



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EC OPCO LAKEMONT FARMS LLC**

LEGAL ENTITY

To operate **CELEBRATION VILLA OF LAKEMONT FARMS**

NAME OF FACILITY OR AGENCY

Located at **3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **140**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 19,** **2026** until **September 19,** **2027** ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450810**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Pennsylvania Department of Human Services

Emailing Date: October 27, 2026

[REDACTED]
EC OPCO Lakemont Farms, LLC
[REDACTED]

RE: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville, Pennsylvania 15017
License #: 450810

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 21, 2026, July 22, 2026, and October 8, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *CELEBRATION VILLA OF LAKEMONT FARMS* License #: *45081* License Expiration: *09/19/2026*
Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/17/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *130* Waking Staff: *98*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *07/22/2026*

Inspection Dates and Department Representative

07/21/2026 - On-Site: [REDACTED]

07/22/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* Residents Served: *83*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower Level* Capacity: *30* Residents Served: *28*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *1*

Inspections / Reviews

07/21/2026 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/16/2026*

08/18/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/11/2026*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/24/2026*

08/26/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/11/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2026*

10/20/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *09/11/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/21/26 at 11:00am, the resident privacy coding documents were attached to the following license inspection summaries and were posted in an inspection binder at the front desk of the home:

- License inspection summary, dated 3/6/26, which included the names of residents #1, #2 and #3
- License inspection summary, dated 12/15/25, which included the names of residents #4, #5 and #6

Repeated Violation-12/15/2025, et. al.

Plan of Correction

Accept [REDACTED] - 08/26/2026)

ACTION: Immediately upon inspection on July 21, 2026 the Executive Director removed the two privacy coding attachments from the inspection binder.

TRAINING: All staff with access to resident records received training on regulation 2600.17 on August 12, 2026 by the Executive Director. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Beginning 8/17/2026 the inspection binder will be reviewed weekly for 4 weeks by the Executive Director and the Administrative Assistant to ensure no privacy coding sheets have been included in the inspection binder. Then monthly thereafter this will be reviewed by the Executive Director. A record of these reviews will be kept in the inspection binder.

The review of this audit will be conducted during the home's next QA meeting on August 25, 2026 for three months. QA minutes will be kept in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented [REDACTED] 10/20/2026)

42I - Personal Clothing

2. Requirements

2600.

- 42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

The home's "Use of Voice Controlled Electronic Devices" policy requires that written notification of the use of the device be posted outside the resident's apartment and include notification that the device is in operation. At the time of inspection, signs were posted on the following resident bedroom doors indicating "cameras in use" for use of private "nanny cams" which were present in each of the resident's bedrooms:

- A sign posted outside of bedroom # [REDACTED]
- A sign outside of bedroom # [REDACTED]

42l - Personal Clothing (continued)

Plan of Correction

Accept [REDACTED] - 08/26/2026)

The home respectfully requests to withdraw this citation. As described at the time of inspection, resident room [REDACTED] and resident room # [REDACTED] 's families voluntarily offered to post signs in the home after they alerted management cameras were in place. The home did not require the signage to be posted; the home only offered signs once requested. Upon receiving technical assistance from the inspectors on site the home immediately updated their policy to more closely align with the regulation and the signs were removed upon inspection on 7/21/26. Also, the cameras in these units were visible upon entering the room, signage was not alerting anyone entering about hidden cameras.

ACTION: Camera signs by resident room # [REDACTED] and resident room # [REDACTED] 's rooms were removed immediately upon inspection and recommendation from the inspector on 7/21/26 by the Executive Director.

Upon receiving technical advice from the inspector on July 21, 2026, the home updated their current policy to more closely align with regulation 2600.42l. The home will share this updated policy with residents and responsible parties on August 17, 2026. Statement referring to the use of signage and notification about cameras was removed in the updated policy.

TRAINING: The Executive Director reviewed regulation 2600.42l and the home's updated policy with the management team which included the Director of Nursing, Assistant Director of Nursing, Resident Care Coordinator, Memory Care Coordinator, Activities Director, Dining Director, Sales Director, and Maintenance Director on August 13, 2026. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: The home's Executive Director will review the video monitoring policy with all new residents and families upon admission.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented [REDACTED] - 10/20/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person A, hired on [REDACTED]/22, did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2025 training year.

Plan of Correction

Accept [REDACTED] - 08/26/2026)

ACTION: An audit of all staff trainings was conducted on July 28, 2026 by the Administrator to ensure all staff are in compliance with regulation 65g; all required trainings will be conducted by September 30, 2026, including staff member A and a record of those trainings will be kept in the employee file.

Annual fire safety training for 2026 was conducted with a fire safety expert on February 10, 2026. The home's Executive Director and Maintenance Director will also receive training on September 9, 2026 to become fire safety

65g - Annual Training Content (continued)

experts. A record of this training will be maintained in the Executive Director's office.

TRAINING: The Executive Director conducted training on regulation 2600.65g with the Maintenance Director, Maintenance Assistant and the Administrative Assistant on August 13, 2026. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: After the initial training audit that was conducted on July 28, 2026, the home's Executive Director and/or Administrative Assistant will conduct a quarterly review beginning October 1, 2026 of staff training records to ensure compliance with regulation 2600.65g.

A review of this audit will be conducted during the home's next QA meeting on August 25, 2026 for three months. QA minutes will be kept in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented [REDACTED] - 10/20/2026)

103g - Storing Food**4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/21/26 at 10:17am, there was an open and unsealed bag containing approximately 30 frozen hamburger patties in the True reach-in freezer, located in the kitchen's condiment storage room.

Plan of Correction

Accept [REDACTED] - 08/26/2026)

ACTION: The unsealed bag of frozen hamburger patties was removed and discarded by the Dining Director on July 21, 2026 once they were identified during inspection on July 21, 2026.

TRAINING: A training will be completed with all dietary staff by August 17, 2026 by Director of Dining. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Beginning August 17, 2026 weekly for the next 4 weeks the Dining Services Director will review the storage of all food items in the kitchen to confirm compliance with regulation 2600.103g. A record of these audits will be kept in the Executive Director's office and the findings will be reviewed at the home's Quality Assurance Meeting on August 25, 2026. A record of QA notes will be maintained in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented [REDACTED] - 10/20/2026)

181c - Self-administration Assessment**5. Requirements**

2600.

181c - Self-administration Assessment (continued)

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 6/21/26 at approximately 6:00pm, direct care staff person B left 2 tablets of Melatonin-3mg and 2 tablets of Senna-8.6mg in a cup and left the medications in resident #8's bedroom for [REDACTED] to take when [REDACTED] returned from a visit with a family member at approximately 6:30pm. According to resident #8's medical evaluation, dated 2/19/26, and resident #8's assessment, dated [REDACTED]/26, resident #8 is unable to self-administer medications.

Plan of Correction**Accept [REDACTED] - 08/26/2026)**

ACTION: On June 22, 2026, the [REDACTED] of resident #8 confirmed the medications and administered to resident #8. The Director of Nursing completed an audit of all current residents' medical evaluations to identify if the resident can self-administer medications, on August 12, 2026. The community currently does not have any residents that are able to self-administer medications.

TRAINING: On June 24, 2026 staff person B received council and training. Training on 2600. 181c will be completed with all med tech staff by August 18, 2026 by the Director of Nursing. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Effective August 17, 2026 the Director of Nursing will review all new resident's assessments to identify if the resident has been deemed able to self-administer medications, the Director of Nursing will complete a medication self-administration assessment initially and then monthly after.

A record of the review will be kept in the Executive Director's office and the findings will be reviewed at the home's Quality Assurance Meeting on August 25, 2026. A record of QA notes will be maintained in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented [REDACTED] - 10/20/2026)**187b - Date/Time of Medication Admin.****6. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 6/21/26 at approximately 6:00pm, direct care staff person B left 2 tablets of Melatonin-3mg and 2 tablets of Senna-8.6mg in a cup and left the medications in resident #8's bedroom for [REDACTED] to take when [REDACTED] returned from a visit with a family member at approximately 6:30pm; however, direct care staff person B documented the administration of these medications on resident #8's June 2026 MAR after leaving them in resident #8's bedroom.

Plan of Correction**Accept [REDACTED] - 08/26/2026)**

ACTION: Staff Member B received counseling regarding the incident on June 24, 2026, after the incident was reported by the family. A record of this counseling was placed on the employee's file.

187b - Date/Time of Medication Admin. (continued)

TRAINING: Training on 2600.187b will be completed with all med tech staff by August 18, 2026 by the Director of Nursing. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Effective August 17, 2026 a certified medication administration trainer, practicum observer, or Licensed nurse will conduct random weekly observation of at least one medication administration weekly on different shifts for the next month. Then quarterly, any discrepancies related to correct medication administration as outlined by the Department will be immediately addressed and documented.

A review of these observations will be conducted during the home's next QA meeting starting August 25, 2026 for three months. QA minutes will be kept in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented [REDACTED] - 10/20/2026)

225a - Assessment 15 Days**7. 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 #7's assessment, dated [REDACTED]/26, indicates resident #7 has no problem with using and avoiding poisonous materials; however, resident #7's medical evaluation, dated [REDACTED]/26, indicates resident #7 cannot safely use or avoid poisonous materials.

Plan of Correction

Accept [REDACTED] - 08/26/2026)

ACTION: The resident's (#7) provider was on site on July 22, 2026 when [REDACTED] provided an update to the DME [REDACTED] which was presented to the department while on site that the resident can safely use and avoid poisonous materials. An audit of all current DME's and RASP's was completed on August 13, 2026. A record of this audit will be kept in the Executive Director's office.

TRAINING: The Executive Director reeducated the Director of Nursing, Assistant Director of Nursing and Resident Care Coordinator on regulation 2600. 225a on August 12, 2026. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Beginning August 17, 2026, the Executive Director and Director of Nursing will both review DME's and RASPs weekly for 4 weeks and then monthly for consistency prior to considering documents completed and filed.

A review of regulation 2600.225a will be conducted during the home's next QA meeting on August 25, 2026. QA minutes will be kept in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

225a - Assessment 15 Days (*continued*)*Implemented* (████ - 10/20/2026)

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #6's most recent assessment, dated █████/26, does not include the diagnoses of major depressive disorder and age-related nuclear cataracts as indicated on resident #6's most recent medical evaluation, dated █████/26.

Repeated Violation-12/15/2025, et. al.

Plan of Correction*Accept* (████ 08/26/2026)

ACTION: The Director of Nursing updated resident #6 assessment to include major depressive disorder and age-related nuclear cataracts as indicated in most recent medial evaluation, on █████ 2026. An audit of all current RASPs and DMEs was completed on August 13, 2026, by the Director of Nursing to ensure all diagnosis on DME are reflected on RASP.

TRAINING: The Executive Director reeducated the Director of Nursing, Assistant Director of Nursing and Resident Care Coordinator on regulation 2600.225c on August 12, 2026. A record of this training will be kept in accordance with regulation 2600.65i.

ONGOING: Beginning August 17, 2026, the Executive Director and Director of Nursing will both review DMEs and RASPs weekly for 4 weeks then monthly for consistency prior to considering documents completed and filed.

A review of regulation 2600.225c will be conducted during the home's next QA meeting on August 25, 2026. QA minutes will be kept in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented (████ - 10/20/2026)