

Resident 1 has a bed cane as [REDACTED] personal preference. [REDACTED] is aware of her environment and has a general understanding of the risks and benefits in using a bed cane. [REDACTED] RASP was updated with an addendum to document the use of a bed cane.

The nursing leadership have updated all RASP's for residents who currently have a bed cane with an addendum to document the need within the plan of care.

The policy for bed canes was updated to include the requirement for documentation on the RASP/Support Plan and provided to operations and nursing leadership.

Residents who wish to have a bed cane and/or have been recommended by therapy, PCP, or other healthcare professional will have that need documented on the plan of care. Director of Nursing and Executive Director will monitor for compliance

Licensee's Plan Completion Date: 07/21/2021

227d - Support Plan Medical/Dental (*continued*)

Implemented