

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

January 15, 2025

[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 11/08/2024 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:** 07/04/2025

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 and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

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

Reason: Renewal, Incident **Exit Conference Date:** 11/08/2024

Inspection Dates and Department Representative

11/08/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 136 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 38 **Residents Served:** 27

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

11/08/2024 - 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: 01/13/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/10/2024

12/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/13/2025

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], a copy of this chapter (55 Pa.Code § 2600) was not posted in a conspicuous and public place in the home. Furthermore, the current licensing inspection summary issued by the Department was posted behind a locked glass door, requiring staff assistance to access.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- The current licensing inspection summary was moved to an accessible, unlocked location before the end of the inspection by Campus Executive Director.
- + Training with Executive Directors, Director of Nursing and Assistant Director of Nursing to be had 12/10/24
- Starting 11/15/24 Building Executive Directors as well as Campus Executive Director will check weekly for 6 weeks to ensure these items are placed appropriately for all to access without staff assistance (documentation to be provided).
- Starting 1/1/25 building Executive Directors as well as Campus Executive Director will audit monthly to ensure these items are placed appropriately for all to access without staff assistance.

Proposed Overall Completion Date: 01/01/2025

Licensee's Proposed Overall Completion Date: 01/01/2025

Implemented [REDACTED] 01/15/2025)

15a - Resident Abuse Report

2. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 8:00PM, Staff Person A witnessed Staff Person B screaming at Resident [REDACTED]. It was reported that Resident [REDACTED] was attempting to place paper documents into the Resident's PTEC unit and Staff Person B intervened by screaming at the resident to stop. Upon internal investigation, Staff Person B denied "screaming" at the resident but did disclose that they "raised" their voice at the resident and reported "you must be firm." However, this incident was not reported to the Local Area Agency on Aging until [REDACTED], at approximately 1:30PM.

On [REDACTED], at approximately 6:45PM, Resident [REDACTED] was agitated and approached Resident [REDACTED] and Resident [REDACTED] began to yell and scream at Resident [REDACTED]. Resident [REDACTED] then kicked Resident [REDACTED] which caused Resident [REDACTED] to lose their balance, fall and hit their head on the floor. This incident was not reported to the Local Area Agency on Aging until [REDACTED], at approximately 12:40PM.

On [REDACTED], at approximately 6:10AM, staff witnessed Resident [REDACTED] sitting on the living room couch with Resident [REDACTED]. Staff witnessed Resident [REDACTED] holding up Resident [REDACTED] shirt. Resident [REDACTED] was seen fondling and kissing Resident [REDACTED].

15a - Resident Abuse Report (continued)

Both residents reside in the Secure Dementia Care Unit (SDCU). This incident was not reported to the Local Area Agency on Aging until [REDACTED], at approximately 4:20PM.

Repeat Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- We take the safety and well being of our residents seriously. An educational in service was provided to all campus leadership which include Executive Directors, SDU Managers, Assistant Director of Nursing and Director of nursing on [REDACTED] on the importance of reporting with attached timelines(documentation to be provided).
- Inservices will be held for all staff about reporting incidents when they occur to managers. Handouts will be provided during the training so that co-workers have a reference for future concerns. During the training examples of abuse will be discussed on or before December 2nd 2024 (documentation to be provided).
- Campus Director will be responsible for ongoing compliance with this regulation as well as the Director of Nursing.

Staff person B

- Staff person B was suspended on [REDACTED] pending investigation
- Staff person B was terminated on [REDACTED]

Resident [REDACTED]

- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- OHS was notified [REDACTED]
- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.
- [REDACTED] Nursing team placed resident [REDACTED] on UTI protocol and was seen by PCP
- [REDACTED] New order to obtain urine was given by PCP for resident [REDACTED]
- [REDACTED] chest x-ray completed per PCP
- [REDACTED] PCP gave New order given for antibiotic due to positive urine culture

Resident [REDACTED]

- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.
- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- OHS was notified [REDACTED]
- [REDACTED] Additional safety checks were put into place
- [REDACTED] day discharge notice given to POA due to repeat physical altercations
- [REDACTED] Resident [REDACTED] discharged to another facility

Resident [REDACTED]

- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- OHS was notified [REDACTED]
- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP were notified of the incident.
- [REDACTED] Additional safety checks were put into place
- [REDACTED] day discharge notice given due to repeat sexual encounters
- [REDACTED] Seen by PCP and medication review/changes were completed

15a Resident Abuse Report (continued)

- [redacted] 1:1 caregivers put into place by family from 8a 10pm
- [redacted] Resident discharged to another facility

Resident [redacted]

- Incident was reported to Local Area on Aging [redacted]
- Act 13 was completed [redacted]
- OHS was notified [redacted]
- Resident [redacted] was assessed by the nursing team on [redacted] and had no physical injuries, as well as POA and PCP notified of incident.
- [redacted] seen by PCP

+ Daily clinical meeting to discuss and review incidents and compliance with regulation will occur after morning meeting starting [redacted]

Proposed Overall Completion Date: 12/09/2024

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

Implemented [redacted] - 01/15/2025)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], at approximately 8:00PM, Staff Person A witnessed Staff Person B screaming at Resident [redacted]. It was reported that Resident [redacted] was attempting to place paper documents into the Resident's PTEC unit and Staff Person B intervened by screaming at the Resident to stop. Upon internal investigation, Staff Person B denied "screaming" at the Resident but did disclose that they "raised" their voice at the Resident and reported "you must be firm." However, this incident was not reported to the Department until [redacted], at approximately 1:30PM.

On [redacted], at approximately 6:45PM, Resident [redacted] was agitated and approached Resident [redacted] and Resident [redacted] began to yell and scream at Resident [redacted] Resident [redacted] then kicked Resident [redacted] which caused Resident [redacted] to lose their balance, fall and hit [redacted] head on the floor. This incident was not reported to the Department until [redacted], at approximately 12:40PM.

On [redacted], at approximately 6:10AM, staff witnessed Resident [redacted] sitting on the living room couch with Resident [redacted] Staff witnessed Resident [redacted] holding up Resident [redacted] shirt. Resident [redacted] was seen fondling and kissing Resident [redacted] Both residents reside in the Secure Dementia Care Unit (SDCU). This incident was not reported to the Department until [redacted], at approximately 4:20PM.

Plan of Correction

Accept [redacted] - 12/10/2024)

- We take the safety and well being of our residents seriously. An educational in service was provided to all campus leadership which include Executive Directors, SDU Managers, Assistant Director of Nursing and Director of nursing on [redacted] on the importance of reporting with attached timelines(documentation to be provided).

16c - Written Incident Report (continued)

- Inservices will be held for all staff about reporting incidents when they occur to managers. Handouts will be provided during the training so that co-workers have a reference for future concerns. During the training examples of abuse will be discussed on or before December 2nd 2024 (documentation to be provided).
- Campus Director will be responsible for ongoing compliance with this regulation as well as the Director of Nursing.

Staff person B

- was suspended on [REDACTED] pending investigation
- Staff person B was terminated on [REDACTED]

Resident [REDACTED]

- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- DHS was notified [REDACTED]
- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.
- [REDACTED] Nursing team placed resident [REDACTED] on UTI protocol and was seen by PCP
- [REDACTED] New order to obtain urine was given by PCP for resident [REDACTED]
- [REDACTED] chest x-ray completed per PCP
- [REDACTED] PCP gave New order given for antibiotic due to positive urine culture

Resident [REDACTED]

- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.
- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- DHS was notified [REDACTED]
- [REDACTED] 15min safety checks x 30 days
- [REDACTED] day discharge notice given to POA due to repeat physical altercations
- [REDACTED] Resident [REDACTED] discharged to another facility

Resident [REDACTED]

- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- DHS was notified [REDACTED]
- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.
- [REDACTED] Safety Checks every 15 min for 30 days
- [REDACTED] day discharge notice given due to repeat sexual encounters
- [REDACTED] Seen by PCP medication increase completed
- [REDACTED] 1:1 caregivers put into place by family from 8a- 10pm
- [REDACTED] Resident discharged to another facility

Resident [REDACTED]

- Incident was reported to Local Area on Aging [REDACTED]
- Act 13 was completed [REDACTED]
- DHS was notified [REDACTED]
- Resident [REDACTED] was assessed by the nursing team on [REDACTED] and had no physical injuries, as well as POA and PCP notified of incident.

16c Written Incident Report (continued)

- [redacted] seen by PCP
- + Daily clinical meeting to discuss and review incidents and compliance with regulation will occur after morning meeting starting [redacted]

Proposed Overall Completion Date: 12/09/2024

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

Implemented [redacted] - 01/15/2025)

42c - Treatment of Residents

4. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], at approximately 8:00PM, Staff Person A witnessed Staff Person B screaming at Resident [redacted]. It was reported that Resident [redacted] was attempting to place paper documents into the resident's PTEC unit and Staff Person B intervened by screaming at the resident to stop. Upon internal investigation, Staff Person B denied "screaming" at the resident but did disclose that they "raised" their voice at the resident and reported "you must be firm."

Plan of Correction

Accept [redacted] - 12/10/2024)

- We take the safety and dignity of our residents seriously and on 7/8/24 the SDU managers held training for our staff on all shifts alongside the Campus Executive Director for secured dementia neighborhoods on properly handling situations where residents with dementia are experiencing increased confusion and performing unsafe acts.
 - On 7/23/24 Corporate Director for dementia neighborhoods did a Campus education around managing various types of behaviors in general.
 - Campus Executive Director with Connections Manager and DON will be responsible for ongoing compliance with this regulation.
- + Random resident interviews to occur once a week for 6 weeks starting 12/9/24 to ensure residents feel safe and secure. Connections Manager to ensure this is completed.

Proposed Overall Completion Date: 12/09/2024

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

Implemented [redacted] - 01/15/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent annual medical evaluation was completed on [redacted]. However, the resident's prior annual medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 12/10/2024)

- Tracking for upcoming medical evaluations is done by Wellness Secretary in conjunction with Assistant Director of Nursing and Director of Nursing. Audit will be completed by 12/6/24 for Building 3, 12/13/24 for Building 2, and

141b1 - Annual Medical Evaluation (continued)

12/20/24 for Building 1 by Wellness Secretary. This is to ensure no other DME may be out of compliance. (Documentation to be provided)

+ Monthly audit to begin 12/2/2024

• Ongoing monthly audits will be completed by the Director of Nursing and Assistance Director of Nursing to ensure DMEs are captured annually for each resident.

+ Campus Executive Director will have an education service with Nursing Management and Executive Directors on different time lines associated with annual medical evaluations, on or before 12/10/24.(documentation to be provided)

• The Campus Executive Director and Director of Nursing will be responsible for ongoing compliance with this regulation.

Proposed Overall Completion Date: 12/10/2024

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

Implemented [redacted] - 01/15/2025)

171b5 - First Aid Kit

6. 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

Accepted [redacted] - 12/10/2024)

• A new pair of scissors were placed in the grey Ford Taurus on 11/8/24 by Lead Driver.

+ In-service on first aid kits and audits to be completed 12/10/24 by Campus Executive Director for all Drivers, including the lead driver.

• Campus lead driver and other drivers will do a weekly audit of the the first aid kits in all vehicles once a week for 4 weeks then monthly after that starting 11/15/24 (documentation to be provided.)

Proposed Overall Completion Date: 12/10/2024

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

Implemented [redacted] - 01/15/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] with orders to take 1 tablet by mouth three times daily before meals and

187d Follow Prescriber's Orders (continued)

to hold if blood glucose is less than 120 or not eating. On [REDACTED], at 8:00AM, the resident had a [REDACTED] reading of [REDACTED]. However, staff administered the medication to the resident.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- On 11/8/24 The order was reviewed by the Director of Nursing and our home office clinical team. Upon review of the order, there was a parameter in place to prevent from administration of this medication if outside however this co worker did not follow policy and do the 2 step check with another co worker prior to administering the medication.
- On 11/20/24 our clinical resource team sent out instructions to the campus on how the new process will work. We now will have a way to track which co workers do not use the 2 step check process through Point Click Care, our medication administration system. This will allow us to understand who is not following the 2 step check so that we can provide further education or disciplinary action as needed.
- Medication Associates/Nurses will be retrained by 12/3/2024 by Director of Nursing on the new process. A weekly checklist will be created and in place for 3 months. (Please see attached)
 - + Director of Nursing and Assistant Director of Nursing are responsible for reviewing Point Click care daily to ensure medication is being administered properly.
 - + New weekly Checklist are to be started 12/3/24 (please see documentation provided for weekly checklist that outlines)
 - Director of Nursing and Assistant Director of Nursing will be responsible for ongoing compliance with this regulation.

Proposed Overall Completion Date: 12/09/2024

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

Implemented [REDACTED] - 01/15/2025)

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.

Description of Violation

Resident [REDACTED] most recent annual assessment was completed on [REDACTED]. However, the resident's prior annual assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- Tracking for upcoming annual assessment is done by the Wellness Secretary in conjunction with Assistant Director of Nursing and Director of Nursing. Audit will be completed by Wellness Secretary by 12/6/24 for Building 3, 12/13/24 for Building 2, and 12/20/24 for Building 1. This is to ensure no other annual assessment may be out of compliance. (Documentation to be provided)
 - + Monthly Wellness meeting was held 12/5/24 and will be held the 4th Thursday of the month thereafter by the Director of Nursing.
 - + In Service to be had on 12/10/24 by Campus Executive Director with Nursing Management and Executive Directors on different time lines associated with annual resident support plans, on or before 12/10/24. (documentation to be provided)

225c - Additional Assessment (continued)

- Monthly wellness meetings will be held to ensure timely completion of all RASPS including initial, significant change as well as annual.
- The Campus Executive Director and Director of Nursing will be responsible for ongoing compliance with this regulation.

Proposed Overall Completion Date: 12/10/2024

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

Implemented [REDACTED] - 01/15/2025)

234a - Admission Support Plan

9. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the home's Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was not completed until [REDACTED].

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

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

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

Plan of Correction

Accept [REDACTED] - 12/10/2024)

- 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)
- + Initial audit to be completed by Connections Manager on or before 12/15/24
- + Campus Executive Director, Executive Director, and Associate Executive Director will be responsible for ongoing compliance with this regulation.
- An audit will be completed of all SDU RASPs to ensure completion compliance on or before 12/15/24 (documentation to be provided)
- Monthly wellness meetings will be held on 1/1/2025 by Director of Nursing to ensure timely completion of all RASPS including initial, significant change as well as annual.
- The Campus Executive Director, Executive Director, and Associate Executive Director will be responsible for ongoing compliance with this regulation.

Proposed Overall Completion Date: 01/01/2025

234a Admission Support Plan (*continued*)

Licensee's Proposed Overall Completion Date: 01/01/2025

Implemented [REDACTED] - 01/15/2025)