

Department of Human Services
Bureau of Human Service Licensing

June 22, 2022

[REDACTED], OFFICER

RE: CELEBRATION VILLA OF CHIPPEWA
104 PAPPAN BUSINESS DRIVE
BEAVER FALLS, PA, 15010
LICENSE/COC#: 44901

Dear Mr. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2022 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 CHIPPEWA* License #: *44901* License Expiration: *05/05/2022*
Address: *104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010*
County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EC OPCO CHIPPEWA LLC*
[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/22/1999* Issued By: *Dept. L & I*
Type: *I-2* Date: *03/18/2011* Issued By: *Chippewa Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *06/06/2022*

Inspection Dates and Department Representative

06/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *17*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

06/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2022*

06/21/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/17/2022*

06/22/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:10 AM, there was a 1/4 full, uncovered metal trash can in the shared resident bathroom between resident rooms 206 and 208.

Plan of Correction

Accept

The trash can lid was on the floor and not on the trash can. The Trash can was immediately replaced with a different type of trash can that the lid does not fall off of. On 6/13/22 6 trash cans that the lid is attached were ordered to put in the Memory Care bathrooms to ensure there is always a lid left on the the trash can in bathrooms. (receipt will be attached).

On 6/15/22 a Quality Assurance training meeting was held with all staff and the POC inspection was addressed and 85d was addressed.

Moving forward the Memory Care Director, Maintenance Director or designee will check weekly to make sure all the bedrooms and kitchens have a trash can with a lid attached. (attached is the sign off sheet). This started on 6/13/2022 and continue weekly for 3 months then monthly after.

Completion Date: 06/15/2022

Document Submission

Implemented

The trash can lid was on the floor and not on the trash can. The Trash can was immediately replaced with a different type of trash can that the lid does not fall off of. On 6/13/22 6 trash cans that the lid is attached were ordered to put in the Memory Care bathrooms to ensure there is always a lid left on the the trash can in bathrooms. (receipt will be attached).

Everything was completed by 06/15/22. All forms attached.

On 6/15/22 a Quality Assurance training meeting was held with all staff and the POC inspection was addressed and 85d was addressed.

Moving forward the Memory Care Director, Maintenance Director or designee will check weekly to make sure all the bedrooms and kitchens have a trash can with a lid attached. (attached is the sign off sheet). This started on 6/13/2022 and continue weekly for 3 months then monthly after.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 was prescribed [REDACTED] -take two tablets by mouth every six hours as needed for pain; however, the resident's June 2022 Medication Administration Record (MAR) indicates take two tablets every four hours as need for pain.

Plan of Correction

Accept

The pharmacy was called and the order on the MAR was fixed to say every six hours.(attached).

We just changed pharmacies on 5/25/2022 and they had to create all new MAR and this was a typo by the new pharmacy when rewriting the MAR. The resident has not used [REDACTED] at all since it was ordered so it was not red flagged by the staff as the wrong time on the MAR because it was a PRN that was never utilized.

187a - Medication Record (continued)

On 6/15/22 a Quality Assurance staff training was held and 187a was addressed.
 The nursing department are doing Med audits 5 times a week this started on 6/6/22 due to getting a new pharmacy. (attached is the sign in sheet.) We are talking with the new pharmacy daily to go over all our policies and to ensure all the MAR's match the doctors orders and the medications in the Medication Carts.
 5 days a week will happen for two months minimally and longer if we feel necessary. Once we are confident all issues have been resolved we will go to two days a week for audits for 2 months then monthly.
 The new pharmacy did a cart audit on 6/7/2022(attached). They will be doing this once a month as well. And more if we feel it is necessary.
 We also have a designated staff in the regional office working daily with the new pharmacy as well to ensure all Med carts are correct and all policies are being followed.

Completion Date: 06/15/2022

Document Submission

Implemented

The pharmacy was called and the order on the MAR was fixed to say every six hours.(attached).
 We just changed pharmacies on 5/25/2022 and they had to create all new MAR and this was a typo by the new pharmacy when rewriting the MAR. The resident has not used [redacted] at all since it was ordered so it was not red flagged by the staff as the wrong time on the MAR because it was a PRN that was never utilized.
 On 6/15/22 a Quality Assurance staff training was held and 187a was addressed.
 The nursing department are doing Med audits 5 times a week this started on 6/6/22 due to getting a new pharmacy. (attached is the sign in sheet.) We are talking with the new pharmacy daily to go over all our policies and to ensure all the MAR's match the doctors orders and the medications in the Medication Carts.
 5 days a week will happen for two months minimally and longer if we feel necessary. Once we are confident all issues have been resolved we will go to two days a week for audits for 2 months then monthly.
 The new pharmacy did a cart audit on 6/7/2022(attached). They will be doing this once a month as well. And more if we feel it is necessary.
 We also have a designated staff in the regional office working daily with the new pharmacy as well to ensure all Med carts are correct and all policies are being followed.
 all completed and all forms attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.
 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 was prescribed [redacted] -take one tablet by mouth once daily; however, on [redacted] at [redacted] AM, the medication was not administered to the resident because it was not available in the home.

Resident #2 was prescribed [redacted] tablet-take one by mouth twice daily; however, on [redacted] at [redacted] AM, the medication was not administered to the resident because it was not available in the home.

Plan of Correction

Accept

The Doctor was called when the medication was unavailable and she stated to give the next dose of [redacted] if it arrived that evening or the next day when the medications arrive. (signed documentation from doctor attached). The [redacted] arrived that evening for the evening dose. The [redacted] was administered at 8:00am on 6/5/22 at its next schedule dose.

We just changed pharmacies on 5/25/2022 and they had to create all new MAR and this was a typo by the new

187d - Follow Prescriber's Orders (continued)

pharmacy when rewriting the MAR.

On 6/15/22 a Quality Assurance staff training was held and 187d was addressed.

The nursing department are doing Med audits 5 times a week this started on 6/6/22 due to getting a new pharmacy. (attached is the sign in sheet.) We are talking with the new pharmacy daily to go over all our policies and to ensure all the MAR's match the doctors orders and the medications in the Medication Carts.

5 days a week will happen for two months minimally and longer if we feel necessary. Once we are confident all issues have been resolved we will go to two days a week for audits for 2 months then monthly after.

The new pharmacy did a cart audit on 6/7/2022(attached). They will be doing this once a month as well. And more if we feel it is necessary.

We also have a designated staff in the regional office working daily with the new pharmacy as well to ensure all Med carts are correct to match the Doctor's orders and all policies are being followed.

Completion Date: 06/15/2022

Document Submission**Implemented**

The Doctor was called when the medication was unavailable and she stated to give the next dose of Memantine if it arrived that evening or the next day when the medications arrive. (signed documentation from doctor attached). The Memantine arrived that evening for the evening dose. The [REDACTED] was administered at 8:00am on 6/5/22 at its next schedule dose.

We just changed pharmacies on 5/25/2022 and they had to create all new MAR and this was a typo by the new pharmacy when rewriting the MAR.

On 6/15/22 a Quality Assurance staff training was held and 187d was addressed.

The nursing department are doing Med audits 5 times a week this started on 6/6/22 due to getting a new pharmacy. (attached is the sign in sheet.) We are talking with the new pharmacy daily to go over all our policies and to ensure all the MAR's match the doctors orders and the medications in the Medication Carts.

5 days a week will happen for two months minimally and longer if we feel necessary. Once we are confident all issues have been resolved we will go to two days a week for audits for 2 months then monthly after.

The new pharmacy did a cart audit on 6/7/2022(attached). They will be doing this once a month as well. And more if we feel it is necessary.

We also have a designated staff in the regional office working daily with the new pharmacy as well to ensure all Med carts are correct to match the Doctor's orders and all policies are being followed.

Everything was completed and attached.