



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

**Facility Information**

Name: *ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II* License #: *36215* License Expiration: *09/18/2021*  
Address: *601 WILHELM ROAD, HARRISBURG, PA 17111*  
County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *THE ECUMENICAL COMMUNITIES, INC.*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/19/1997* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *06/04/2021*

**Inspection Dates and Department Representative**

06/03/2021 - On-Site: [REDACTED]  
06/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *104* Residents Served: *74*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *20* Have Physical Disability: *1*

**Inspections / Reviews**

**06/03/2021 - Full**

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

Inspections / Reviews (*continued*)

08/18/2022 - POC Submission

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

08/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/02/2022*

08/29/2022 - Document Submission

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

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED] 2021, Resident 1 was found to have injuries from a fall and was sent to the hospital. Resident 1 was hospitalized, with a diagnosis of a [REDACTED], until [REDACTED]/21. This incident was not reported to the Department.

## Plan of Correction

Accept

- DON and ADON provided Falls re-education to all Direct care staff on 7/7/21 regarding reporting all falls including injuries to the manager on duty, LPN, DON, ADON or ED
- DON or ADON will review the nurses or manager on duty's daily 24 hour report to be notified about all resident falls. They will give daily report to ED or designee
- Campus Executive Director will ensure compliance by being notified via email/verbally/phone by the Director of Nursing or Assistant Director of Nursing daily in the morning meeting to review any reportable incidents or conditions that was documented by the nursing team during their 24 hour report to make sure we are notified. The Executive Director or designee will review all state reportable incidents or conditions to ensure all regulations are followed correctly and the reportable incidents are completed and sent within 24 hours to the Department's personal care home regional office

Completion Date: 08/26/2022

## Document Submission

Implemented

No further documentation is required.

## 88a - Surfaces

## 1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

## Description of Violation

On 6/4/2021, the following conditions were observed:

In Resident Bedroom #154, the bathroom counter was soiled and had a 3"x5" area of dried-on carboard, possibly from the bottom a tissue box. A phone stand located at the base of the resident's bed was covered with dust/dirt and sticky to the touch. The phone on the stand was covered with dried-on brown drip marks. An over-the-bed table was covered with food debris and was sticky to the touch.

## Plan of Correction

Accept

- Apartment 154 was thoroughly cleaned by a housekeeping associate on 6/5/21
- The Housekeeping Supervisor and Housekeeping Assistant completes room inspections weekly on 3-4 rooms per housekeeper to monitor compliance with cleaning surfaces
- Executive Director also completes weekly inspections on all apartments to check for compliance

Completion Date: 08/26/2022

**88a - Surfaces (continued)****Document Submission****Implemented***No further documentation required.***95 - Furniture and Equipment****1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation***The over-the-bed table located in Resident Bedroom #154 has a 6-inch side strip of veneer peeling off and sticking out, creating a risk of injury to anyone using the table.***Plan of Correction****Accept**

- Resident bedroom #154 over the bed table was removed and disposed of on 6/5/21
- The Housekeeping Supervisor and Housekeeping Assistant completes room inspections weekly on 3-4 rooms per housekeeper to monitor compliance with furniture and equipment
- Executive Director also completes weekly inspections on all apartments to check for compliance with cleaning, furniture and equipment condition

**Completion Date:** 08/26/2022**Document Submission****Implemented***No further documentation required.***101o - Walls, Floors, Ceilings****1. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**Description of Violation***The carpet in Resident Room #154 shows signs of wear and has multiple areas of black stains, especially beside the resident's bed. Mouse droppings were observed on the floor at the entrance to the shower in this resident's bathroom.**The carpet in Resident Room #138 shows signs of wear and has multiple black stains, especially located by the recliner in the room.***Plan of Correction****Accept**

- Apartment 154 carpet was cleaned on 6/6/21 by Maintenance then replaced on 9/11/21
- Apartment 138 carpet was cleaned on 6/6/21 by the Maintenance then replaced 12/22/21
- Priority carpet list was created on 7/4/21 by the Associate Executive Director of building 2. This list will be updated as needed by the Associate Executive Director or ED of campus to ensure compliance of carpets and floors
- Treatments by █████ Pest Control done prior to inspection and after on 4/5/21, 5/3/21, 6/7/21. Monthly contract with Orkin for outside bait stations and inspection
- Entry doors has been sealed by adding door sweeps to entrance doors and points of entry. This was done on 7/10/21 by Maintenance Director. Maintenance team will inspect entrance doors and points of entry monthly or as needed to ensure compliance
- Plastic containers were provided to residents in building 2 to store their nonperishable food items in on 6/10/21. The Associate Executive Director and Campus ED provided residents education about using the plastic containers

**101o - Walls, Floors, Ceilings (continued)**

*at the resident Fire side chat on 6/10/21*

- Weekly building walk thru's done by Maintenance Director and ED to monitor for compliance with cleanliness and upkeep of the buildings and grounds*

**Completion Date:** *08/26/2022*

**Document Submission**

***Implemented***

*No further documentation required.*