

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

January 15, 2025

[REDACTED]
THE ECUMENICAL COMMUNITIES, INC.
[REDACTED]

RE: ECUMENICAL RETIREMENT
COMMUNITY OF HARRISBURG II
601 WILHELM ROAD
HARRISBURG, PA, 17111
LICENSE/COC#: 36215

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2024 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 II **License #:** 36215 **License Expiration:** 09/18/2025

Address: 601 WILHELM ROAD, HARRISBURG, PA 17111

County: DAUPHIN **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: THE ECUMENICAL COMMUNITIES, INC.

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 02/19/1997 **Issued By:** Dept. of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 79 **Waking Staff:** 59

Inspection Information

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

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

Inspection Dates and Department Representative

11/07/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 79

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 16 **Are 60 Years of Age or Older:** 79

Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 2

Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

11/07/2024 - 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

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There is a camera located inside the home by the front door/lobby of the building that observes the entrance of the home. This camera records audio.

Plan of Correction

Accept (████ - 12/10/2024)

- Camera inside of building faces the front door in the lobby area and does not record any bathing, dressing, changing or medical procedures only who enters and exits the building for an added safety feature to our community.
- Audio was immediately turned off by the Maintenance Director upon conversation with surveyor.
- All other lobby cameras were checked by the Maintenance Director on 11/7/2024 to ensure there was no audio while recording at the same time to ensure compliance.
- Campus Executive Director and Maintenance Director will be responsible for ongoing compliance with this regulation.
- + In-service to be held with Maintenance team on regulations surrounding cameras and audio on campus by 12/15/24.
- + Quarterly review of all cameras to done by Maintenance Director to ensure no audio is on beginning January 2025.

Proposed Overall Completion Date: 01/01/2025

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

Implemented (████ - 01/15/2025)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There are two large vents located on the ceiling of the hallway connected to the laundry room. On ██████████, both vents had a thick accumulation of dust located on the screens of the vents.

Plan of Correction

Accept (████ 12/10/2024)

- Vents were cleaned next day 11/8/24 by the maintenance team.
- + Vents are on a monthly rotation for cleaning (documentation to be provided) starting 12/15/24 this will be implemented by the maintenance director
- Maintenance Director will be responsible for ongoing compliance with this regulation.
- + In- service will be had with maintenance team on the new rotation and form by 12/15/24 by Campus Executive Director and Maintenance Director.

Proposed Overall Completion Date: 12/15/2024

88a Surfaces (continued)

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 01/15/2025)

102i - Soap Dispenser

3. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted], there was a bar of unlabeled soap located in the shower of resident room [redacted]. This shower is shared by two residents.

Plan of Correction

Accept [redacted] - 12/10/2024)

- Resident [redacted] was interviewed by the surveyor and she stated she only uses body wash, not bar soap. The residents of concern resident in personal care, not SDU.
- On 11/9/24 soap container was purchased for the roommate and labeled with their name.
- On 11/9/24 all other shared occupancy apartments were checked and no other rooms were found to have unlabeled items.
- The Campus Executive Director will ensure this regulation remains in compliance
- + On 11/9/24 soap container purchased for roommate with her name on it by Associate Executive Director.
- + On 11/9/24 all other roommate situations were looked at and no other rooms found to have Bar soap unlabeled this was completed by Associate Executive Director.
- + In service to be had 12/10/24 to ensure that all managers are aware of this regulation and are completing quarterly bathroom checks to ensure compliance beginning January of 2025.

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

4. 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 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 first aid kits in all vehicles once a week for 3 weeks then monthly after that starting 11/15/24 (documentation to be provided.)

171b5 - First Aid Kit (continued)

Proposed Overall Completion Date: 12/10/2024

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

Implemented () - 01/15/2025)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED], there was a bottle of nystatin powder with a prescription label belonging to Resident [REDACTED] was located on the bathroom counter of Resident [REDACTED]'s room. The resident's room was unlocked and unattended. Furthermore, Resident [REDACTED] is not assessed to self-administer this medication.

Plan of Correction

Accept () - 12/10/2024)

- [REDACTED] was immediately removed from the resident's room as the resident does not have a self-administration order. The medication associate left the bottle behind after administering the powder to the resident in the resident's bathroom. Person responsible for removing meds was Director of Nursing.
- All Medication associates and nurses will review medication administration policy by [REDACTED] 4. Furthermore, a weekly audit will be conducted for a month by the medication associates for this resident to ensure no medications are left behind.
- Audit will be given to the Director of Nursing to ensure accuracy, to begin on 12/3/2024. (Please see attached)
- Director of Nursing and Assistant Director of Nursing will be responsible for ongoing compliance with this regulation beginning on 12/9/2024.

Proposed Overall Completion Date: 12/09/2024

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

Implemented () - 01/15/2025)

184a - Resident's Meds Labeled

6. 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 daily." However, the directions on the pharmacy label state, "Take 3 tablets every morning."

184a - Resident's Meds Labeled (continued)

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 55 Pa. Code Chapter 2600.184.a and internal policies on medication labeling by 12/3/2024. Staff will be retrained to both 55 Pa. Code Chapter 2600.184.a and internal policies that require both order validation and periodic auditing of the medication carts.
- In addition, the Director of Nursing, or Assistant Director of Nursing will review new medication orders for order verification, weekly starting 12/3/2024.
- Medication Associates/Nurses will complete a medication cart audit to ensure compliance with each resident monthly, starting on 12/3/2024.
- The Assistant Director of Nursing or designee will do a monthly audit for three months to ensure compliance, beginning 1/1/2025. (Please see attached)
- Director of Nursing and Assistant Director of Nursing will be responsible for ongoing compliance with this regulation

Proposed Overall Completion Date: 01/01/2025

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

Implemented ([redacted] - 01/15/2025)

185a - Implement Storage Procedures

7. 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.

Description of Violation

Resident [redacted] is prescribed the following PRN medications:

- [redacted]
- [redacted]

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

Plan of Correction

Accept [redacted] - 12/10/2024)

- The medications described had not been used by resident in over 2 years as this was used when the resident had COVID.
- Prescription orders were removed from MAR after faxing, by the Nurse on Duty, to the PCP to discontinue since medication had not been used in 60 days per policy.
- Medication audits for each resident will be completed once a month, starting 1/1/2025, by the nursing staff designee to ensure medication orders are available to be given or medications no longer in use can be discontinued.

185a Implement Storage Procedures (continued)

+ In Service will be held with Nurses and Medication Associates starting on 12/3/2024 by Director of Nursing and Assistant Director of Nursing about PRN medication policy and having all ordered medications readily available for administration.

- Director of Nursing and Assistant Director of Nursing will be responsible for ongoing compliance with this regulation

Proposed Overall Completion Date: 01/01/2025

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

Implemented [REDACTED] - 01/15/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] with orders to inject [REDACTED] subq before dinner and to hold if glucose is less than 150. On [REDACTED] at 5:00PM, the resident had a blood glucose reading of [REDACTED]. However, staff administered [REDACTED] of insulin to the resident.

Resident [REDACTED] is prescribed [REDACTED] with orders to take 1 tablet orally daily. However, on [REDACTED], at 6:00AM, this medication was not administered.

Plan of Correction

Accepted [REDACTED] 12/10/2024)

- The order was reviewed by the Director of Nursing and our clinical resource staff on 11/7/2024. 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.
- We now 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 on the new process by Director of Nursing. A weekly checklist will be created by the Director of Nursing to be utilized by the medication associates and in place for 3 months. (Please see attached)
- 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)

225a - Assessment 15 Days

9. 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].

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 Associate Executive Director in building starting on 12/5/2024 upon completion to ensure timely completion to remain compliant, within 72 hours.
- Campus Executive Director will have an education 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)
- Monthly wellness meetings will be held starting 12/1/2024 by Director of Nursing to review all RASP completion which will include initial, annual, and significant change RASPs.
- The Campus Executive Director and Director of Nursing will ensure this regulation remains in compliance

Proposed Overall Completion Date: 12/09/2024

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

Implemented [REDACTED] - 01/15/2025)