

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

January 26, 2023

[REDACTED]  
EC OPCO LEWISBURG LLC  
[REDACTED]  
[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 07/26/2022, 07/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CELEBRATION VILLA OF LEWISBURG      **Licen e #:** 22720      **Licen e Expiration:** 07/03/2023  
**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:** 59      **Waking Staff:** 44

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint, Incident      **Exit Conference Date:** 07/27/2022

**Inspection Dates and Department Representative**

07/26/2022 - On-Site: [REDACTED]  
07/27/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>Licen e Capacity:</b> 73		<b>Re ident Served:</b> 53	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Re ident Served:</b>
Hospice			
<b>Current Re ident :</b> 2			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 53	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 6		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

07/26/2022 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/28/2022

Inspections / Reviews *(continued)*

10/02/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/11/2022

11/02/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/09/2022

12/29/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/05/2023

01/26/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

The home did not notify the local area agency on aging of within 24 hours of an incident of resident to resident abuse between resident #1 and resident #2 on [REDACTED]/2215 at [REDACTED] pm. The home did not report the incident to the local area agency on aging until [REDACTED]/2022.

POC Submission

Accept ([REDACTED] - 10/02/2022)

Training: All staff will be re-education on reg 2600.15(a)- timely reports of abuse needs to be made to Office of Aging by 9/15/22 by the administrator.

On-Going: Administrator or designee will monitor daily to ensure timely reporting to the local area agency on aging.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented ([REDACTED] - 01/26/2023)

16c - Written Incident Report

2. 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

The home did not notify the Department within 24 hours of an incident of resident to resident abuse between resident #1 and resident #2 on [REDACTED]/2215 at [REDACTED] pm. The home did not report the incident to the Department until [REDACTED]/2022.

The home did not notify the Department within 24 hours of a medication error. Resident #3 was discharged from the hospital back to the home on [REDACTED] 22 with two new orders for [REDACTED] and [REDACTED]. Resident #3 did not receive the medications of [REDACTED] and [REDACTED] until [REDACTED]/22. The home notified the Department of the medication error on [REDACTED]/22.

POC Submission

Accept ([REDACTED] - 10/02/2022)

Training: All staff will be re-education on reg 2600.16(c) - reportable incidents and notification to DHS by 9/15/22 by the administrator

On-Going: Administrator or designee will monitor daily to ensure timely reporting occurs to DHS.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented ([REDACTED] - 01/26/2023)

17 - Record Confidentiality

3. Requirements

2600.

17 - Record Confidentiality (continued)

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 7/26/22, at 9:35am, a binder with residents information and glucometer reading was unlocked, unattended, and accessible on top of the medication cart across from the dining room.

**POC Submission**

Accept (█ - 10/02/2022)

Action: On 7/26/22, upon discovery Glucometer book was removed from top of the cart and locked in the med cart drawer.

Training: All staff will be re-educated on regulation 2600.17- confidentiality by 9-15-22 by Administrator.

On-Going: Administrator or designee will do daily rounds of community to ensure confidentiality of all resident's information is secured.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 01/26/2023)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

The resident-home contract, dated █21, for resident #3 was not signed by the resident..

**POC Submission**

Accept (█ - 10/02/2022)

Action: On █/2022, Resident #3 contract was signed. Audit of all current residents' contracts to ensure signed by resident by 9/15/22

Training: Administrator will train all staff on resident needing to sign contract/Reg 25b by 9/15/22.

On-Going: Executive Director or designee will monitor all new resident contract for compliance

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 12/29/2022)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

Resident room █ has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety hazard.

81b - Resident Personal Equipment (continued)

**POC Submission**

Accept [REDACTED] - 10/02/2022)

Action: Covers for Halo bars were ordered on 8/8/22.

Training: Director of Nursing and Maintenance Director will be re-educated on reg 2600.81(b) by 9/15/2022 by Administrator

On-Going: Maintenance Director or designee will complete weekly rounds of halo bars to ensure compliance with having them properly covered.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [REDACTED] - 01/26/2023)

91 - Telephone Numbers

**6. Requirements**

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

The telephone numbers required by this regulation were not posted by the phones located in the hallway next to room # [REDACTED]

**POC Submission**

Accept [REDACTED] - 10/02/2022)

Action: 7/26/2022, signage was added by telephone near room [REDACTED] Audit of all phones regarding proper signage near telephone to be completed by 9/15/2022

Training: All staff will be re-educated on regulation 2600.91 - emergency signage needed by phones by 9/15/2022 by administrator.

On-Going: Executive Director or designee will do weekly rounds of community to ensure emergency phone numbers posted by all telephones.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [REDACTED] - 01/26/2023)

101j7 - Lighting/Operable Lamp

**7. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

Resident room # [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

**POC Submission**

Accept [REDACTED] - 10/02/2022)

Action: Lamp was replaced in Resident #3 room on 7/26/22. Audit of all residents rooms will be conducted to ensure have lighting source and operable by 9/15/22

Training: All Staff will be re-educated on reg 2600.101(j)(7)- the need for operable lights by resident besides by 9/15/2022 by administrator.

101j7 - Lighting/Operable Lamp (continued)

On-Going: Executive Director or Designee will complete monthly safety audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [redacted] - 01/26/2023)

141a 1 10 Medical Evaluation Information

8. 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

The medical evaluation for resident #4 dated [redacted]/22 did not indicate weight.

The medical evaluation for resident #5 dated [redacted]/22 did not indicate mobility needs.

POC Submission

Accept ([redacted] 10/02/2022)

Action: New DME obtained for resident 4 to address weight and 5 mobilities need by 8-31-22

Audit on DMEs to ensure complete compliance by 9/15/22

Training: Director of Nursing will be re-educated on DME paperwork with focus on medical diagnosis including physical and mental disabilities of the resident, if any. – Regulation 2600.141(a)(2) by 9/15/22 by administrator.

On-Going: Administrator or designee will monitor monthly for compliance on all DME paperwork for new and current residents.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [redacted] - 12/29/2022)

183b - Meds and Syringes Locked

9. 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, a [redacted] was unlocked, unattended, and accessible was located on top of the medication cart across from the dinning room.

183b - Meds and Syringes Locked (continued)

**POC Submission**

Accept (█ - 10/02/2022)

Action: Ointment was removed from the cart on 7/26/22.

Training: All staff will be re-educated on reg 2600.183(b)- proper storage of all medications by 9/15/2022 by Director of Nursing and Administrator

On-Going: Administrator or Designee will complete daily rounds to ensure all medications are properly stored.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 01/26/2023)

185a - Implement Storage Procedures

**10. 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 #4 is prescribed █ as needed. On [7/27/22 the medication was not available in the home.

Resident #6 is prescribed █ and █ as needed. On [7/27/22 the medications were not available in the home.

**POC Submission**

Accept (AG - 10/02/2022)

Action: Medications for Resident #4 and Resident #6 were ordered 7/27 and received on 7/28. Audit on Medication carts to be completed by 9/15/22 to ensure all medications are on hand.

Training: Director of Nursing and Medication Technicians will be re-educated on making sure all residents have prescribed medications on hand for resident to access by 9/15/22 by administrator.

On-Going: Director of Nursing or Designee will complete monthly med cart audits to ensure all residents have access to medications.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 01/26/2023)

187a - Medication Record

**11. 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 #3 is prescribed █ and █. However, resident's medication administration record does not indicate a diagnosis or purpose.

Resident #4 is prescribed █. However, resident's medication administration record does not indicate a diagnosis or purpose.

187a - Medication Record (continued)

Resident #5 is prescribed [REDACTED], [REDACTED] and [REDACTED]. However, resident's medication administration record does not indicate a diagnosis or purpose.

Resident #7 is prescribed [REDACTED]. However, resident's medication administration record does not indicate a diagnosis or purpose.

**POC Submission**

Accepted [REDACTED] 10/02/2022)

Actions: Diagnosis added to Resident #4, #5 and #7 on 8-25-22. Audit of all current residents MAR will be e completed by 9/15/2022 to ensure all medications have a diagnosis/purpose.

Training: Director of Nursing and Medication Technicians be will educated on all Medications have a diagnosis/ purpose on MAR by 9/15/2022 by administrator.

On-Going: Director of Nursing or Designee will complete monthly audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [REDACTED] - 01/26/2023)

187d - Follow Prescriber's Orders

**12. Requirements**

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

**Description of Violation**

Resident #4 is prescribed [REDACTED]. However, this medication was not administered to the resident [REDACTED]/22 because the medication was not available in the home.

Resident #8 is prescribed [REDACTED] and [REDACTED]. However, this medication was not administered to the resident on [REDACTED]/22, [REDACTED]/22 and [REDACTED]/22 because the medication was not available in the home.

**POC Submission**

Accepted [REDACTED] 10/02/2022)

Training: Director of Nursing and Med Techs will be re-educated on regulation 2600.187(d)- following prescribed and to have medication available in the home for the residents by 9/15/2022 by administrator.

On-Going: Director of Nursing or designee will monitor weekly for compliance.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented [REDACTED] - 01/26/2023)

188c - Medication Error Documentation

**13. Requirements**

2600.  
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**Description of Violation**

Resident #8 is prescribed [REDACTED] and [REDACTED]. However, resident #8 wasn't administered [REDACTED] and [REDACTED] on [REDACTED] 22, [REDACTED]/22 and [REDACTED]/22. There is no documentation of the prescriber's response for the error in the resident's record.

188c - Medication Error Documentation (continued)

**POC Submission**

Accept (█ - 10/02/2022)

Action: PCP was notified of medication error on 4/22/2022

Training: All staff will be re-educated on reg 2600.187(d)- following directions of the prescriber as ordered by 9/15/22 by administrator.

On-Going: Director of Nursing or designee will monitor daily for compliance that prescriber's notified of medication errors.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 01/26/2023)

227d - Support Plan Medical/Dental

14. 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 and support plan for resident #7, dated █/22, does not indicate the responsible party for the resident's care on each section of the RASP.

The assessment and support plan for resident #1, dated █/22, does not address the resident to resident incident █/22 and the █

**POC Submission**

Accept (█ - 10/02/2022)

Action: RASP of Resident #7 will be updated by █-22. Audit of all current Resident RASP ensure a responsible party to be completed by 9-15-22

Training: Director of Nursing will be re-educated on reg 2600.227(d) regarding resident support plans by 9/15/2022 by administrator.

On-Going: Executive Director or designee will monitor new RASP/Support plans monthly to ensure current, accurate and all sections addressed.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 12/29/2022)

227g -Support Plan Signatures

15. Requirements

2600.

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

**Description of Violation**

The support plan for resident #7 dated █/22 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

227g -Support Plan Signatures (continued)

**POC Submission**

Accept (█ - 10/02/2022)

Action: On █/2022, Resident #7 signed support plan.

Audit on of all current RASPs will be completed to ensure resident signature/refusal by 9/15/2022

Training: Director of Nursing will be re-educated that all RAPS need a signature or refusal from the residents and responsible party- regulation 2600.227(g) by 9/15/22 by administrator.

On-Going: Executive Director of designee will monitor all new RASPS monthly to ensure all are signed by appropriate people.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 12/29/2022)

252 - Record Content

**16. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

**Description of Violation**

The record of resident #4, #5, and #6 did not indicate the resident's identifying marks, if any.

**POC Submission**

Accept (█ - 10/02/2022)

Action: Identifying marks were added for Resident #7, Resident # 4, Resident # 3, Resident # 6, and Resident # 5 on █-22. Audit of all current resident records will be conducted to ensure Identifying marks are addressed by 9/15/2022

Training: Director of Nursing will be re-educated on reg 2600.252(2)- identifying marks by 9/15/2022 by administrator.

On-Going: Executive Director will monitor for compliance for all new residents to ensure record address identifying marks.

Licensee's Proposed Overall Completion Date: 09/15/2022

Implemented (█ - 12/29/2022)