

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

January 7, 2025

[REDACTED]
ECUMENICAL COMMUNITIES INC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2024, 11/06/2024 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 COMMUNITY OF HARRISBURG **License #:** 35361 **License Expiration:** 08/15/2025
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:** Dept. of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/08/2024

Inspection Dates and Department Representative

11/05/2024 On Site: [REDACTED]
11/06/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 88	Residents Served: 65		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care	Capacity: 18	Residents Served: 0
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 65		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

11/05/2024 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/01/2024

Inspections / Reviews (*continued*)

12/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/10/2024

12/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2024

01/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

171b5 First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On [REDACTED], the first aid kit in the Grey Ford Taurus, used to transport residents, does not include scissors.

Plan of Correction

Accept [REDACTED] 12/10/2024)

- Replacement scissors were placed in grey ford Taurus on 11/8/24
- Campus lead driver and other drivers will do a weekly audit of the the first aid kits in all vehicles once a week for 6 weeks then monthly after that starting 11/15/24 (documentation to be provided.)
- Campus Executive Director will ensure this regulation remains in compliance
- + Person responsible for replacing scissors was the Lead Driver on 11/8/2024.
- + In Service on First Aid Kits and Audits to be completed on 12/10/2024 by Campus Executive Director for all Drivers, which includes the Lead Driver.

Proposed Overall Completion Date: 12/10/2024

Licensee's Proposed Overall Completion Date: 12/10/2024

Implemented [REDACTED] - 12/24/2024)

183e Storing Medications

2. 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 [REDACTED], at approximately 2:05PM, there were two loose pills observed in the north hallway medication cart drawer. These pills were circular and purple with "L17" stamped into them.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- Upon discovery that two loose pills were observed in the north hallway medication cart the medications were removed and disposed of immediately.
- An audit of all other Medication Cais was completed immediately during the inspection by the Director of Nursing resulting in no new findings.
- Starting on 11/25/24 weekly audits of all Medication Carts will be completed by the Director of Nursing or designee (please see attached).
- On-going compliance with the regulation will be the responsibility of the Director of Nursing or designee.
- + Person responsible for disposing of loose medication is the Director of Nursing.
- + Director of Nursing and Assistant Director of Nursing held In Service on 12/3/2024 on the proper storage methods for medication in accordance with manufacturers' instructions, as well as auditing the cart for any loose unlabeled pills.

Proposed Overall Completion Date: 12/09/2024

183e Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/07/2025)

184a - Resident's Meds Labeled

3. 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

Resident [redacted] is prescribed [redacted]. The directions on the resident's medication administration record (MAR) state, "Take 1 tablet by mouth on Monday, Wednesday, and Friday." However, the directions on the pharmacy label state, "Take on tablet by mouth once every day or every other day as tolerated."

Repeated Violation 12/06/2023

Plan of Correction

Accept [redacted] - 12/10/2024)

- The Executive Director, Director of Nursing, and/or other designee reviewed 55 Pa. Code Chapter 2600.184.a. on 12/3/2024.
- An audit was conducted by the Director of Nursing on 11/11/2024 of current medications to ensure compliance with proper labeling. Any issues found were corrected immediately. The Director of Nursing will retrain Medication Associates/Nurses to the requirements of ensuring medications are properly labeled and internal company policies on medication labeling by 12/3/2024.
- Staff will be retrained to both order validation and periodic auditing of the medication carts on 12/3/2024 by Director of Nursing. In addition, the Director of Nursing, or Assistant Director of Nursing will review new medication orders for order verification weekly starting on 12/3/2024.
- Medication Associates/Nurses will complete a medication cart audit to ensure compliance on each resident monthly starting 12/3/2024.
- The assistant Director of Nursing or designee will do a monthly audit for three months to ensure compliance starting on 12/2/24. (Please see attached)
- The Director of Nursing and Assistance Director of Nursing will be responsible for on going compliance with this regulation.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/07/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident [redacted] is prescribed the following PRN medications:

- [redacted]
- [redacted]
- [redacted]

However, on [redacted], these medications were not available in the home.

Plan of Correction

Accept [redacted] - 12/10/2024)

- Medications were immediately ordered from our pharmacy and delivered to the facility 11/08/2024 by Nurse on Duty.
- All physician orders will be audited for PRN usage by medication associates/nurses in monthly med cart audits for each resident. Medication associates/Nurses will request a physician to discontinue PRN medications not used in the past 60 Days, starting 12/2/24.
- Re-education on the proper administration of medication for all Med Techs and LPNs will be done by the Director of Nursing. Completion Date: 12/3/2024
- 20% of all physician orders to be audited for PRN usage for 3 months by the Assistant Director of Nursing or designee using a report in Point Click Care (MAR). Will continue to review monthly in-services with staff monthly beginning 12/3/2024.
- On-going compliance of this regulation will be the responsibility of the Director of Nursing or designee.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/07/2025)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 11. Special precautions, if applicable.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] has an order to administer [redacted] via [redacted] continuously to maintain sats above or equal to 90% every shift.

On the following dates and times, the [redacted] administration was not documented or was documented incorrectly:

- On [redacted], during day shift, [redacted] were documented as [redacted].
- On [redacted], during night shift, [redacted] were not documented, and staff did not sign off on administering [redacted].
- On [redacted], during evening shift, [redacted] were documented as "195".
- On [redacted] during night shift, [redacted] were not documented, and staff did not sign off on administering [redacted].
- On [redacted], during night shift, [redacted] were not documented, and staff did not sign off on administering [redacted].
- On [redacted] during night shift, [redacted] were not documented, and staff did not sign off on [redacted].

187a Medication Record (continued)

administering [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- This order was immediately reviewed by the Director of Nursing and our clinical resource team to ensure it had all the required aspects for documentation.
- Upon review of the order by Director of Nursing and the home office clinical resource team it was determined all required information was present.
- PCA's, MA's, LPN's will be retrained on proper documentation of this order in the MAR according to how it was prescribed by the physician on or before 12/5/24 by the Director of Nursing.
- An audit will be completed weekly for 1 month to ensure that the O2 stats are being documented in the MAR according to physician orders.
- An audit will be completely weekly for 1 month to ensure that the O2 has been administered in accordance with the corresponding O2 stats, following the physician's orders.
- Monthly audits for O2 with parameters will be completed starting 12/20/24.
- The Director of Nursing and Assistant Director of Nursing will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [REDACTED] - 01/07/2025)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]. However, the resident's initial assessment was not completed until [REDACTED].

Resident [REDACTED] was admitted to the home on [REDACTED]. However, as of [REDACTED], the resident does not have a completed initial assessment.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- Weekly audits on RASPS starting on 11/15/24 implemented by Campus Executive Director for 6 weeks (documentation to be provided)
- All RASPS will be reviewed by the Executive Director in the building upon completion to ensure correct dates, starting on 12/3/2024 and will be completed within 72 hours.
- Monthly wellness meetings will take place starting the month of December to discuss all RASPs coming due, including initial, significant change and annual RASPs.
- Campus Executive Director will have an education service with all building managers on different time lines based on and initial RASP upon admission, Annual RASP, and Significant Change on or before 12/2/24. (documentation to be provided)
- + Quarterly RASP reviews will take place starting on 1/1/2025 during monthly wellness meetings conducted by the Director of Nursing or designee.
- Campus Executive Director will ensure this regulation remains in compliance.

225a - Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/07/2025)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On [redacted], Resident [redacted] was transferred from the home's SDCU (Secure Dementia Care Unit) to personal care. However, Resident [redacted] current assessment, dated [redacted], indicates the resident has a need for residing in the SDCU and is still receiving services in the SDCU.

Plan of Correction

Accept [redacted] - 12/10/2024)

- Resident [redacted] RASP completed locked and signed 11/5/24 day of notification from surveyor
- + Resident [redacted] RASP was updated to reflect, they are now receiving PC services and not SDCU by 12/5/2024.
- SDCU was opened 11/1/24 and made unsecured
- + All RASPs of residents residing in the transitioned unit will be audited by 12/5/2024 to ensure they reflect personal care services and not SDCU services. Campus Director of Nursing will complete.
- Campus Executive Director will have an educational in-service with all building managers on different timelines based on an initial RASP upon admission, Annual RASP, and Significant Change on or before 12/2/24. (documentation to be provided)
- The Campus Executive Director and Director of Nursing will ensure this regulation remains in compliance.
- + RASP reviews will be completed quarterly during the monthly wellness meeting to ensure appropriate level of care is documented, these meetings will be run by the Director of Nursing or designee.

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 01/07/2025)