

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

December 28, 2023

[REDACTED], CAMPUS ED
THE ECUMENICAL COMMUNITY
[REDACTED]

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 12/07/2023 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: 07/04/2024

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: C-2 LP Date: 02/27/2001 Issued By: L & I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0

Reason: Renewal Exit Conference Date: 12/07/2023

Inspection Dates and Department Representative

12/07/2023 - 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: 38 Residents Served: 30

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30

Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

12/07/2023 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/21/2023

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*

82c - Locking Poisonous Materials

1. 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 [REDACTED], there were packages of [REDACTED], with instructions "to contact poison control if swallowed" according to the Safety Data Sheet (SDS), unlocked, unattended, and accessible to Residents 1 and 3 in the Secured Dementia Care Unit (SDCU). These residents have been assessed incapable of recognizing and using poisons safely.

Plan of Correction

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

- The [REDACTED] cloths were immediately placed in a locked cabinet at the time of inspection on 12/7/23 by a Personal Care Associate
- All Poisonous materials will be locked at all times starting on the day of inspection on 12/7/23
- The unit manager or designee will perform spot checks 3 times a day to ensure compliance going forward to begin on 12/8/23. Spot checks will be documented daily for two weeks to establish a pattern. Documentation to be provided.
- All staff will be re-trained by the unit manager on the importance of locking poisonous materials by the end of the month 12/31/23. Documentation will be provided
- The unit manager or designee will ensure compliance going forward

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

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

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/7/23, feces were observed on a towel and bathroom floor in apartment [REDACTED] of the Secured Dementia Care Unit (SDCU).

Plan of Correction

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

- Resident 1 in apartment [REDACTED] in the SDCU had just finished using the bathroom as the inspector was entering the room during the inspection of the apartment on 12/7/23. PCA was on their way to clean it up but the inspector arrived to the apartment first.
- PCA cleaned up the residents bathroom immediately on 12/7/23, including the floor and bagged up the soiled towel to take to the laundry room to be washed.
- The unit manager or designee will perform spot checks 3 times a day to ensure compliance going forward to begin on 12/8/23. Spot checks will be documented daily for two weeks to establish a pattern. Documentation to be provided.
- The unit manager or designee will ensure compliance going forward

85a Sanitary Conditions (continued)

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

Implemented () - 12/28/2023)

103g - Storing Food

3. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 12/7/23, there were 2 unsealed bowls of ice cream in the freezer located in the kitchen.

Plan of Correction

Accept () - 12/21/2023)

- The Dining Director removed the two unsealed bowls of ice cream from the freezer located in the kitchen of building three immediately during the inspection on 12/7/23.
- The Dining Director and designee re trained the dining staff on 12/8/23 about the importance of making sure all food is stored in closed or sealed containers and labeled and dated. Sign in sheets will be provided
- The Dining Director or designee will ensure compliance going forward and check all freezers daily.

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

Implemented () - 12/28/2023)

185b - Medication Procedures

4. Requirements

2600. 185.b. At a minimum, the procedures must include:

Description of Violation

On () Resident 2 is prescribed () to be given every 2 hours as needed. The balance transcribed in the home's controlled substance logbook was (). However, there was approximately 24ml of the medication that remained in the bottle for Resident 2.

Plan of Correction

Accept () - 12/21/2023)

- A medication Associate calculated and documented the wrong total for the remaining morphine amount. The ADON corrected the overage on Residents 2's controlled substance logbook form to reflect the correction. This was corrected on sight during the inspection on 12/7/23. This was a documentation error and there was no medication error for the resident.
- DON/ADON or designee re trained the Medication Associates on the proper procedure to calculate liquid medications during the staff meeting on 12/13/23 and 12/14/23. Documentation will be provided
- The DON/ADON or designee will ensure ongoing compliance on a monthly basis

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

Implemented () - 12/28/2023)

190a - Completion Medication Course

5. Requirements

190a - Completion Medication Course (continued)

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

The medication administration initial training course documentation is incomplete and does not contain student scores, observations, signatures, or dates for Staff Member A and B.

Plan of Correction

Accept (████) - 12/21/2023

- *Beginning on 12/11/23 our facility Medication Administration Train the Trainers or designee will audit all new medication associates 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.*
- *Our facility Medication administration Train the Trainers or designee will continue to ensure compliance monthly going forward to ensure that our paper file is complete and matches the electronic system.*
- *All future testing information and documentation will be accessible by the course trainer and an alternate in the Medication Administration training system.*

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

Implemented (████) - 12/28/2023

234b - Support Plan Needs Elements

6. Requirements

2600.

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

Description of Violation

Resident 1 resides in the Secured Dementia Care Unit (SDCU) of the home. However, the resident's support plan, dated ██████, does not address the need for this level of care.

Plan of Correction

Accept (████) - 12/21/2023

- *The support plan dated ██████ for resident #1 was updated by the unit manager on ██████ to address resident 1’s need for a SDCU.*
- *Copy of the corrected support plan/addendum will be provided.*
- *Campus Executive Director provided verbal re-education to the managers on 12/8/23. 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*
- *Effective 12/11/23 the 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*
- *Initial audits on all remaining support plans will be started on 12/11/23 and completed by 12/31/23 to ensure they contain resident’s physical, medical, social, cognitive and safety needs. The audits will be completed by the unit*

234b - Support Plan Needs Elements (continued)

managers (Director of Resident Services, Associate Executive Director and The Memory Support Manager) and done ongoing as part of our quality measures.

- The Director of Nursing and unit managers will be responsible for ongoing compliance.

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

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