

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

December 28, 2023

[REDACTED], CAMPUS ED
ECUMENICAL COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: ECUMENICAL COMMUNITY OF
HARRISBURG
624 WILHELM ROAD
HARRISBURG, PA, 17111
LICENSE/COC#: 35361

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2023 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 COMMUNITY OF HARRISBURG License #: 35361 License Expiration: 08/15/2024
 Address: 624 WILHELM ROAD, HARRISBURG, PA 17111
 County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: ECUMENICAL COMMUNITIES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/01/1994 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Incident Exit Conference Date: 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 88 Residents Served: 61
 Secured Dementia Care Unit
 In Home: Yes Area: Connections Capacity: 18 Residents Served: 13
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

12/06/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2023

12/21/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/28/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/28/2023

Inspections / Reviews *(continued)*

12/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED], Resident 1 reports that Staff Member B placed his/her hand down Resident 1's pants to check to see if resident needed to be changed. Resident 1 made several attempts to move and push Staff member B's hand away. However, Staff Member B continued to push his/her hands down Resident 1's pants even after being told by the resident that he/she was dry.

Plan of Correction

Accept ([REDACTED] - 12/21/2023)

- The unit manager was notified on [REDACTED] by Resident 1 that staff member B placed [REDACTED] hands down resident 1's pants to check if [REDACTED] needed to be changed
- On [REDACTED] statements were gathered by the unit manager from Resident 1 and staff member B
- Internal Investigation was initiated by the campus ED and unit manager on [REDACTED]. The local police, campus ED and unit manager interviewed staff member B together which staff member B gave permission
- The local police interviewed resident 1 on [REDACTED]
- The unit manger contacted PA Department of Aging on [REDACTED] to make an oral report at [REDACTED]
- The unit manager contacted The Harrisburg AAA on [REDACTED] to make an oral report at [REDACTED]
- The unit manager completed the Act 13 form on [REDACTED] and faxed to DHS and contacted resident 1's POA
- The unit manager completed and emailed the Reportable Incident form on [REDACTED] at [REDACTED] am
- Staff member B was suspended on [REDACTED] by the campus ED and unit manager pending the results of our internal investigation
- Staff member B employment was terminated by the campus ED and unit manager on [REDACTED]
- All staff will be retrained on abuse and abuse reporting and resident rights on or before [REDACTED] by the unit manager.
- The manager and Director of Nursing will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented ([REDACTED] - 12/28/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 12/6/23 at 9:51 am, 2 MicroKill AF2 containers of disinfecting deodorizer cleaning wipes and 1 cannister of the MicroKill Bleach Germicidal Bleach Wipes with a manufacture's label indicating "hazardous to humans, to call poison control center" were unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit (SDCU). These residents have been assessed incapable of recognizing and using poisons safely.

82c Locking Poisonous Materials (continued)

Repeated Violation 1/24/23, et al

Plan of Correction

Accept (redacted) - 12/21/2023)

- The micro kill AF2 container and the MicroKill Bleach Germicidal bleach wipes were immediately placed in a locked cabinet at the time of inspection on 12/6/23 by a Personal Care Associate.
- All Poisonous materials will be locked at all times starting on the day of inspection on 12/6/23
- The unit manager or designee will perform spot checks 3 times a day to ensure compliance going forward to begin on 12/7/23. Spot checks will be documented daily for two weeks beginning on 12/19/23 to establish a pattern. Documentation to be provided.
- The unit manager will ensure compliance going forward
- All staff was re trained by the unit manager on the importance of locking poisonous materials on 12/14/23. Documentation will be provided

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (redacted) - 12/28/2023)

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 12/6/23, there was an approximate 2 inch accumulation of lint in the lint trap of dryer #1 located in the main laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept (redacted) - 12/21/2023)

- Lint was immediately removed from the dryer during the inspection on 12/6/23 by the unit manager
- Signs posted on dryers on 12/7/23 by Maintenance Director to remove lint after each use. Unit Manager or Designee will check for lint in dryers multiple times per shift, per day beginning on 12/7/23 and ongoing for two weeks to ensure compliance. Documentation to be provided
- The unit manager re trained all staff on 12/14/23 to make sure they remove lint after every use to ensure compliance. Sign in sheet will be provided
- Unit manager or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (redacted) - 12/28/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.

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

184a - Resident's Meds Labeled (continued)

4. The prescribed dosage and instructions for administration.

Description of Violation

The dosage of the prescribed medication () for Resident 3 was changed by the provider from 3 tablets, 4 times a day to 3 tablets, 3 times a day. The resident's medication administration record (MAR) reflected the change. However, the label on the medication does not.

Plan of Correction

Accept () - 12/21/2023

- On 12/6/23 the day of the inspection the medication associate placed a change of direction sticker on the medication to reflect the new order
- The ADON retrained the medication associates on when to place a change of direction sticker on medications that have new orders. The medication associates were retrained on 12/13/23 and 12/14/23 during their monthly staff meeting. Sign in sheet will be provided
- The Medication Associates will complete daily cart audits to check for medication changes beginning 12/11/23 for two weeks. Documentation to be provided.
- Beginning 12/11/23 the LPN, DON/ADON or designee will make sure all new orders are reconciled against the medication bottle/blister pack. If changes are made to an order a change of direction sticker will be placed on medication bottle or blister pack or removed from the cart if new medication was received with updated order information.
- The DON/ADON or designee will be responsible to ensure compliance with all orders.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented () - 12/28/2023

190a - Completion Medication Course

5. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 11/29/23 at ()

On 11/29/23 at ()

Plan of Correction

Accept () - 12/21/2023

- All medication associates had completed their training however the paperwork had not been transcribed off of the electronic site to the forms in their files.
- Beginning 12/11/23 our facility Medication Administration Train the Trainers or designee will audit all new medication associate's documentation to make sure all medication administration initial training course documentation is complete to contain student scores, observations and signatures.
- All non-compliant paperwork will be fixed and brought into compliance by 1/31/24 by the trainer.
- Our facility Medication administration Train the Trainers or designee will continue to ensure compliance monthly

190a - Completion Medication Course (continued)

going forward.

- All future testing information and documentation will be accessible by the course trainer and an alternate in the electronic Medication Administration training system.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (█ - 12/28/2023)

227d - Support Plan Medical/Dental**6. 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 cognitive behavioral section (pages 10-11) of the assessment/support plan, dated █, for Resident 2 was not completed.

Plan of Correction

Accept (█ - 12/21/2023)

- On 12/6/23 the unit manager completed the cognitive behavioral section on residents 2's assessment/support plan.
- The unit manager or designee will complete all sections of the assessment/support plan in its entirety beginning 12/6/23 and going forward.
- The DON/ADON or designee will audit the assessment/support plan monthly to ensure compliance on an ongoing basis

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (█ - 12/28/2023)

254a - Records Discharge/Active**7. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 12/6/23, the residents' privacy code information from the license inspection summaries, dated 3/13/23 and 3/23/23, were posted in the home.

Repeated Violation-1/24/23, et al

Plan of Correction

Accept (█ - 12/21/2023)

- On 12/6/23 the ADON immediately removed the resident privacy code information from hanging in a packet posted on the bulletin board. The license inspection summaries page was dated for 3/13/23 which contained resident information
- The unit manager or designee will check the bulletin board after every unannounced licensing inspection to make

254a - Records Discharge/Active (continued)

sure the privacy coding form is not included to maintain resident confidentiality.

- The campus Executive Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [REDACTED] - 12/28/2023)