

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

July 17, 2024

[REDACTED]
THE ECUMENICAL COMMUNITY
[REDACTED]

RE: ECUMENICAL RETIREMENT
COMMUNITY OF HARRISBURG III
3525 CANBY STREET
HARRISBURG, PA, 17109
LICENSE/COC#: 31021

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2024 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: [Redacted]

Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/27/2001* Issued By: *Dept of Labor & Industry*

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: *06/03/2024*

Inspection Dates and Department Representative

06/03/2024 - 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: *30* Residents Served: *30*

Hospice

Current Residents: *1*

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

06/03/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2024*

06/20/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: *07/16/2024*

Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2024*

Inspections / Reviews (*continued*)

06/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/18/2024

07/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

2. 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 [REDACTED], Resident [REDACTED] Resident [REDACTED] during an altercation observed by staff.

On [REDACTED] at [REDACTED], Resident [REDACTED] Resident [REDACTED] while the resident was sleeping, resulting in a cut lip, bruising to right hand, left upper arm, and chest, and skin tear to the resident's arm.

On [REDACTED] at [REDACTED], Memory Care Resident [REDACTED] was found in Resident [REDACTED] bedroom on a bed with Resident [REDACTED], who was observed laying on [REDACTED] side with [REDACTED] [REDACTED], inappropriately touching Resident [REDACTED] chest. When staff tried to separate them, Resident [REDACTED] held onto Resident [REDACTED] tightly, resulting in redness to the back of [REDACTED] shoulder and chest area.

Plan of Correction

Accept [REDACTED] - 06/21/2024)

- We take all forms of abuse seriously as the safety of our residents is our main priority. After all of the specific incidents listed above all involved parties were assessed to determine by their primary care providers to determine their ongoing level of care.
- Resident [REDACTED]
- On [REDACTED] a report of abuse was filed to the Department of Human Services.
- On [REDACTED] Act 13 was completed and faxed to Area on Aging.
- Resident [REDACTED] was assessed after the [REDACTED] incident by the nursing team and their POA as well as primary care physician was notified of the incident. The resident had no recollection of the event due to cognitive condition, also on [REDACTED] behavior tracking was done and documented by staff. On [REDACTED] orders were requested from the primary care physician for a urine specimen and lab work. Then on [REDACTED] a medication review completed by Primary Care Physician to assess any changes needed.
- Resident [REDACTED]
- Resident [REDACTED] was assessed after incident by the nursing team and had no physical injuries noted. Also on [REDACTED] their primary care physician was also notified of the incident.
- Resident [REDACTED]
- Resident [REDACTED] was assessed after incident by the nursing team on [REDACTED] and placed on 15 minute checks. Their POA as well as primary care physician were notified. The facility also placed a call to the Area of Aging to verbally report incident.
- On 04/15/24 the incident was reported to DHS and Act 13 was submitted to the Area Agency on Aging.
- On 04/15/24 the Campus Executive Director implemented room change into a private room with no roommate.
- On 04/15/24 Orders were requested for urine specimen and labs.
- On 04/16/24 Resident [REDACTED] moved to large private.
- 04/17/24 Orders obtained from primary care physician for urine specimen and lab work.
- Resident [REDACTED]
- Resident [REDACTED] was assessed after the incident on 04/14/24 and was found to have a cut lip, bruising to the right hand, left upper arm, and chest as well as a skin tear to the left upper arm.
- On 4/14/24 a report was made to the Department of Human Services and Act 13 was sent to the Area Agency of Aging.
- The resident was removed immediately and placed into room [REDACTED]

42b - Abuse (continued)

- The primary care physician assessed Resident [redacted] on [redacted], no other significant injuries were noted.
- 04/16/24 Resident [redacted] was moved back into [redacted] room as the aggressor was moved out into a private room.
- Resident [redacted]
- Resident [redacted] was removed from the situation and assessed by our nursing team on [redacted] after the incident.
- On [redacted] POA and the primary care physician were notified.
- Resident was seen by PCP on [redacted] with no significant concerns noted.
- Resident [redacted]
- On [redacted] Resident [redacted] was assessed by our nursing team.
- On [redacted] the POA and primary care physician were made aware of the incident and the resident was placed on 15-minute checks.
- [redacted] Campus Executive Director implemented 1:1 care along with 15 minute checks door alarm placed on Resident [redacted] door that alerted staff when anyone went in/ out of room. Door alarm is directly tied into the Aerial call bell system which is a system that sends alerts to our direct care staff phones and is inaudible to residents and visitors. [redacted] PCP was asked to review medications
- [redacted] Resident [redacted] was seen by their primary care physician and lab work was completed.
- [redacted] Lab work came back and a new medication was started.
- On [redacted] Resident [redacted] POA was made aware that 1:1 had to stay in place until the medication was shown to be effective and the door alarm would be kept in place permanently.
- On [redacted] Connections managers held training for our staff alongside of our Corporate Director for our secured dementia neighborhoods on behavioral health concerns.
- Behavioral Health huddles with secured dementia staff have been scheduled moving forward with the secured dementia managers, nurses and caregivers. Documentation to be provided.
- On or before [redacted] campus leadership will conduct training utilizing company abuse and neglect training curriculum for all direct care staff and members of the management team, including discussion around various types of abuse using past reportables. Documentation to be provided.
- Starting [redacted] Campus Executive Director and Director of Nursing will review high priority nursing documentation related to potential reportable incidents daily. If Campus Executive Director and Director of Nursing are unavailable the responsibility will be delegated to the Associate Executive Director and Assistant Director of Nursing.
- Campus Executive Director and Director of Nursing will be responsible for ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 06/22/2024

Implemented [redacted] - 07/17/2024)

234b - Support Plan Needs Elements

3. Requirements

2600.

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

Description of Violation

Resident [redacted] current assessment and support plan, dated [redacted], does not reflect resident's documented behaviors over recent months including being loud, restless, and pacing, attempting to take photos off of walls, and high anxiety; at least two medication changes have resulted from the displayed behaviors.

Repeated Violation - 12/07/2023

234b - Support Plan Needs Elements (continued)

Plan of Correction

Directed [redacted] - 06/21/2024)

- On [redacted] Connections Manger added addendum to Resident [redacted] assessment and support plan reflecting the behaviors and medication changes for Resident [redacted] anxiety level. Documentation to be provided.
- Effective [redacted] Secured Dementia Manager will ensure that all behaviors are properly documented in assessment and support plans
- Effective [redacted] Director of Nursing along with Assistant Director of Nursing will inform Secured Dementia Unit Manager of medical changes so that it can be updated on assessment and support plan.
- On [redacted] Training will be provided to all staff members responsible for updating RASP to reflect their current needs and support. Campus Director of Nursing, Assistant Director of Nursing, Associate Executive Director, Director of Resident Services, Connections Manager and Campus Executive Director will be in attendance. Documentation to be provided.
- Audit of notes and significant incidents in secured dementia unit will be completed by [redacted] on all residents by the Connections Manager and Director of Nursing/ Assistant Director of Nursing. Documentation will be provided.
- Audit of notes and significant incidents in building [redacted] will be completed by [redacted] on all the residents by the Director of Resident Services/ Director of Nursing/ Assistant Director of Nursing.
- Audit of notes and significant incidents in building [redacted] will be completed by [redacted] on all the residents by the Associate Executive Director/ Director of Nursing/ Assistant Director of Nursing.
- Quarterly Random Sampling of residents is to begin [redacted]. Five random resident charts will be pulled to audit beginning in Building #1 and rotating to Building # 2 and then to Building #3 to ensure all resident needs and supports are properly documented and updated. Spreadsheet sample can be provided.
- Campus Executive Director and Director of Nursing will be responsible for ongoing compliance with this regulation.

Proposed Overall Completion Date: 09/01/2024

(Directed)

In addition to the above plan:

- The Administrator or designee will complete an audit of all current residents assessment and support plans specific to building III by 7/15/24. Audit will be completed to ensure the resident's current RASP's appropriately reflect the resident's needs and supports. Quarterly audits of resident RASP's will be completed following the initial audit by the administrator or designee.

Directed Completion Date: 07/15/2024

Implemented [redacted] - 07/17/2024)

251b - Record Entries Legible

4. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

251b - Record Entries Legible (continued)

Description of Violation

Correction fluid was used on Resident [REDACTED] medical evaluation dated 3/22/2024, Resident [REDACTED] assessment and support plan update dated 4/5/2024, and Resident [REDACTED] assessment and support plan update dated 4/15/2024.

Plan of Correction**Accept [REDACTED] - 06/21/2024)**

- On 6/4/24 education service on this regulation was had with all of our leadership team as well as all staff that work with documents filed in the resident records to ensure that no correction fluid was to be utilized. Documentation to be provided.
- Starting 06/24/24 Campus Wellness Secretary will review all paperwork during her file days to ensure that no corrective fluid has been used on any documents that go into resident records.
- Campus Executive Director will be responsible for ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 06/24/2024**Implemented [REDACTED] - 07/17/2024)**