

Department of Human Services
Bureau of Human Service Licensing

July 13, 2022

[REDACTED]
EC OPCO LEWISBURG LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF LEWISBURG
2421 OLD TURNPIKE ROAD
LEWISBURG, PA, 17837
LICENSE/COC#: 22720

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *CELEBRATION VILLA OF LEWISBURG* License #: *22720* License Expiration: *07/03/2022*
Address: *2421 OLD TURNPIKE ROAD, LEWISBURG, PA 17837*
County: *UNION* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EC OPCO LEWISBURG LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *10/13/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Working Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint* Exit Conference Date: *04/14/2022*

Inspection Dates and Department Representative

04/14/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *73* Residents Served: *48*

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

04/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2022*

Inspections / Reviews (*continued*)

06/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/08/2022*

07/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted]/22, at [redacted] am, the medication cart was observed, unlocked and 3 resident Medication record files unlocked on the laptop computer.

Plan of Correction

Accept

ACTION: on 5.9.2022-5.11.2022 – Nursing Staff and Med Tech reeducated on Laptops on Med Cart need to be closed and secure from residents' information.

TRAINING: All staff will be re-educated on regulation 17 confidentiality

ONGOING: Administrator or designee will do daily rounds of community to ensure confidentiality of all resident's information is secured with emphasis on medication laptops

Completion Date: 07/31/2022

Update: 06/28/2022

Please send proof of staff training.

Document Submission

Implemented

ACTION: on 5.9.2022-5.11.2022 – Nursing Staff and Med Tech reeducated on Laptops on Med Cart need to be closed and secure from residents' information.

TRAINING: All staff will be re-educated on regulation 17 confidentiality

ONGOING: Administrator or designee will do daily rounds of community to ensure confidentiality of all resident's information is secured with emphasis on medication laptops

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The homes current census is 48, with 3 residents with mobility needs. The home has two shifts. First shift is 2a -2p and second shift is 2p – 2a. On [redacted]/22, [redacted]/22, [redacted]/22 – [redacted]/22, one Med Tech and one personal care assistant worked on each shift, for a total of 48 direct care hours. 51 Hours of direct care was required.

Plan of Correction

Accept

ACTION: Leadership staff to review direct care daily to confirm have enough staff to meet state staffing requirement.

TRAINING: Administrator will re-educate all nursing leadership on staffing requirements/Reg .57c

ONGIONG: Administrator or designee will monitor care schedule daily to ensure have appropriate staffing.

Completion Date: 07/15/2022

57c - 2 Hours/Day (continued)

Update: 06/28/2022

Please send staff schedule for month of June 2022.

Document Submission

Implemented

ACTION: Leadership staff to review direct care daily to confirm have enough staff to meet state staffing requirement.

TRAINING: Administrator will re-educate all nursing leadership on staffing requirements/Reg .57c

ONGIONG: Administrator or designee will monitor care schedule daily to ensure have appropriate staffing.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The homes current census is 48, with 3 residents with mobility needs. The home has two shifts. First shift is 2a -29p and second shift is 2p – 2a. On [redacted]/22, [redacted] 22, [redacted] /22 – [redacted] /22, one Med Tech and one personal care assistant worked on each shift, for a total of 48 direct care hours. 75% of the personal care service hours are not provided during the waking hours.

Plan of Correction

Accept

ACTION: Leadership staff to review direct care daily to confirm have enough staff to meet state staffing requirement.

RAINING: Administrator will re educate all nursing leadership on staffing requirements/Reg .57d

ONGIONG: Administrator or designee will monitor direct care schedule daily to ensure have appropriate staffing dayshift and nightshift.

Staffing requirements. Will review at monthly QA meetings to ensure compliance.

Completion Date: 07/15/2022

Update: 06/28/2022

Please send staff schedule for June 2022.

Document Submission

Implemented

ACTION: Leadership staff to review direct care daily to confirm have enough staff to meet state staffing requirement.

RAINING: Administrator will re educate all nursing leadership on staffing requirements/Reg .57d

ONGIONG: Administrator or designee will monitor direct care schedule daily to ensure have appropriate staffing dayshift and nightshift.

Staffing requirements. Will review at monthly QA meetings to ensure compliance.

60a Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident s assessment and support plan.

Description of Violation

The home has a current census of 48 residents, with 3 residents with mobility needs. The home has two shifts. First shift

60a - Staff/Support Plan (continued)

is 2a -29p and second shift is 2p – 2a. On [redacted]/22, [redacted] 22, [redacted]/22 – [redacted]/22, one Med Tech and one personal care assistant worked on each shift. Conversation with direct care staff and Executive Director concluded that 2 staff would not be able to evacuate the residents in the event of an emergency.

Plan of Correction

Accept

ACTION: Leadership staff to review direct care daily to confirm have appropriate staffing to meet needs of the residents need an staffing requirement.

TRAINING: Administrator will re-educate all nursing leadership on staffing requirements/Reg .60a

ONGIONG: Administrator or designee will monitor care schedule daily to ensure have appropriate staffing daily.

Completion Date: 07/15/2022

Update: 06/28/2022

Please send resident list and identify residents with mobility needs.

Document Submission

Implemented

ACTION: Leadership staff to review direct care daily to confirm have appropriate staffing to meet needs of the residents need an staffing requirement.

TRAINING: Administrator will re-educate all nursing leadership on staffing requirements/Reg .60a

ONGIONG: Administrator or designee will monitor care schedule daily to ensure have appropriate staffing daily.

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in [redacted] 2021 and [redacted] 2022.

Plan of Correction

Accept

TRAINING: On 5.9.2022 the Maintenance Director was re-educated by administrator on fires drills need completed monthly/Reg 132a.

ONGIONG: Administrator or designee will monitor for monthly compliance that a fire drill is conducted documented and reviewed at monthly at Quality assurance meetings

Completion Date: 05/09/2022

Update: 06/28/2022

Please send fire drill log for April 2022 thru June 2022.

Document Submission

Implemented

TRAINING: On 5.9.2022 the Maintenance Director was re-educated by administrator on fires drills need completed monthly/Reg 132a.

ONGIONG: Administrator or designee will monitor for monthly compliance that a fire drill is conducted documented and reviewed at monthly at Quality assurance meetings

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for [redacted] 22 and [redacted] /22 are incomplete. The documented drill form does not indicate number of residents evacuated or the evacuation time.

Plan of Correction

Accept

TRAINING: On 5.9.2022 the Maintenance Director was re-educated by administrator on fires drills n proper documentation/Reg 132c.

ONGIONG: Administrator or designee will review fire drill documentation for monthly quality assurance meeting to ensure completed it entirety

Completion Date: 05/09/2022

Update: 06/28/2022

Please send fire drill log for April 2022 thru June 2022.

Document Submission

Implemented

TRAINING: On 5.9.2022 the Maintenance Director was re-educated by administrator on fires drills n proper documentation/Reg 132c.

ONGIONG: Administrator or designee will review fire drill documentation for monthly quality assurance meeting to ensure completed it entirety

183b - Meds and Syringes Locked

1. 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] /22, at [redacted] am, the medication cart was observed unlocked and unattended.

Plan of Correction

Accept

Medication car was immediately locked by nurse when discovered.

On 5.9.2022 – 5.11.2022 Administrator re-educated Nursing Staff and Med Tech on ensuring Med Carts are locked and secured while unattended.

ONGIONG: Administrator or designee will do random checks to ensure that medication carts and laptops are secured.

Completion Date: 05/11/2022

Update: 06/28/2022

Please send proof of staff training.

183b - Meds and Syringes Locked (*continued*)

Document Submission

Implemented

Medication car was immediately locked by nurse when discovered.

On 5.9.2022 – 5.11.2022 Administrator re-educated Nursing Staff and Med Tech on ensuring Med Carts are locked and secured while unattended.

ONGIONG: Administrator or designee will do random checks to ensure that medication carts and laptops are secured.

221a - Program Activities

1. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident’s active involvement with other residents, the resident’s family and the community.

Description of Violation

The home has developed an activities calendar. However, on [REDACTED]/22, no activities were held or observed as scheduled. Executive Director acknowledged that activities are not being held after the Activities Director resigned.

Plan of Correction

Accept

ACTION: Activity Calendar posted and staff assigned to ensure activities are occurring according to the Calendar daily. New activity director has been hired start date [REDACTED]-22

TRAINING: Administrator will educate all staff on Reg 221a and that need to ensure activities occur per Calendar by June 30th, 2022

ONGIONG: Administrator or Activity director and or designee will monitor daily to ensure activities occur.

Completion Date: 06/30/2022

Update: 06/28/2022

Please send proof of staff training.

Document Submission

Implemented

ACTION: Activity Calendar posted and staff assigned to ensure activities are occurring according to the Calendar daily. New activity director has been hired start date [REDACTED]-22

TRAINING: Administrator will educate all staff on Reg 221a and that need to ensure activities occur per Calendar by June 30th, 2022

ONGIONG: Administrator or Activity director and or designee will monitor daily to ensure activities occur.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]/20. The resident's did not have an assessment completed in 2021.

225c - Additional Assessment (continued)

Plan of Correction

Accept

ACTION: On [REDACTED] 2022 Resident #1 assessment was completed. An audit of all current residents RASP will be conducted to ensure RASP are Current by 8-15-22

TRAINING: Administrator will re-educate leadership team that Assessment needs to be updated as the needs change and Annually. By 7-15-22

ONGIONG: Administrator or designee will monitor for assessment compliance and will be reviewed Monthly QA Meetings.

Completion Date: 08/15/2022

Update: 06/28/2022

Please send current RASP for resident #1.

Document Submission

Implemented

ACTION: On [REDACTED] 2022 Resident #1 assessment was completed. An audit of all current residents RASP will be conducted to ensure RASP are Current by 8-15-22

TRAINING: Administrator will re-educate leadership team that Assessment needs to be updated as the needs change and Annually. By 7-15-22

ONGIONG: Administrator or designee will monitor for assessment compliance and will be reviewed Monthly QA Meetings.

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

Resident #1 and #2's support plan indicates that both residents are continent of bowel and bladder and independent with care. However, Direct Care staff stated both residents are incontinent of bowel and bladder and need to be toileted every 2 hours and the residents will not go to the bathroom without reminders. [REDACTED]

[REDACTED] The resident's support plan doesn't reflect their current incontinent needs.

Plan of Correction

Accept

ACTION: [REDACTED] 2022 Resident #1 Support Plan was updated with information on bowel and bladder needs. [REDACTED] 2022 Resident #2 Support was updated with information on bowel and bladder information. Administrator or designee will be Auditing and reviewing all Support Plans for accuracy by 8.15.2022

TRAINING: Administrator will re-educate nursing staff on Reg 227d/ keeping Support updated and current by 7-15-22

ONGIONG: Administrator or designee will monitor for support plan/RASP are compliant and will be reviewed at monthly QA meetings.

*227d - Support Plan Medical/Dental (continued)***Completion Date:** 08/15/2022**Update:** 06/28/2022*Please send current RASP for resident #2.**please send proof of staff training.***Document Submission*****Implemented***

ACTION: █████ 2022 Resident #1 Support Plan was updated with information on bowel and bladder needs. █████ 2022 Resident #2 Support was updated with information on bowel and bladder information. Administrator or designee will be Auditing and reviewing all Support Plans for accuracy by 8.15.2022

TRAINING: Administrator will re-educate nursing staff on Reg 227d/ keeping Support updated and current by 7-15-22

ONGOING: Administrator or designee will monitor for support plan/RASP are compliant and will be reviewed at monthly QA meetings.