

Department of Human Services  
Bureau of Human Service Licensing

July 18, 2022

[REDACTED]  
EC OPCO YORK LLC  
[REDACTED]

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 06/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

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: *06/09/2023*  
Address: *2405 KNOB HILL ROAD, YORK, PA 17403*  
County: *YORK* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *717-812-9777* Email: [REDACTED]

**Legal Entity**

Name: *EC OPCO YORK LLC*  
Address: *5885 MEADOWS ROAD, SUITE 500, C/O ECLIPSE SR LIVING;LICENSING, LAKE OSWEGO, OR, 97035*  
Phone: *7178129777* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/16/2011* Issued By: *York Twp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Incident* Exit Conference Date: *06/08/2022*

**Inspection Dates and Department Representative**

*06/08/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *49*

**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: *49*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**06/08/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2022*

**07/14/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2022*

07/18/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 05/08/22, an allegation of abuse occurred when Resident #2 was pushed by Staff Member B. The home did not report this incident to the Department until 05/11/22.

Plan of Correction

Accept

ED reviewed with staff at 5/25 and 6/28 meetings the different types of Elder Abuse and that any suspected abuse must be reported immediately to the ED or DON. Staff signed off on this training.

Completion Date: 05/25/2022

Document Submission

Implemented

ED reviewed with staff at 5/25 and 6/28 meetings the different types of Elder Abuse and that any suspected abuse must be reported immediately to the ED or DON. Staff signed off on this training.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 05/08/22, an incident of alleged abuse occurred when Resident #2 was pushed by Staff Member B while removing the resident's clothing in preparation for a shower.

On 05/20/22, Staff Member A allegedly used profanity and slammed a door in response to Resident #1's requests to receive Pro re nata (PRN) medication. Resident #1 reported being afraid to ask Staff Member A for help as a result of the verbal intimidation.

Plan of Correction

Accept

ED reviewed with staff at 5/25 and 6/28 staff meetings the different types of Elder Abuse and that any suspected abuse must be reported immediately to the ED or DON. Staff signed off on this training. (attached)

Staff Member B was suspended and then quit within the hour. Staff Member B no longer works at the community. (Attached)

Staff Member A was suspended. Upon investigation Staff Member A was terminated. (attached)

Completion Date: 05/31/2022

Document Submission

Implemented

ED reviewed with staff at 5/25 and 6/28 staff meetings the different types of Elder Abuse and that any suspected abuse must be reported immediately to the ED or DON. Staff signed off on this training. (attached)

42b - Abuse (continued)

Staff Member B was suspended and then quit within the hour. Staff Member B no longer works at the community. (Attached)

Staff Member A was suspended. Upon investigation Staff Member A was terminated. (attached)

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person C, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and the competency test.

Direct Care Staff Person D, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and the competency test.

Plan of Correction

Accept

ED conducted an audit of personnel charts. This was completed December 12/8 while the surveyors were still in the building.

Notified all direct care staff that they needed to complete the DHS Direct Care Staff Training and Test if they had not completed yet. This is now part the new hire process and they complete this before start on-the-floor training.

[REDACTED] completed [REDACTED] and sent to [REDACTED] (attached)

[REDACTED] attempted to take it and kept getting an error. [REDACTED] walked off the job on [REDACTED]. (attached)

Completion Date: 06/08/2022

Document Submission

Implemented

ED conducted an audit of personnel charts. This was completed December 12/8 while the surveyors were still in the building.

Notified all direct care staff that they needed to complete the DHS Direct Care Staff Training and Test if they had not completed yet. This is now part the new hire process and they complete this before start on-the-floor training.

[REDACTED] completed [REDACTED] and sent to [REDACTED] e. (attached)

[REDACTED] attempted to take it and kept getting an error. [REDACTED] walked off the job on [REDACTED] (attached)