

Department of Human Services
Bureau of Human Service Licensing

August 26, 2022

[REDACTED], VP OF OPERATIONS & REGULATORY COMPLIANCE
[REDACTED]
[REDACTED]

RE: ECUMENICAL RETIREMENT
COMMUNITY OF HARRISBURG III
3525 CANBY STREET
HARRISBURG, PA, 17109
LICENSE/COC#: 31021

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 RETIREMENT COMMUNITY OF HARRISBURG III* License #: *31021* License Expiration: *07/04/2021*
 Address: *3525 CANBY STREET, HARRISBURG, PA 17109*
 County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *THE ECUMENICAL COMMUNITY*
 Address: *3525 CANBY STREET, HARRISBURG, PA, 17109*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/27/2001* Issued By: *Labor and Industry*
 Type: *I-1* Date: *12/21/2010* Issued By: *Susquehanna Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/28/2021*

Inspection Dates and Department Representative

05/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *136* Residents Served: *27*

Secured Dementia Care Unit

In Home: *Yes* Area: *Connections* Capacity: *38* Residents Served: *27*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

05/28/2021 - Full

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

Inspections / Reviews (*continued*)

08/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2022*

08/25/2022 - POC Submission

Reviewer: [REDACTED] *ach* Follow-Up Type: *Document Submission* Follow-Up Date: *09/01/2022*

08/26/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 has a doctor's order for a fasting blood glucose reading to be taken at 7 am on 5/21/2021. The glucometer assigned to Resident 1 has no record that a reading was taken on 5/21/2021.

On 5/21/21 at 8:10 am, a blood glucose value of 128 was recorded on the medication administration record (MAR) of Resident 1. The glucometer assigned to Resident 1 did not have a reading recorded at that date and time.

On 5/21/21 at 6:57 am, a blood glucose value of 148 was recorded on the glucometer assigned to Resident 2. This reading was not recorded on the resident's MAR.

Plan of Correction

Accept

- Director of Nursing or Assistant Director of Nursing will audit glucometer check forms weekly. The Medication Associates or Manager on Duty will perform the checks weekly and then turn their monitoring form into the DON or ADON for quality assurance
- The DON or ADON will audit the medication carts monthly to check proper storage and labeling of all medications and glucometer machines and hearing aids or will be done upon a new admission
- Medication Associates and Manager on Duty staff was re-educated by the DON and ADON on making sure the weekly glucometer checks are being completed. This was completed on June 1, 2021 at a team huddle
- Weekly Glucometer checks was restarted on 6/7 /21
- Resident 1 has since ceased to breathe on 7/3/2021
- Resident #2 glucometer checks completed monthly

Completion Date: 08/26/2022

Document Submission

Implemented

documents attached.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 3's current assessment, dated [redacted], does not include Resident 3's diagnosis of [redacted] as included on Resident 3's medical evaluation, dated [redacted], with a medication addendum dated [redacted].

Plan of Correction

Accept

- Resident #3's physician was contacted to request diagnosis of Diabetes due to the use of [redacted]. Diagnosis of [redacted] was added to the addendum on [redacted] after receiving physician order to add. 12/20/21 a new DME was received which also lists Diabetes as a current diagnosis and Rasp was updated at that time
- DON and ADON complete monthly chart audits on resident's DME's, medication lists and Diagnosis to make sure

225a - Assessment 15 Days (continued)

the DME's, Medication List, RASP's and addendums match.

Completion Date: 08/26/2022

Document Submission

Implemented

documents attached

227d - Support Plan Medical/Dental**1. 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 an enabler bar on the bed of Resident 1. This enabler bar is not included in the Resident's current assessment and support plan.

Plan of Correction

Accept

- *Resident #1 Support Plan was updated on [REDACTED] to include the use of an enabler bar*
- *ED, manager or designee will audit all apartments weekly for enabler bars and maintain a current list and make sure they are secure*
- *DON and ADON will audit the enabler list monthly to ensure that the medical equipment is listed on the addendum or Support Plan and Assessment and the required order from physician is received.*
- *DON, ADON or designee will contact our Therapy Department ([REDACTED] needed for assessment/recommendations for the usage of enabler bars*
- *Resident #1 since ceased to breathe on 7/3/21*

Completion Date: 08/26/2022

Document Submission

Implemented

documents attached