

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

July 8, 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 06/04/2025 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:** Labor & Industry

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/04/2025

Inspection Dates and Department Representative

06/04/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 88	Residents Served: 63		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 3			
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

06/04/2025 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/20/2025

Inspections / Reviews (*continued*)

06/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/03/2025

07/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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

Resident [redacted] is prescribed [redacted], take 1 tablet at bedtime, [redacted], take 1 tablet orally, 2000; [redacted], take 1 tablet orally daily, 2030. However, these medications were administered on [redacted] before 1830. These medication errors were not reported to the Department.

Plan of Correction

Accept [redacted] - 06/26/2025)

Starting 6/16/25 When a med error is written up and sent to DHS an Executive director, assistant director of nursing needs to send an email to Campus Executive Director and Home office to ensure tracking and notification.

Medication Event Report needs sent to Campus Executive Director and Home office with every Medication Error Starting 6/16/25.

Campus Executive director to have an Educational in-service before 6/27/25 on reporting medication errors to the department and steps included on how to do such with, nurses, nursing management and building managers. documentation to be provided.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented [redacted] - 07/08/2025)

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.

Description of Violation

On [redacted] at 9:55 AM, the magnetic locks for the exit doors in the south hallway, including in the lounge and the back of the hall near bedrooms [redacted] and [redacted], as well as the exterior gates, were energized and prevented egress from the home.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] 06/26/2025)

On 6/4/25 Maintenance director had gone immediately and used barrel key to dis-engage the lock. Call made to see why it re-engaged as it was previously disengaged and locksmith had verified.

6/5/25 Maintenance associate placed Easy open gate latches installed and gate locks dis-engaged. See pictures/ documentation.

Audit for doors was changed from weekly audits of all doors done by Maintenance director or designee to daily audits of all doors for 3 weeks to ensure ongoing compliance with this regulation beginning 6/9/25. documentation to be provided.

121a - Unobstructed Egress (continued)

Campus Executive Director to have educational inservice by 6/27/25 on this regulation and the importance of the egress being accessible with maintenance director and associates and executive directors. documentation to be provided.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented (██████) 07/08/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident ██████ is prescribed ██████, take 1 tablet at bedtime, 2030; ██████, take 1 tablet orally, 2000; ██████ 10 MG, take 1 tablet orally daily, 2030. However, these medications were administered on ██████ before 1830; on ██████ at 2225; and on ██████ before 1900.

Plan of Correction

Accept (██████) - 06/26/2025)

Starting 6/23/25 MAR reviews for Resident ██████ will be done by Assistant Director of Nursing once a week for 3 weeks to ensure compliance with the regulation. documentation to be provided.

Starting 6/23/25 MAR review for 3 residents on each medication cart will be completed once a week for 3 weeks by Assistant Director of Nursing to ensure compliance with this regulation documentation to be provided.

Campus Executive Director to have educational in-service by 6/27/25 on this regulation and following the prescribers directions with medication associates, nurses, and Assistant director of nursing. documentation to be provided.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented (██████) - 07/08/2025)

188b - Medication Error Reporting

4. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident ██████ is prescribed ██████, take 1 tablet at bedtime, 2030; ██████, take 1 tablet orally, 2000; ██████, take 1 tablet orally daily, 2030. However, these medications were administered on ██████ before 1830; on ██████ at 2225; and on ██████ before 1900. These medication errors were not reported to the prescriber.

Plan of Correction

Accept (██████) - 06/26/2025)

6/9/25 Provider sent fax of medication error for Resident ██████.

188b - Medication Error Reporting (continued)

Starting 6/23/25 all medication errors including refusals need to be faxed to pcp and placed in the residents chart and documented on. Both LPN and Medication associates can fax. Assistant Director of Nursing will follow up and check once weekly for 3 weeks.

Campus Executive Director will have an educational in-service by 6/27/25 on this regulation and informing prescriber of medication errors when they occur with nursing and management.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented [redacted] - 07/08/2025)

190a - Completion Medication Course

5. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course within the past year, administered medications to residents on the evening of [redacted] and throughout the month of April including the evenings of [redacted], and [redacted].

Plan of Correction

Accept [redacted] - 06/26/2025)

Staff person A had been trained/certified to pass medications under the modified medication course, which was previously approved by the Department, however the co-worker did not complete the full course when the Department changed the training expectations for certification compliance in 2024.

Assistant Director of Nursing currently is going through the train to trainer course to have an on-site trainer on campus.

Assistant Director of Nursing and/or train the trainer will keep a tracker containing all medication associates qualifications, observations and their due dates. Campus ED will check tracker once a month for 3 months.

5/28/25 Staff person A was pulled off the cart as a medication associate and a medication train the trainer signed [redacted] up to do the course. Staff person A passed [redacted] Medication course on 6/10/25. Documentation to be provided.

Audit on all medication associates to be done by 7/01/25 to ensure that they are all compliant with this regulation by Interim Director of Nursing and Assistant Director of Nursing. Documentation to be provided.

Campus Executive Director will have an educational in-service by 6/27/25 with Executive Directors and Assistant Director of Nursing on this regulation. Documentation to be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [redacted] - 07/08/2025)

252 - Record Content

6. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident [REDACTED] record does not include a current photograph of the resident.

Plan of Correction

Accept [REDACTED] - 06/26/2025)

Resident [REDACTED] Photo updated 6/10/25 by Wellness Secretary (documentation to be provided).

Starting 7/1/25 Wellness Secretary will start an excel audit sheet tracking resident and when their picture is due to be taken to ensure picture is no more than 2 years old. Executive Directors will have access to shared drive to ensure compliance. Campus ED will check this once a month for 3 months.

Campus Executive Director will have an educational in-service by 6/27/25 on this regulation with Wellness secretary, Nurses, and Executive Directors. Documentation to be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [REDACTED] - 07/08/2025)