

Department of Human Services  
Bureau of Human Service Licensing

October 24, 2022

[REDACTED], PRESIDENT

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 09/27/2022, 09/28/2022 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 YORK* License #: *33498* License Expiration: *06/09/2023*  
Address: *2405 KNOB HILL ROAD, YORK, PA 17403*  
County: *YORK* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *1-2* Date: *03/16/2011* Issued By: *York township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/28/2022*

**Inspection Dates and Department Representative**

09/27/2022 - On-Site: [REDACTED]  
09/28/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *51*

**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: *51*  
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**09/27/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2022*

Inspections / Reviews (*continued*)

10/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/30/2022*

10/24/2022 - Document Submission

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

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 [REDACTED] at approximately [REDACTED] pm, Staff Persons B and C attempted to give Resident 1 medication in the 100-hallway area. Resident 1 refused the medication but the staff put them in his/her mouth anyway. The resident spit out the medications and began yelling and spitting on the floor and towards staff. Resident 1 pushed a walker out in front of him/herself and Staff Persons B and C aggressively pushed the walker back in front of the resident multiple times. Staff Persons B and C then attempted to escort the resident to the dining room, but stopped in the lobby where Resident 1 continued to yell and spit on the floor. Staff Members B and C linked their arms with the resident's arms and dragged him/her toward the activity room. Throughout this confrontation, Staff Members B and C yelled at the resident and demanded that his/her behaviors stop.

Plan of Correction

Accept

Staff Members B & C have been terminated effective [REDACTED].

Staff re-education about Elder Abuse on 10/19 at all staff meeting by administrator.

Administrator or member of leadership team will monitor daily for compliance that no resident is abused.

[REDACTED] Healthcare psych nurse educating staff on approaches to use with residents demonstrating behaviors at 10/19 staff meeting.

Completion Date: 10/19/2022

Document Submission

Implemented

Staff Members B & C have been terminated effective [REDACTED].

Staff re-education about Elder Abuse on 10/19 at all staff meeting by administrator.

Administrator or member of leadership team will monitor daily for compliance that no resident is abused.

[REDACTED] Healthcare psych nurse educating staff on approaches to use with residents demonstrating behaviors at 10/19 staff meeting.

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in Bedroom # 235 had food debris and the room smelled of urine.

101o - Walls, Floors, Ceilings (continued)

**Plan of Correction**

**Accept**

Room was cleaned immediately on 9/27/2022 by housekeeper. Maintenance Director shampooed carpet on 9/27/2022.

Director of Maintenance and Executive Director will conduct daily rounds to ensure cleanliness of rooms. Housekeeping will be assigned to attend to any cleanliness issues.-started 10/1 and ongoing.

Caregivers will be educated on room cleanliness expectations and directed to attend to issues when Housekeeping is unavailable. This will happen during 10/19 all staff meeting.

**Completion Date:** 10/19/2022

**Document Submission**

**Implemented**

Room was cleaned immediately on 9/27/2022 by housekeeper. Maintenance Director shampooed carpet on 9/27/2022.

Director of Maintenance and Executive Director will conduct daily rounds to ensure cleanliness of rooms. Housekeeping will be assigned to attend to any cleanliness issues.-started 10/1 and ongoing.

Caregivers will be educated on room cleanliness expectations and directed to attend to issues when Housekeeping is unavailable. This will happen during 10/19 all staff meeting.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

**Description of Violation**

On 09/27/22, there was an approximate 2 inch accumulation of lint in the lint trap of the dryer, located in Hallway 100. There were no clothes in the dryer at the time.

**Plan of Correction**

**Accept**

During all staff meeting on 10/19 staff will be educated by Maintenance Director on fire hazards from lint traps and to clean lint traps after every dryer load.

Maintenance Director and Executive Director will conduct lint trap check during daily rounds to ensure no lint is present. Started 10/1 and ongoing.

Dryer duct cleaning was performed on 7/27/2022 and next dryer duct cleaning is scheduled for 10/26/2022.

**Completion Date:** 10/19/2022

**Document Submission**

**Implemented**

During all staff meeting on 10/19 staff will be educated by Maintenance Director on fire hazards from lint traps

105g - Lint Removal and Duct Cleaning (continued)

and to clean lint traps after every dryer load.

Maintenance Director and Executive Director will conduct lint trap check during daily rounds to ensure no lint is present. Started 10/1 and ongoing.

Dryer duct cleaning was performed on 7/27/2022 and next dryer duct cleaning is scheduled for 10/26/2022.

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 09/27/22, a resident's pet cat was present in the home. The home does not have a current certificate of rabies vaccination for the cat.

Plan of Correction

Accept

On 9/27, during inspection, cat was removed from community until vaccination status was updated. Cat was seen by veterinarian and received vaccinations and documents were sent to community on 9/27.

Life Enrichment Director created tickler for pet vaccinations on 10/14 and audited it for compliance. Executive Director to audit tickler monthly to ensure timely completion. Leadership Team will review at monthly QA Meeting.

Completion Date: 10/14/2022

Document Submission

Implemented

On 9/27, during inspection, cat was removed from community until vaccination status was updated. Cat was seen by veterinarian and received vaccinations and documents were sent to community on 9/27.

Life Enrichment Director created tickler for pet vaccinations on 10/14 and audited it for compliance. Executive Director to audit tickler monthly to ensure timely completion. Leadership Team will review at monthly QA Meeting.

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 09/23/22, Resident 1's glucometer had a blood sugar reading of [REDACTED]. However, [REDACTED] was incorrectly entered in the medication administration record (MAR).

On 09/06/22, Resident 3's glucometer had a blood sugar reading of [REDACTED]. However, [REDACTED] was incorrectly entered in the MAR.

Repeated Violation - 12/07/21, et al

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Administrator reviewed immediately with Med Techs. Med Techs will be educated on regulation 185a at all staff meeting on 10/19 by Administrator.

Med Techs are auditing glucometer and MAR at shift change to ensure accuracy using audit tool.

Executive Director auditing weekly to ensure accuracy and will be reviewed at monthly QA meeting.

Completion Date: 10/19/2022

Document Submission

Implemented

Administrator reviewed immediately with Med Techs. Med Techs will be educated on regulation 185a at all staff meeting on 10/19 by Administrator.

Med Techs are auditing glucometer and MAR at shift change to ensure accuracy using audit tool.

Executive Director auditing weekly to ensure accuracy and will be reviewed at monthly QA meeting.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A, who has not successfully completed a recent Department-approved medications administration course, administered medications to residents including the following:

[Redacted]

Plan of Correction

Accept

Executive Director is a certified train the trainer and completed med observations for Staff Member A on 10/5/2022.

Executive Director created a tickler to ensure timeliness of med observations for all med techs and will audit monthly and complete med observations as needed on a quarterly basis. Observations will be completed by a certified train the trainer.

Completion Date: 10/14/2022

Document Submission

Implemented

Executive Director is a certified train the trainer and completed med observations for Staff Member A on [Redacted]

Executive Director created a tickler to ensure timeliness of med observations for all med techs and will audit monthly and complete med observations as needed on a quarterly basis. Observations will be completed by a certified train

190a - Completion Medication Course (continued)

the trainer.

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [REDACTED], Staff Person A, who has not completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to Resident 3.

Plan of Correction

Accept

Staff Member A completed the diabetic education training program on [REDACTED]. Certificate is attached.

Executive Director created a tickler to ensure timeliness of med observations for all med techs and will audit monthly and complete med observations as needed on a quarterly basis. Observations will be completed by a certified train the trainer.

Completion Date: 10/14/2022

Document Submission

Implemented

Staff Member A completed the diabetic education training program on [REDACTED]. Certificate is attached.

Executive Director created a tickler to ensure timeliness of med observations for all med techs and will audit monthly and complete med observations as needed on a quarterly basis. Observations will be completed by a certified train the trainer.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 2 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

Plan of Correction

Accept

Resident Care Coordinator created a tickler to track due dates for assessments. Dates are also added to calendars for Executive Director and RCC. Clinical leadership team will complete initial assessments within 15 days of admission. Executive Director to audit tickler monthly to ensure timely completion. Administrator will educate clinical leadership team on regulation 225a by 10/31/2022.

Completion Date: 10/31/2022

Document Submission

Implemented

Resident Care Coordinator created a tickler to track due dates for assessments. Dates are also added to calendars for Executive Director and RCC. Clinical leadership team will complete initial assessments within 15 days of admission. Executive Director to audit tickler monthly to ensure timely completion. Administrator will educate clinical

225a - Assessment 15 Days (continued)

leadership team on regulation 225a by 10/31/2022.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 4's assessment was completed on [redacted]; however, the resident's support plan was not completed until [redacted]

Plan of Correction

Accept

Resident Care Coordinator created a tickler to track due dates for assessments. Dates are also added to calendars for Executive Director and RCC. Clinical leadership team will complete support plan within 30 days of admission. Executive Director to audit tickler monthly to ensure timely completion.

Administrator will educate clinical leadership team on regulation 227a by 10/31/2022.

Completion Date: 10/31/2022

Document Submission

Implemented

Resident Care Coordinator created a tickler to track due dates for assessments. Dates are also added to calendars for Executive Director and RCC. Clinical leadership team will complete support plan within 30 days of admission. Executive Director to audit tickler monthly to ensure timely completion.

Administrator will educate clinical leadership team on regulation 227a by 10/31/2022.