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

June 2, 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 04/15/2025 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 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 & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/15/2025*

Inspection Dates and Department Representative

04/15/2025 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *88* **Residents Served**: *63*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Not used* **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**: *63*

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

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

Inspections / Reviews

04/15/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/12/2025*

Inspections / Reviews *(continued)*

05/13/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/19/2025*

05/20/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/30/2025*

06/02/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. 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 6:15 AM, staff members A and B observed resident [redacted] kissing resident [redacted] with resident [redacted] hand inside resident [redacted] shirt. Staff member A heard resident [redacted] say "no" several times during the incident. On [redacted], Resident [redacted] reported that [redacted] recalled the incident and [redacted] did not like it and felt angry about what happened.

Plan of Correction ***Accept [redacted] - 05/20/2025)***

11/23/24 Campus Director of Nursing interviewed resident [redacted] who was unable to recall event. Family was contacted. As well as PCP.

11/23/24 AAA & DHS were made aware of situation by Campus Director of Nursing.

11/23/24 Campus Director of Nursing interviewed resident #[redacted] who was unable to recall the event. Body check was completed no contusions or abrasions. Family was contacted. As well as PCP.

12/4/24 We take resident safety and well-being seriously. An educational in-service was given to staff about resident abuse and what to do when it is observed as well as reporting guidelines. By Connections Manager, Associate Executive Director, and Executive Director.

5/17/2025 Campus Executive Director added an addendum to resident [redacted] Assessment and Support Plan including this behavior that occurred and what staff would do if behavior were to occur again. Moving forward Executive Director of building will ensure when these behaviors occur there is an update to the assessment and support plan indicating plan of action and prevention of occurrence. (Documentation to be sent)

Starting 5/17/2025 Campus Executive Director will implement a checklist of things needed to be completed by building managers which include Executive Director, Associate Executive Director, and Connections Manager, when situations involving any reportable incidents relating to abuse occur, that will be double checked by Campus Executive Director. (Documentation to be sent)

Campus Executive Director will ensure education is ongoing on 42b.

Licensee's Proposed Overall Completion Date: *05/19/2025*

Implemented ([redacted] - 06/02/2025)

121a - Unobstructed Egress

2. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a Unobstructed Egress *(continued)*

Description of Violation

On [redacted] at approximately 9:30AM, the egress door to the fenced in courtyard at the end of the C hall would not open.

On [redacted], at approximately 9:33 AM, the egress door exiting to a fenced in courtyard from the C hall common area with kitchenette would not open.

Plan of Correction ***Accept [redacted] - 05/20/2025)***

4/15/25 Campus Executive Director had Maintenance associate come and fix the door there was a mechanism that was not working appropriately. Barrel key used to turn mag lock off and allow door to open without key pad.

On 4/16/25 an audit was conducted by the Maintenance Director to ensure all doors with magnetic locking capabilities had been disengaged, since the unit is no longer functioning as a secure dementia unit.

On 3/24/25 a formal written notice was sent via email to the department notifying them about the license change. Can provide supporting documentation if needed.

On 5/19/25 Shearer Security Devices was on campus to verify that all mag locks in the building are disengaged and no longer working. Documentation from locksmith attached.

Starting on 5/26/25 the Maintenance Director or designee will conduct weekly audits of all doors for 3 weeks to ensure ongoing compliance with this regulation.

On or before 5/30/25, Campus ED and Maintenance Director will provide education to maintenance team and direct care staff about changes to door locking functionality in regards to regulations since the unit has been unsecured.

Campus Executive Director and Maintenance Director will ensure compliance is maintained ongoing.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Implemented [redacted] 06/02/2025)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] current assessment, dated [redacted], did not include the resident's history of [redacted] as documented on a hospital follow up dated [redacted]. The resident had documented instances of coughing episodes while eating and drinking as per progress notes dated [redacted] and an order for a [redacted] completed on [redacted] due to these symptoms. The resident's assessment was not updated to include the resident's [redacted] and rapid decline in speech with worsening dementia as documented on an order for formal speech therapy dated [redacted]. The assessment also indicates the resident resides in the memory support building; however, the

225c - Additional Assessment (continued)

resident resides in the not secured unit in the personal care home.

Repeated Violation - [redacted] et al

Plan of Correction ***Accept [redacted] - 05/20/2025)***

5/5/25 Campus Executive Director added an addendum for Resident [redacted] to include new diagnosis for [redacted] d/t decline in while eating and drinking dated as a late entry, with speech consult.

Campus Executive Director will hold an in-service on or before 5/12/25 with nursing team explaining the process of addendum's that need to be completed to residents RASPS when diagnosis change and therapies are put into place.

11/22/24- Resident [redacted] Moved into building 1 to unsecured memory support building and never was in secured therefore never needed any documentation stating otherwise.

Campus Executive Director and Assistant Director of Nursing or designee will audit all resident assessment and support plans in building [redacted] who have altered diets, haven been seen by therapy or have had a diagnosis change to ensure that accurate updates have been made by 5/30/25.

Starting 5/12/25 all LPN nursing staff will send all speech therapy orders to Director of Nursing, Assistant Director of Nursing and building managers to ensure proper updates are made to the Assessment and Support Plan. These changes will also be discussed during weekly meetings with our therapy provider starting on 5/22/25.

On or before 5/12/25 Campus ED will hold in-service with nursing team to review the process for completing addendum to resident's RASPs when there has been a diagnosis change and/or therapy services have been put in to place to due change in condition.

Director of Nursing and Assistant Director of Nursing will ensure ongoing compliance is maintained.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Implemented ([redacted] 06/02/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] current support plan, dated [redacted], was not updated to reflect the the use of a Wanderguard system, effective [redacted].

227d Support Plan Medical/Dental *(continued)*

Plan of Correction ***Accept [redacted] - 05/20/2025)***

3/1/2025 Wander guard system was implemented for resident safety but was not documented in the assessment and support plan.

4/16/2025 Campus Executive Directive did an addendum for Resident [redacted] to the RASP acknowledging the usage of the wander guard system.

Campus Executive Director will have an in service on or before 5/12/2025 to educate managers on where this information goes on the RASP and the importance of ensuring it is there.

5/17/25 Audit was done by Campus Executive Director for all residents who had a wander guard to ensure there was documentation on the Assessment Support Plan.

Starting on 5/19/25 the Campus Executive Director will audit the assessment and support plans of new residents using the wander guard system one time per month for 3 months to ensure compliance is maintained post education that was completed on 5/25/25.

Campus ED and building managers will be responsible for ensuring ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/25/2025*

Implemented [redacted] - 06/02/2025)