

Department of Human Services
Bureau of Human Service Licensing

October 11, 2022

[REDACTED]
EC OPCO LEBANON PA LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR, 97035

RE: CELEBRATION VILLA OF LEBANON
860 NORMAN DRIVE
LEBANON, PA, 17042
LICENSE/COC#: 33376

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022, 08/17/2022 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 LEBANON* License #: *33376* License Expiration: *08/01/2023*
Address: *860 NORMAN DRIVE, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *EC OPCO LEBANON PA LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/10/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]
08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *51*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2022*

Inspections / Reviews (*continued*)

09/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/06/2022*

10/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/10/2022*

10/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Member A and Staff Member B did not complete orientation in general fire safety and emergency preparedness prior to their first workday.

Plan of Correction

Accept

Administrator will complete an audit of all employee files to ensure all documentation obtained by 9/30/22. All staff will be re-educated on regulation 65a on 9/13/22 by Administrator on staff requirements. Administrator or designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance meeting. Re-training of all staff on reg. 65a safety procedures will occur during the all staff meeting scheduled for 9/13/22.

Completion Date: 09/30/2022

Document Submission

Implemented

Administrator will complete an audit of all employee files to ensure all documentation obtained by 9/30/22. All staff will be re-educated on regulation 65a on 9/13/22 by Administrator on staff requirements. Administrator or designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance meeting. Re-training of all staff on reg. 65a safety procedures will occur during the all staff meeting scheduled for 9/13/22.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member A and Staff Member B did not complete orientation within 40 scheduled working hours, that includes: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (*continued*)**Plan of Correction****Accept**

Administrator will complete an audit of all employee files to ensure all current employees have received training by 9/30/22. All leadership will be re-educated on 9/13/22 by Administrator on staff requirements. Administrator or Designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance meeting.

Completion Date: 09/30/2022

Document Submission**Implemented**

Administrator will complete an audit of all employee files to ensure all current employees have received training by 9/30/22. All leadership will be re-educated on 9/13/22 by Administrator on staff requirements. Administrator or Designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance meeting.

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:

3. Initial direct care staff person training to include the following:

- i. Safe management techniques.
- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Staff Member A, did not complete the following initial direct care staff person training:

Safe management techniques.

Personal hygiene.

Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.

The normal aging-cognitive, psychological and functional abilities of individuals who are older.

Implementation of the initial assessment, annual assessment and support plan.

Recreation, socialization, community resources, social services and activities in the community.

Gerontology.

Staff person supervision, if applicable.

65d - Initial Direct Care Training (continued)

Care and needs of residents with special emphasis on the residents being served in the home.
 Safety management and hazard prevention.
 Universal precautions.
 The requirements of this chapter.
 Infection control.
 Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Staff Member B did not complete the following initial direct care staff person training:

Safe management techniques.
 ADLs and IADLs.
 Personal hygiene.
 Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 Implementation of the initial assessment, annual assessment and support plan.
 Recreation, socialization, community resources, social services and activities in the community.
 Gerontology.

Plan of Correction

Accept

Administrator will complete an audit of all employee files to ensure all documentation obtained by 9/30/22. All leadership will be re-educated on regulation 65d on 9/13/22 by Administrator on staff requirements. Administrator or designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance Meeting.

Completion Date: 09/30/2022

Document Submission

Implemented

Administrator will complete an audit of all employee files to ensure all documentation obtained by 9/30/22. All leadership will be re-educated on regulation 65d on 9/13/22 by Administrator on staff requirements. Administrator or designee will review all new hire paperwork prior to filing for ongoing state compliance and reviewed monthly at Quality Assurance Meeting.

82b - Poisonous Material Storage

1. Requirements

2600.
 82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 8/16/2022, there were 3 spray bottles of cleaner labeled "Viking Disinfectant" inside the dining area of the facility. One bottle was located inside a cabinet under a drink/juice dispenser. The other two bottles of disinfectant were located on the counter directly beside the juice/drink dispenser.

Plan of Correction

Accept

On 8/17/22 disinfectant was removed and secured. All staff will be re-educated on regulation 82b on 9/13/22 by Administrator on requirements for storing poisonous materials. Administrator, Maintenance Director, Dining

82b - Poisonous Material Storage (continued)

Director, Administrative Assistant, DON, and or ADON will complete random checks daily to ensure all poisonous materials are stored properly and will review monthly at Quality Assurance meetings. If non-compliance is noted in 3 month period, then entire building will be re-educated on 82b regulation.

Completion Date: 12/01/2022

Document Submission

Implemented

On 8/17/22 disinfectant was removed and secured. All staff will be re-educated on regulation 82b on 9/13/22 by Administrator on requirements for storing poisonous materials. Administrator, Maintenance Director, Dining Director, Administrative Assistant, DON, and or ADON will complete random checks daily to ensure all poisonous materials are stored properly and will review monthly at Quality Assurance meetings. If non-compliance is noted in 3 month period, then entire building will be re-educated on 82b regulation.

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a recommended evacuation time, designated in writing within the past year by a fire safety expert, to exit the building or to a designated fire-safe area.

Plan of Correction

Accept

On 8/26/22 a fire passing fire drill was completed. All staff will be re-educated on regulation 132d on 9/13/22 by Administrator to ensure that drill happen on different days of the week and times. Administrator or Designee will monitor for monthly compliance that fire drills are taken place on different days of the week and times and reviewed monthly at Quality Assurance meetings.

Completion Date: 09/13/2022

Document Submission

Implemented

On 8/26/22 a fire passing fire drill was completed. All staff will be re-educated on regulation 132d on 9/13/22 by Administrator to ensure that drill happen on different days of the week and times. Administrator or Designee will monitor for monthly compliance that fire drills are taken place on different days of the week and times and reviewed monthly at Quality Assurance meetings.

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The Clean Indoor Air Act requires that the home post a sign at each entrance that states, "Smoking Permitted in Designated Areas Only" or "No Smoking." On 8/16/2022, signs were not posted at the home's entrances to the building.

Plan of Correction

Accept

Signs were displayed at time of inspection 8/17/22 by Administrator. All staff will be re-educated on regulation 144b on 9/13/22 by Administrator to ensure proper signage is displayed. Administrator or Designee will complete random checks to ensure all signage is displayed and will be reviewed monthly at Quality Assurance meetings.

Completion Date: 09/13/2022

144b - Policy on Smoking (continued)

Document Submission

Implemented

Signs were displayed at time of inspection 8/17/22 by Administrator. All staff will be re-educated on regulation 144b on 9/13/22 by Administrator to ensure proper signage is displayed. Administrator or Designee will complete random checks to ensure all signage is displayed and will be reviewed monthly at Quality Assurance meetings.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 3 has a [redacted] with directions to discard the medication [redacted] 28 days after opening. The [redacted] on 7/11/22. On 8/17/22, the [redacted] d to administer the medication to the resident.

Plan of Correction

Accept

Resident 3 expired [redacted] was discarded on 8/17/22 when discovered by nurse. Nursing staff and Med Techs will be re-educated on regulation 183d on 9/13/22 by Administrator. Nursing department or Regional Nursing Staff will complete weekly cart audit, starting 9/18/22 to monitor for compliance and will have quarterly staff meetings to review medication administration procedures. Audits will be reviewed monthly at Quality Assurance meeting. Med Cart audits will continue weekly on an ongoing basis, as per company protocol.

Completion Date: 12/18/2022

Document Submission

Implemented

Resident 3 expired [redacted] was discarded on 8/17/22 when discovered by nurse. Nursing staff and Med Techs will be re-educated on regulation 183d on 9/13/22 by Administrator. Nursing department or Regional Nursing Staff will complete weekly cart audit, starting 9/18/22 to monitor for compliance and will have quarterly staff meetings to review medication administration procedures. Audits will be reviewed monthly at Quality Assurance meeting. Med Cart audits will continue weekly on an ongoing basis, as per company protocol.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label on the blister pack for Resident 1's medication [redacted] (s) states take [redacted] once daily as needed for [redacted]. However, the label does not include the dose of the medication.

Plan of Correction

Accept

On 8/18/22 a dosage label was added by the pharmacy. Nursing staff and Med Techs will be re-educated on regulation 184a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Regional Nursing Staff will complete weekly cart audits to monitor for compliance and audits will be reviewed at monthly Quality Assurance meeting. Weekly cart audits to begin on

184a - Labeling OTC/CAM (continued)

9/18/22, and will be ongoing as per company policy.

Completion Date: 12/18/2022

Document Submission

Implemented

On 8/18/22 a dosage label was added by the pharmacy. Nursing staff and Med Techs will be re-educated on regulation 184a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Regional Nursing Staff will complete weekly cart audits to monitor for compliance and audits will be reviewed at monthly Quality Assurance meeting. Weekly cart audits to begin on 9/18/22, and will be ongoing as per company policy.

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

On 8/17/22 at 1:46 PM, Resident 3's [redacted] had a time of 9:32 AM. Resident 6 is prescribed [redacted] daily. On 8/8/2022, the [redacted] at [redacted], however the number documented on the medication administration (MAR) states the [redacted]

Plan of Correction

Accept

All current resident [redacted] were checked to ensure time was accurate on 8/17/22. [redacted] initiated 8/17/22 at end of each shift to ensure readings on [redacted] and documentation are accurate. Nursing staff and Med Techs will be re-educated on regulation 185a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Designee will monitor [redacted] weekly for compliance and conduct monthly audits of carts and MARs and information will be reviewed at monthly Quality Assurance meeting. [redacted] audits will continue based on company policy.

Completion Date: 12/17/2022

Document Submission

Implemented

All current resident [redacted]s were checked to ensure time was accurate on 8/17/22. [redacted] initiated 8/17/22 at end of each shift to ensure readings on [redacted] and documentation are accurate. Nursing staff and Med Techs will be re-educated on regulation 185a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Designee will monitor [redacted] weekly for compliance and conduct monthly audits of carts and MARs and information will be reviewed at monthly Quality Assurance meeting. [redacted] will continue based on company policy.

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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 2 is prescribed [redacted]. However, the resident's medication administration record (MAR) does not indicate the diagnosis or purpose for the medication.

Resident 4 is prescribed [redacted] indefinitely. However, the MAR does not indicate the dose and purpose for the medication.

Resident 4 is also prescribed [redacted] [redacted]. However, the MAR does not indicate the dose or purpose for the medication.

Plan of Correction

Accept

Audit of all current residents MAR will be completed to ensure transcribed correctly and with dose, frequency and purpose by 9/30/22. Nursing staff and Med Techs will be re-educated on regulation 187a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Regional Nursing Staff will do weekly cart/MAR audits to monitor for compliance and audits will be reviewed at monthly Quality Assurance Meeting. Weekly cart audits to begin on 9/18/22, and will be ongoing based upon company policy.

Completion Date: 12/18/2022

Document Submission

Implemented

Audit of all current residents MAR will be completed to ensure transcribed correctly and with dose, frequency and purpose by 9/30/22. Nursing staff and Med Techs will be re-educated on regulation 187a on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing or Regional Nursing Staff will do weekly cart/MAR audits to monitor for compliance and audits will be reviewed at monthly Quality Assurance Meeting. Weekly cart audits to begin on 9/18/22, and will be ongoing based upon company policy.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 3 is prescribed [redacted]

Resident 3 has physician's orders to [redacted]. The pharmacy label states [redacted].

Resident 3 has orders for [redacted] On [redacted] The resident's [redacted] were not checked and [redacted] was not provided per prescribers orders.

On [redacted] Resident 7 had a scheduled [redacted] that was completed at [redacted] the [redacted]

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

Nurse checked all current residents [REDACTED] to ensure of the correct time by 9/9/22. Nursing staff and Med Techs will be re-educated on regulation 187d on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing department will conduct weekly checks of glucometers and weekly audits of MAR/cart. These will be reviewed at monthly at Quality Assurance meeting. Audits to begin 9/18/22 and will continue weekly ongoing, as per company policy.

Completion Date: 12/18/2022

Document Submission

Implemented

Nurse checked all current residents [REDACTED] to ensure of the correct time by 9/9/22. Nursing staff and Med Techs will be re-educated on regulation 187d on 9/13/22 by Administrator. Nursing department will have quarterly meetings to review medication administration procedures. Nursing department will conduct weekly checks of glucometers and weekly audits of MAR/cart. These will be reviewed at monthly at Quality Assurance meeting. Audits to begin 9/18/22 and will continue weekly ongoing, as per company policy.

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

The home did not complete a preadmission screening form for Resident 3, admitted [REDACTED]

Plan of Correction

Accept

An audit, completed by Administrator, of all current resident's charts will be completed by 9/13/22 to ensure a prescreen was completed. All staff will be re-educated on regulation 224a on 9/13/22 by Administrator. Administrator or Administrative Assistant will review all admission paperwork for accuracy prior to filing on an ongoing basis. This will also be reviewed at monthly Quality Assurance meetings.

Completion Date: 10/03/2022

Document Submission

Implemented

An audit, completed by Administrator, of all current resident's charts will be completed by 9/13/22 to ensure a prescreen was completed. All staff will be re-educated on regulation 224a on 9/13/22 by Administrator. Administrator or Administrative Assistant will review all admission paperwork for accuracy prior to filing on an ongoing basis. This will also be reviewed at monthly Quality Assurance meetings.