

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

March 13, 2023

[REDACTED]
THE ECUMENICAL COMMUNITIES, INC.
[REDACTED]
[REDACTED]

RE: ECUMENICAL RETIREMENT
COMMUNITY OF HARRISBURG II
601 WILHELM ROAD
HARRISBURG, PA, 17111
LICENSE/COC#: 36215

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2023 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,
[REDACTED]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ECUMENICAL RETIREMENT COMMUNITY OF HARRISBURG II* License #: *36215* License Expiration: *09/18/2023*

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: *830 CHERRY DRIVE, HERSHEY, PA, 17033*

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: *86* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal* Exit Conference Date: *01/25/2023*

Inspection Dates and Department Representative

01/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *86*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *86*

Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

01/25/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2023*

Inspections / Reviews (*continued*)

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/03/2023

03/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/10/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

- On 1/19/23, from 11:00 PM to 7:00 AM, 77 residents were present in the home. During this time no staff persons were present in the home with current certification in first aid and CPR.

- On 1/20/23, from 11:00 PM to 7:00 AM, 77 residents were present in the home. During this time, no staff persons were present in the home with current certification in first aid and CPR.

- On 1/21/23, from 11:00 PM to 7:00 AM, 77 residents were present in the home. During this time, no staff persons were present in the home with current certification in first aid and CPR.

Plan of Correction**Accept (JM - 03/03/2023)**

- The Talent Development Coordinator will track weekly and schedule additional trainings on CPR and First Aid beginning on 2/6/23. Classes has already been completed on 2/3/23, 2/9/23, 2/21/23, 2/24/23. More classes will be scheduled as needed. New CPR instructor trained on 2/27/23 at Hershey Medical Center for ongoing compliance with the regulation
- The building manager or designee will ensure that sufficient trained staff are on each shift for each building to maintain compliance with the regulation. The building manager will check schedules daily to check for compliance starting on 2/6/23
- The Director of Nursing or designee will check schedules weekly beginning on 2/6/23 or more often to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (JM - 03/10/2023)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom 141 does not have an operable window or ventilation fan.

Plan of Correction**Accept (JM - 03/03/2023)**

- The bathroom fan was not operating correctly.
- It was replaced on day of inspection, 1/25/23 by the Maintenance Director and the contractor [REDACTED] used for this type of repair. All exhaust fans are direct drive now which doesn't require belt usage.
- The Maintenance Director will be responsible to check all bathroom fans monthly to ensure compliance starting on 2/6/23. [REDACTED] performs maintenance checks 4 times a year on the roof mounted bathroom exhaust fans. [REDACTED] is also responsible for maintenance on our HVAC units.

Licensee's Proposed Overall Completion Date: 03/01/2023

86b - Bathroom (*continued*)*Implemented (JM - 03/10/2023)*

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 1/25/23, there was a thick layer of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction*Accept (JM - 02/24/2023)*

- *Lint was immediately removed from the dryer on 1/25/23*
- *Signs have been posted by the maintenance director on 1/27/23 on dryers to remind coworkers and residents to remove lint after every use.*
- *Staff was re-educated on this issue on 1/26/23. Documentation to be provided.*
- *The maintenance director and the Director of Resident Services will ensure dryers are lint free through daily checks ongoing.*

Licensee's Proposed Overall Completion Date: *02/13/2023*

Implemented (JM - 03/10/2023)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 7/28/22 at 6:09 AM. The previous sleeping hours fire drill was conducted in 2021.

Plan of Correction*Accept (JM - 03/03/2023)*

- *The fire drill was held during sleeping hours however it was not done within the 6 month time frame.*
- *A fire drill during sleeping hours was conducted on 1/28/23 and will continue 6 months from the last date of drill*
- *A tickler system created by the campus ED via Outlook calendar was implemented on 1/30/23 to keep track of the sleeping hour fire drills for the maintenance director and Campus ED to ensure that the next sleeping hour fire drill will be in compliance.*
- *The Campus ED will give the maintenance director a reminder via outlook calendar the week prior of the due date to arrange for the sleeping fire drill to meet the compliance date*
- *Both the Maintenance Director and the Campus ED will ensure compliance going forward being notified by our outlook calendar which has been created on 1/30/23. Next sleeping hour drill will be held during the week of July 17th to be in compliance.*

Licensee's Proposed Overall Completion Date: *03/01/2023*

132e - Fire Drill Sleeping Hours (*continued*)*Implemented (JM - 03/10/2023)*

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 1/26/23, a Novolog Insulin Pen prescribed to Resident 1 was present in the medication cart. The pen was marked as opened on 12/28/22. The manufacturer's instructions state that the pen should be discarded 28 days after opening.

On 1/26/23, a blister card of Diphen / Atrop Tab 2.5 MG / 0.0125 tablets prescribed for Resident 2 was present in the medication cart. A blister was open and the tablet inside was stuck to the adhesive of a prescription change label placed upon the torn paper backing of the blister card.

Plan of Correction*Accept (JM - 02/24/2023)*

- The medication for resident #1 was removed from the cart and destroyed of properly on 1/25/23 by the ADON.*
- The pill for resident #2 that was improperly stored was destroyed at time of inspection on 1/25/23 by the nurse.*
- The importance of proper labeling and storage of medications will be discussed with pertinent staff on or before 2/28/23 by the Director of Nursing. Training documentation to be provided.*
- The DON and ADON will monitor each med cart for proper storage of medications starting on 2/8/23 weekly for 4 weeks. Documentation to be provided.*
- The DON and ADON will be responsible for ongoing compliance in this area.*

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented (JM - 03/10/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident 3's Calcium +D3 500 MG - 125 IU tablets states to take 2 tablets twice daily. The current prescription order states to take 1 tablet twice daily.

Plan of Correction*Accept (JM - 02/24/2023)*

- The orders for resident #3's medication had changed but the pharmacy label was not corrected in a timely fashion.*
- This was corrected on day of inspection 1/26/23*
- Any medication order changes will be monitored by the nurse and ADON for accuracy and labeling.*

184a - Resident's Meds Labeled *(continued)*

Licensee's Proposed Overall Completion Date: *02/13/2023*

Implemented (JM - 03/10/2023)