

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

March 13, 2023

[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 01/26/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *01/26/2023*

Inspection Dates and Department Representative

01/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>136</i>	Residents Served: <i>23</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>Connections</i>	Capacity: <i>38</i>	Residents Served: <i>23</i>
Hospice			
Current Residents: <i>5</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>23</i>		
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>23</i>	Have Physical Disability: <i>0</i>		

Inspections / Reviews

01/26/2023 - 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

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The first, second, and third floors of the home have cameras at both ends of the main hallway which record activities including people entering and leaving resident bedrooms.

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

- *The first, second and third floors of building 3 are all occupied entirely by Independent Living residents, even though the building is licensed as personal care.*
- *Hallway cameras were all removed on 1/27/23 and will not be reinstalled at any time in the future.*
- *Maintenance Director and Campus ED will ensure compliance going forward.*

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

Implemented (JM - 03/10/2023)

63a - First Aid/CPR Training

2. 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, 23 residents were present. During this time, no staff person working in the home had a current certification in first aid and CPR.*
- *On 1/21/23 from 11:00 PM to 7:00 AM, 23 residents were present. During this time, no staff person working in the home had a current certification in first aid and CPR.*

Plan of Correction**Accept (JM - 03/02/2023)**

- *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)

63a - First Aid/CPR Training *(continued)*

102i - Soap Dispenser

3. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the shared bathroom in bedroom 1.

Plan of Correction**Accept (JM - 03/02/2023)**

- *On 1/27/23 the bar of soap was placed in a labeled container with the resident's name*
- *Soap dispensers are located in each shower however sometimes the resident's prefers bar soap. The manager or designee will make sure all bar soap is in a labeled container going forward and will check daily during spot checks in resident apartments. These checks were implemented on 1/30/23*
- *The manager or housekeeping supervisor will ensure compliance 2 times a week during room checks and on scheduled housekeeping cleaning. This was implemented on 1/30/23 and will continue*

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

Implemented (JM - 03/10/2023)

105g - Lint Removal and Duct Cleaning

4. 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 1/26/23, there was an accumulation of lint in the lint traps of the dryers on the second and third floors. There were no clothes in the dryers at the time.

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

- *Lint was immediately removed from the dryer on 1/26/23*
- *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.*
- *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

5. Requirements

2600.

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

132e - Fire Drill Sleeping Hours (continued)**Description of Violation**

The last fire drill conducted during sleeping hours was on 7/30/22 at 5:39 AM. The previous sleeping hours fire drill was conducted on 12/30/21 at 5:36 AM.

Plan of Correction**Accept (JM - 03/02/2023)**

- 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

Implemented (JM - 03/10/2023)