

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

June 9, 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 04/10/2025 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:** 04/10/2025      **Issued By:**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 166      **Waking Staff:** 125

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 04/24/2025

**Inspection Dates and Department Representative**

04/10/2025    **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 136      **Residents Served:** 136

**Secured Dementia Care Unit**  
**In Home:** Yes      **Area:** Connection      **Capacity:** 38      **Residents Served:** 30

**Hospice**  
**Current Residents:** 5

**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 30  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 30      **Have Physical Disability:** 0

**Inspections / Reviews**

04/10/2025 - Partial  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/26/2025

Inspections / Reviews *(continued)*

## 06/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2025

## 06/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

## 1. 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 9:40 PM, staff member A witnessed staff member B yell at resident [REDACTED] to get [REDACTED] walker, then grab resident [REDACTED] by the arm and drag the resident down the hallway, causing the resident distress. This allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED]

## Plan of Correction

Accepted [REDACTED] 06/02/2025)

On March 16th staff member A placed note under [REDACTED] managers door about an alleged abuse incident that occurred involving staff member b and Resident [REDACTED] failed to report to anyone in a timely manner.

3/18/25 Connections Manager found statement under [REDACTED] door when arrived from days off and showed Campus Executive Director

3/18/25 Campus Executive Director with Connections Manager completed head to toe body assessment on resident #1 and found no lump bumps or suspicious bruises. One bruise to left anticubital region d/t a blood draw resident had done at PCP office.

3/18/25 Campus Executive Director and Connections Manager interviewed staff A and staff B.

3/18/25 Staff B was suspended

3/18/25 POA, PCP notified

3/18/25 Area agency of Aging and DHS notified

3/19/25 Educational in-service held on Resident Abuse Reporting, timely reporting, and regulation 2600.15.a

3/21/25 Staff B was terminated

Building Managers which include Connections Manager, Associate Executive Director, and Executive Director, Assistant Director of Nursing, will educate on this topic during direct care monthly staff meetings starting June 2025 once monthly for 3 months.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [REDACTED] - 06/06/2025)

## 16c - Written Incident Report

## 2. Requirements

2600.

16c Written Incident Report (*continued*)

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 9:40 PM, staff member A witnessed staff member B yell at resident [REDACTED] to get [REDACTED] walker, then grab resident [REDACTED] by the arm and drag the resident down the hallway, causing the resident distress. This allegation of abuse was not reported to the Local Area Agency on Aging until [REDACTED].

On [REDACTED] resident [REDACTED] fell at the home and was transported to the hospital. The resident was diagnosed and with a [REDACTED]. This incident was not reported to the Department until [REDACTED].

**Plan of Correction**

Accept [REDACTED] 06/02/2025)

On March 16th staff member A placed note under [REDACTED] managers door about an alleged abuse incident that occurred involving staff member b and Resident [REDACTED]. [REDACTED] failed to report to anyone in a timely manner.

3/18/25 Connections Manager found statement under [REDACTED] door when arrived from days off and showed Campus Executive Director

3/18/25 Campus Executive Director with Connections Manager completed head to toe body assessment on resident #1 and found no lump bumps or suspicious bruises. One bruise to left anticubital region d/t a blood draw resident had done at PCP office.

3/18/25 Campus Executive Director and Connections Manager interviewed staff A and staff B.

3/18/25 Staff B was suspended

3/18/25 POA, PCP notified

3/18/25 Area agency of Aging and DHS notified

3/19/25 Educational in service held on Resident Abuse Reporting, timely reporting, and regulation 2600.15.a

3/21/25 Staff B was terminated

Building Managers which include Connections Manager, Associate Executive Director, and Executive Director, Assistant Director of Nursing, will educate on this topic during direct care monthly staff meetings starting June 2025 once monthly for 3 months.

4/11/25 Resident #2 had a fall in which [REDACTED] was sent out to hospital.

4/12/25 Resident #2 returned to campus at 1:30am Nurse on duty wrote note in PCC and did not alert a manager that resident #2 had a fracture of the nasal bone.

4/14/25 During morning falls meeting we were made aware of the fracture. Connections manager called and reported to Area agency on Aging and sent form as well as notified DHS.

## 16c Written Incident Report (continued)

4/14/25 Campus Executive Director sent email to all nursing staff to educate on the protocol on reporting and who they are to notify and when and how.

4/18/25 Educational In service was given by Connections Manager on reporting timely

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [REDACTED] - 06/06/2025)

## 42b - Abuse

## 3. 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 9:40 PM, staff member A witnessed staff member B yell at resident [REDACTED] to get [REDACTED] walker, then grab resident [REDACTED] by the arm and drag the resident down the hallway, causing the resident distress.

On [REDACTED] at 7:20 AM, staff member C witnessed resident [REDACTED] and resident [REDACTED] in resident [REDACTED] bedroom. Resident [REDACTED] pants were pulled down and resident [REDACTED] was touching resident [REDACTED]. Both residents reside in the secured dementia care unit, and neither resident is able consent to this interaction.

On [REDACTED] at 9:30 AM, staff member D witnessed resident [REDACTED] yell at resident [REDACTED]. Resident [REDACTED] became increasingly agitated by being redirected by staff. Resident [REDACTED] reacted by pulling resident [REDACTED] walker causing the resident [REDACTED] to stumble without falling. Resident [REDACTED] then hit resident [REDACTED] on the arm with an opened hand. This interaction visibly upset resident [REDACTED] who was observed crying following this incident.

## Plan of Correction

Accept [REDACTED] - 06/02/2025)

On March 16th staff member A placed note under [REDACTED] managers door about an alleged abuse incident that occurred involving staff member b and Resident [REDACTED]. [REDACTED] failed to report to anyone in a timely manner.

3/18/25 Connections Manager found statement under [REDACTED] door when arrived from days off and showed Campus Executive Director

3/18/25 Campus Executive Director with Connections Manager completed head to toe body assessment on resident #1 and found no lump bumps or suspicious bruises. One bruise to left antecubital region d/t a blood draw resident had done at PCP office.

3/18/25 Campus Executive Director and Connections Manager interviewed staff A and staff B.

3/18/25 Staff B was suspended

3/18/25 POA, PCP notified

3/18/25 Area agency of Aging and DHS notified

**42b - Abuse (continued)**

3/19/25 Educational in-service held on Resident Abuse Reporting, timely reporting, and regulation 2600.15.a

3/21/25 Staff B was terminated

3/28/25 Staff C walked in on resident [REDACTED] and resident [REDACTED]. Resident [REDACTED] and Resident [REDACTED] were separated immediately

3/28/25 Campus Executive Director and Connection Manager completed body assessment on resident [REDACTED] no bruising, lumps or bumps noted. Resident# 4 refused body assessment.

3/28/25 Statement was received from staff C by Connections Manager.

3/28/25 Connections Manager implemented 15 minute checks on both resident [REDACTED] and resident [REDACTED]

3/28/25 POA and PCP notified for both resident [REDACTED] and resident [REDACTED] by Campus Executive Director and Connections Manager

3/28/25 Educational in-service held by connections manager with staff in SDCU on when to report sexual abuse, how to report sexual abuse, what is considered sexual abuse, and how to document sexual abuse

3/28/25 ACT 13 completed, sent, and called.

3/28/25 DHS reportable sent in

4/1/25 Resident [REDACTED] was agitated staff D attempted to redirect resident [REDACTED] when [REDACTED] pulled resident [REDACTED] walker away causing resident [REDACTED] to stumble resident [REDACTED] tried to defend herself and resident [REDACTED] hit resident [REDACTED] arm.

4/1/25 Nursing completed body assessment on resident [REDACTED] no bruises, marks, or injuries. resident [REDACTED] refused body assessment

4/1/25 Connection Manager notified POAS for resident [REDACTED] and [REDACTED]

4/1/25 PCP notified by Nursing

4/1/25 PCP for resident [REDACTED] did place an order for medication change to help with increased agitation and aggression d/t dementia progression

4/1/25 Connections Manager informed POA for resident [REDACTED] that 1:1 caregiver needed to be put in place.

4/1/25 Campus Executive Director informed POA of resident [REDACTED] that 30 day discharge notice was being issued due to the resident needing a higher level of care.

4/8/25 Behavior Huddle had with SDCU staff and Executive Director of Memory Support Services and Connections manager on how to manage behaviors. This Occurs monthly.

42b - Abuse (continued)

Building Managers which include Connections Manager, Associate Executive Director, and Executive Director, Assistant Director of Nursing, will educate on this topic during direct care monthly staff meetings starting June 2025 once monthly for 3 months.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] - 06/06/2025)

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 4/24/25 a 9:26 AM, the following products were unlocked, unattended and accessible in an unlocked drawer in resident [redacted] bathroom:

- 4 oz bottle of Sparklefresh mouthwash, the original product labeling at the home says "Keep out of reach of children. In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately."
- 1.5 oz tube of Sparklefresh toothpaste. the original product labeling at the home says "Keep out of reach of children under 6 yrs of age. If you accidentally swallow more than used for brushing, seek medical help or contact a Poison Control Center immediately."

Resident #6 is not assessed to safely use or avoid poisonous materials.

Plan of Correction

Accept [redacted] - 06/02/2025)

4/24/25 both products were placed in the locked drawer after finding them by personal care associate per campus executive directors instruction.

Connections Manager had an educational in-service with all staff in SDCU on this regulation and our policy on 4/29/25 (documentation will be provided)

Connections Manager will audit all rooms once a week for 3 weeks to ensure compliance with this regulation starting 5/26/25 (documentation to be provided)

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] - 06/06/2025)

225a - Assessment 15 Days

5. 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.

225a - Assessment 15 Days (continued)

Description of Violation

Resident [redacted] initial assessment, dated [redacted] does not include an assessment for moderate mobility, as indicated on the resident's medical evaluation dated [redacted]

Resident [redacted]'s initial assessment, dated [redacted] does not include an assessment for moderate mobility, as indicated on the resident's medical evaluation dated [redacted].

Resident [redacted]'s initial assessment, dated [redacted] does not include an assessment for moderate mobility, as indicated on the resident's medical evaluation dated [redacted]

Plan of Correction

Accept [redacted] - 06/02/2025)

Campus Executive Director and Connections Manager will do an audit on all the Resident Assessment Support Plans in SDCU to look for inconsistencies this will be completed by 6/2/25

Campus Executive Director will have an education in-service on this regulation and the change to the audit form which includes a double check for building managers during completion of RASP ON 5/23/25

Starting on 5/27/25 the Campus Executive Director will audit the assessment and support plans of new residents admitting into SDCU one time per month for 3 months to ensure compliance is maintained post-education that was completed on 5/23/25.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented [redacted] - 06/06/2025)

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment, dated [redacted] does not include an assessment for moderate mobility, as indicated on the resident's medical evaluation dated [redacted]

Plan of Correction

Accept [redacted] - 06/02/2025)

5/2/25 New annual DME received 5/2/2025

5/2/25 Resident Assessment Support Plan completed with accurate mobility

Campus Executive Director and Connections Manager will do an audit on all the Resident Assessment Support Plans in SDCU to look for inconsistencies this will be completed by 6/2/25

Campus Executive Director will have an education in-service on this regulation and the change to the audit form which includes a double check for building managers during completion of RASP ON 5/23/25

**225c Additional Assessment (continued)**

*Starting on 5/27/25 the Campus Executive Director will audit the assessment and support plans of new residents admitting into SDCU one time per month for 3 months to ensure compliance is maintained post education that was completed on 5/23/25.*

**Licensee's Proposed Overall Completion Date: 06/02/2025**

**Implemented [REDACTED] - 06/06/2025)**

**251b - Record Entries Legible****7. 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.

**Description of Violation**

*Resident [REDACTED] preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home. However, an additional preadmission screening form was included the record, the form was edited showing "Yes" marked through and the word "Error" written. However, the entry was not initialed and dated.*

**Plan of Correction**

**Accept ([REDACTED] - 06/02/2025)**

*Campus Executive Director will have look at pre screen for resident [REDACTED] and correct the mistake with person whom made the original entry or with physician by 5/28/25.*

*Campus Executive Director will audit all current pre screens for SDCU to ensure proper compliance by 6/2/25.*

*Campus Executive Director will have an in service with connections manager, associate executive directors, and marketers on compliance with this regulation and importance of initialing and dating their errors when crossing something out on a state document by 6/2/25.*

*Campus Executive Director will look over every pre screen that comes into the business office prior to filling once a week for 3 weeks on Wednesdays starting 5/28/25*

**Licensee's Proposed Overall Completion Date: 06/02/2025**

**Implemented [REDACTED] - 06/06/2025)**