

Department of Human Services
Bureau of Human Service Licensing

August 26, 2022

[REDACTED]
THE ECUMENICAL COMMUNITY
3525 CANBY STREET
HARRISBURG, PA, 17109

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 08/04/2022 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 RETIREMENT COMMUNITY OF HARRISBURG III* License #: *31021* License Expiration: *07/04/2023*
Address: *3525 CANBY STREET, HARRISBURG, PA 17109*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7175612590* Email: [REDACTED]

Legal Entity

Name: *THE ECUMENICAL COMMUNITY*
Address: *3525 CANBY STREET, HARRISBURG, PA, 17109*
Phone: *7175612590* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/27/2001* Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/04/2022*

Inspection Dates and Department Representative

08/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *136* Residents Served: *30*

Secured Dementia Care Unit

In Home: *Yes* Area: *Connections* Capacity: *31* Residents Served: *30*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *4*

Inspections / Reviews

08/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2022*

Inspections / Reviews (*continued*)

08/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/26/2022*

08/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/09/2022*

08/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

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

On 7/20/2022, at 4:45 PM, an allegation of abuse for a Resident to Resident incident occurred. The home became aware of the allegation at the time of the event; however, the home did not report the allegation of abuse to Older Adult Protective Services until 8/4/2022 at 1:00 PM.

Plan of Correction

Accept

- *Campus Executive Director retrained the Department Managers on 8/5/22 on proper abuse reporting and reportable incidents in a face to face meeting.*
- *A follow up email was sent to the department managers with copies of all pertinent regulatory information as a reminder and has submitted a copy with this plan or correction*
- *Compliance will be monitored by the Campus Executive Director and Director of Nursing to ensure notifications are completed in a timely manner.*
- *Campus Executive Director will be notified via email/verbally/phone by the Director of Nursing or Assistant Director of Nursing daily in the morning meeting to review any reports of abuse or any reportable incidents that was documented by the nursing team during their 24 hour report to make sure we are notified. The Executive Director will review all resident abuse reports and state reportable incidents to ensure all regulations are followed correctly and all resident abuse reports are reported within 48 hours of the incident and the reportable incidents are completed and sent within 24 hours*
- *Quality Management review meetings are scheduled annually but have scheduled one as an update for September 12, 2022 at 1:30pm due to recent violations. Our last Quality meeting was held on 3/1/2022.*

Completion Date: *08/26/2022*

Document Submission

Implemented

Documents attached.

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 7/20/2022, at 4:45 PM, an allegation of abuse for a Resident to Resident incident occurred. The home did not report this incident to the Department until 7/22/2022.

Plan of Correction

Accept

- *Campus Executive Director retrained the Department Managers on state reportable incidents in a face to face meeting held on 8/5/22*
- *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*

16c - Written Incident Report (continued)

followed correctly and the reportable incidents are completed and sent within 24 hours to the Department's personal care home regional office

• All Reportable incidents or conditions will be reviewed annually or as needed to review our Quality Management plan. Our next scheduled Quality Management meeting is on 9/12/22 at 1:30pm in person. Our last meeting was held on 3/1/22.

Completion Date: 08/26/2022

Document Submission

Implemented

Documents attached.

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 8/4/2022, at approximately 9:40 AM, the medication cart was unlocked, unattended, and accessible in the Connections Memory Care Unit.

Plan of Correction

Accept

• The Director of Nursing provided immediate verbal re-education to the medication associate on the policy on keeping the medication cart locked at all times when unattended

• On 8/17 /22 a meeting with Medication Associates and Personal Care Associates was held by the Associate Executive Director and Director of Resident Services. The Medication Associates was reminded in this monthly staff meeting to make sure they are locking the medication carts when unattended.

-All medication carts will be monitored for ongoing compliance by the Director of Nursing, The Assistant Director of Nursing, LPN or Manager on Duty randomly starting off twice daily for one month then 3 times a week going forward. Audits will be tracked by Director of Nursing and Assistant Director of Nursing

Completion Date: 08/26/2022

Document Submission

Implemented

Documents attached.

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for Resident #1 does not address the enabler bar on the resident's bed.

The support plan, dated [REDACTED], for Resident #2 does not address the bed cane on the resident's bed or the use of a wheelchair and/or walker for the resident's mobility needs.

Plan of Correction**Accept**

- Campus Executive Director provided verbal re-education to the managers on 8/5/22. Discussed the importance of completing the plan including the resident's physical, medical, social, cognitive and safety needs. signing, reviewing support plans and filing them appropriately was reviewed verbally at this meeting
- The support plan dated [REDACTED] for resident #1 was updated the Associate Executive Director on [REDACTED] include the enabler bar for the resident's bed
- The support plan dated [REDACTED] for resident #2 was updated by The Director of Resident Services on [REDACTED] to include the enabler bar on the resident's bed the use of the walker and the wheel chair as needed when she is not feeling well
- Copies of both assessments/addendums are included with this POC
- Director of Nursing or Assistant Director of Nursing will ensure compliance by reviewing the changes or additions and adding them to the addendum daily in morning meeting with the Department managers and the campus Executive Director. This information will be reviewed at the daily meeting and the addendums filed in the residents chart
- An initial audit on all remaining support plans will be completed by 9/16/22 to ensure they contain resident's physical, medical, social, cognitive and safety needs. The audits will be completed by the unit managers (Director of Resident Services, Associate Executive Director and The Memory Support Manager) and done ongoing as part of our quality measures

Completion Date: 08/26/2022

234b - Support Plan Needs Elements *(continued)*

Document Submission

Implemented

documents attached.