

Department of Human Services
Bureau of Human Service Licensing

July 8, 2022

[REDACTED], PRESIDENT

RE: CELEBRATION VILLA OF YORK
2405 KNOB HILL ROAD
YORK, PA, 17403
LICENSE/COC#: 33498

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2021, 12/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *CELEBRATION VILLA OF YORK* License #: *33498* License Expiration: *06/09/2022*
Address: *2405 KNOB HILL ROAD, YORK, PA 17403*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *03/16/2011* Issued By: *York Twp Dept of Code Enforcement*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/07/2021*

Inspection Dates and Department Representative

12/07/2021 - On-Site: [REDACTED]
12/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *44*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

12/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2022*

Inspections / Reviews (*continued*)

06/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/24/2022*

07/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #5’s medical evaluation, dated [REDACTED] did not include height, weight, ability to self-administer medications, a mobility assessment, nor a medical professional signature.

Plan of Correction

Accept

Action-1-11-22 New DME obtained for resident number 5. An audit of all current residents DME completed on 12/7/2021 by Administrator to ensure all completed in entirety.
 Training: Administrator to educate leadership team on regulation 141.a by 1-31-22
 Ongoing-Administrator, Nurse and or Designee to review all new DME for completeness before filed in resident’s chart.

Completion Date: 01/31/2022

Document Submission

Implemented

Action-1-11-22 New DME obtained for resident number 5. An audit of all current residents DME completed on 12/7/2021 by Administrator to ensure all completed in entirety.
 Training: Administrator to educate leadership team on regulation 141.a by 1-31-22
 Ongoing-Administrator, Nurse and or Designee to review all new DME for completeness before filed in resident’s chart.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2’s most recent medical evaluation was completed on 10/8/2020.

Plan of Correction

Accept

Action-A new DME was obtained for resident number 2 on 12-20-21. An audit of all current residents DME was completed on 12-7-21 to ensure all medical evaluations completed timely.

141b1 - Annual Medical Evaluation (continued)

*Training: Administrator will educate all nurse on regulation 141b timeliness of DME by 1-31-22
Ongoing-Administrator and/or nurse will monitor for compliance with the use of a tickler to track DME and will be reviewed monthly.*

Completion Date: 01/31/2022

Document Submission **Implemented**

Action-A new DME was obtained for resident number 2 on 12-20-21. An audit of all current residents DME was completed on 12-7-21 to ensure all medical evaluations completed timely.

*Training: Administrator will educate all nurse on regulation 141b timeliness of DME by 1-31-22
Ongoing-Administrator and/or nurse will monitor for compliance with the use of a tickler to track DME and will be reviewed monthly.*

185a - Implement Storage Procedures

1. 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 #1 is prescribed three blood sugar checks daily, and is on sliding scale insulin.

A review of the Prodigy Glucometer showed that on 12/1/2021 at 11:34 AM, a reading of 186 was registered on the Medication Administration Record (MAR); whereas, the reading on the glucometer showed 183.

On 12/2/2021 at 4:52 PM, a reading of 197 was registered on the Medication Administration Record (MAR); whereas, the reading on the glucometer showed 194.

On 12/7/2021 at 11:10 AM, there was a glucometer reading of 154 which was noted on the MAR as "Hold per med order." The glucometer reading was not documented on the MAR.

Plan of Correction **Accept**

Action: Glucometer check sheet implemented to review glucometer readings and Medication record match accurate to be done at end of each shift count/crossover by nurse/med techs, implemented 1/14/2022.

Training: The Nurse re-educated all current med techs on proper documentation of blood sugars on MAR. Nurse will educate all nurses and med tech on regulation 185a. by 1-31-22

Ongoing: Nurse will do weekly cart and glucometer audits and will be reviewed monthly at QA meetings.

Completion Date: 01/31/2022

Document Submission **Implemented**

Action: Glucometer check sheet implemented to review glucometer readings and Medication record match accurate

185a - Implement Storage Procedures (continued)

to be done at end of each shift count/crossover by nurse/med techs, implemented 1/14/2022.

Training: The Nurse re-educated all current med techs on proper documentation of blood sugars on MAR. Nurse will educate all nurses and med tech on regulation 185a. by 1-31-22

Ongoing: Nurse will do weekly cart and glucometer audits and will be reviewed monthly at QA meetings.

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED] more than 30 days prior to admission.

Plan of Correction**Accept**

Action: An audit of all current resident chart for preadmission screening to be conducted by 1-31-22 by Administrator to ensure completed.

Training: Administrator will re-educate nurses and members of leadership on regulation 224a by 1-31-22

Ongoing: Administrator and/or nurse will monitor all new residents to ensure in a pre-screening is completed by physical move in date.

Completion Date: 01/31/2022

Document Submission**Implemented**

Action: An audit of all current resident chart for preadmission screening to be conducted by 1-31-22 by Administrator to ensure completed.

Training: Administrator will re-educate nurses and members of leadership on regulation 224a by 1-31-22

Ongoing: Administrator and/or nurse will monitor all new residents to ensure in a pre-screening is completed by physical move in date.

227d - Support Plan Medical/Dental**1. 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

The assessment for Resident #3, dated [REDACTED] indicates the resident has diagnoses of [REDACTED]. However, the resident's support plan, dated [REDACTED] does not address how the home will address and meet the needs of the resident based on these diagnoses.

The assessment for Resident #4, dated [REDACTED] indicates the resident has [REDACTED]

227d - Support Plan Medical/Dental (continued)

impairment. However, the resident's support plan, dated does not address how the home will address and meet the needs of the resident based on these diagnoses.

The assessment for Resident #5, dated indicates the resident has diagnoses of However, the resident's support plan, dated 10/27/2021, does not address how the home will address and meet the needs of the resident based on these diagnoses.

Plan of Correction

Accept

Action: Residents 3, 4, and RASP were updated to include medical diagnosis. An Audit of all current residents RASP will be completed by Administrator/Nurse by 1-31-22 to ensure all residents RASP updated.

Training: Administrator will re-educate all nurses on regulation 227d by 1-14-22

Ongoing: Administrator and or nurse will monitor Support plan accuracy.

Completion Date: 01/31/2022

Document Submission

Implemented

Action: Residents 3, 4, and RASP were updated to include medical diagnosis. An Audit of all current residents RASP will be completed by Administrator/Nurse by 1-31-22 to ensure all residents RASP updated.

Training: Administrator will re-educate all nurses on regulation 227d by 1-14-22

Ongoing: Administrator and or nurse will monitor Support plan accuracy.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of the support plan on However, the resident did not sign the support plan, nor was there a notation of inability or refusal to sign.

Resident #4 participated in the development of the support plan on however, the resident did not sign the support plan nor was there a notation of inability or refusal to sign.

Plan of Correction

Accept

Action: Resident signature obtained on support plan for resident 3 and 4. An Audit of current resident's support plan conducted on 12/13/2021 by Administrator to ensure all have proper signatures.

Training: Administrator will re-educate nurses and leadership team on regulation 227g by 1-31-22.

Ongoing: Administrator and or nurse will monitor all new support plans for compliance of all participants signatures.

Completion Date: 01/31/2022

227g -Support Plan Signatures (continued)**Document Submission*****Implemented***

Action: Resident signature obtained on support plan for resident 3 and 4. An Audit of current resident's support plan conducted on 12/13/2021 by Administrator to ensure all have proper signatures.

Training: Administrator will re-educate nurses and leadership team on regulation 227g by 1-31-22.

Ongoing: Administrator and or nurse will monitor all new support plans for compliance of all participants signatures.