

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

December 12, 2022

[REDACTED], ADMINISTRATOR
EC OPCO DILLSBURG LLC

RE: CELEBRATION VILLA OF DILLSBURG
153 LOGAN ROAD
DILLSBURG, PA, 17019
LICENSE/COC#: 33379

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2022 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 DILLSBURG License #: 33379 License Expiration: 08/01/2023
 Address: 153 LOGAN ROAD, DILLSBURG, PA 17019
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: EC OPCO DILLSBURG LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/05/1998 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 11/09/2022

Inspection Dates and Department Representative

11/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

11/09/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/26/2022

11/29/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/09/2022
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/05/2022

Inspections / Reviews *(continued)*

12/05/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2022

12/12/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2022

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

Resident #1 was admitted to the trauma bay of Holy Spirit Hospital on [redacted] /22 as a result of a fall in the home. Emergency Medical Services (EMS) personnel reports being concerned that the resident sustained a head injury and/or hip dislocation. The home did not report this incident to the Department.

Plan of Correction

Accept ([redacted] - 12/05/2022)

On 11/10/2022, Administrator educated all department managers on situations that require state incident reports. Assistant Director of Nursing will be trained on how to complete incident reports by administrator by 11/30/2022. Starting 11/10/2022, Administrator and or nursing team will monitor for compliance with timely state reportable incidents on a daily basis.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/12/2022)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

Per the home’s quality management policy, quality management reviews are to be held monthly. However, only 1 quality management review has been held this year, on 9/22/22.

Plan of Correction

Accept ([redacted] - 12/05/2022)

Administrator will provide education to leadership team on the purpose and function of Quality Management meetings as well as the homes policy by 11/30/2022. Starting 12/1/2022, Administrator or nursing team will ensure Quality Management meetings occur by the 25th of each month and maintain accurate documentation.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/12/2022)

65a - FS Orientation 1st Day

3. 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:

Description of Violation

Staff person A has a start date of [redacted]. However, Staff person A did not complete the first day orientation [redacted].

65a FS Orientation 1st Day (continued)

Plan of Correction

Accept (█ - 12/05/2022)

An audit of all current associate files will be completed by 12/8/2022 by Administrator or Administrative Assistant to ensure proper fire safety orientation has been completed. Administrator will provide education to all current members of leadership that all new employees receive fire safety training on day one of employment by 11/30/2022. Starting 12/1/2022, Administrator and/or Administrative Assistant will ensure Fire Safety is completed on Day 1 for newly hired associates with correct dates and signatures. Results will be reviewed at Monthly QA meetings starting with December meeting, which will be held by 12/25/2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█ - 12/12/2022)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The home's kitchen walls were soiled with food and/or liquid splatter, this was observed on the wall near the white chest freezer and fire extinguisher. The top portion of trash can was soiled with what appeared to be dried ketchup.

Plan of Correction

Accept (█ - 12/05/2022)

Kitchen walls and trashcan lid were cleaned on site on 11/9/2022 by kitchen manager. Administrator will provide Dining Director and staff education on regulation and importance of keeping clean work surfaces by 11/30/2022. Specific cleaning assignments have been issued to dining associates and Dining Director will monitor compliance weekly x 4 weeks and then monthly starting 11/14/2022. Results will be reviewed at Monthly QA meeting starting Dec 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█ - 12/12/2022)

101j5 - Bedside Table/Shelf

5. Requirements

2600.

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

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside the Resident 7's bed in room █.

Plan of Correction

Accept (█ - 12/05/2022)

A bedside table was immediately placed in room █ on 11/9/2022 by maintenance director. Staff will be provided education on regulation by 11/30/2022 by administrator. Administrator will also provide education to residents of regulation at December resident council meeting which will held by 12/14/2022. Maintenance Director and/or Administrator will complete weekly, random room checks and ensure compliance x 4 week and then monthly starting 11/14/2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█ - 12/12/2022)

101j7 - Lighting/Operable Lamp

6. 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 7 who resides in room [redacted] does not have access to a source of light that can be turned on/off at their bedside.

Plan of Correction

Accept ([redacted] - 12/05/2022)

A bedside lamp was immediately placed in room [redacted] on 11/9/2022 by Maintenance Director. Staff will be provided education on regulation by 11/30/2022 by Administrator. Administrator will provide education to residents of regulation at December Resident Council meeting which will be held by 12/14/2022. Maintenance Director and/or Administrator will complete weekly, random room checks to ensure compliance x 4 weeks then monthly, starting 11/14/2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/12/2022)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Fire Drills dated 11/23/21, 12/30/21, 1/10/22 and 2/16/22 all have "0" listed as amount of time evacuate and "0" listed as Exit Routes.

Plan of Correction

Accept ([redacted] - 12/05/2022)

Administrator was provided education on-site during survey to surveyor's on 11/9/2022. Administrator will re-educate leadership on proper documentation of fire drill record by 11/30/2022 which is to be documented by Administrator or Maintenance Director. Administrator and/or Administrative Assistant and/or Maintenance Director will review fire drill records monthly at Quality Assurance meetings, starting by December 31st 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/12/2022)

144b - Policy on Smoking

8. Requirements

2600.

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

Description of Violation

The home is a smoking facility (designated outside). However, there are no signs posted near entrances of the facility stating this.

144b - Policy on Smoking (continued)

Plan of Correction

Accept () - 12/05/2022)

A "Smoking Permitted in Designated Areas" sign was posted near front, main and staff entrance on 11/10/2022 by Administrator. Management education will be provided by 11/30/2022 on the regulation by the Administrator. Administrator and/or Maintenance Director will ensure compliance by checking to make sure the sign is posted monthly, starting by December 31, 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented () - 12/12/2022)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted]. However, this medication was not administered to resident #2 on [redacted] /22 at [redacted] because the medication was not available in the home.

Resident #3 is prescribed [redacted]). However, this medication was not administered to resident #3 on [redacted] /22 at [redacted] AM because the medication was not available in the home.

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

Resident #5 is prescribed [redacted]). However, this medication was not administered to resident #5 on [redacted] because the medication was not available in the home.

Plan of Correction

Accept () - 12/05/2022)

The medication for resident #2 resumed administration on [redacted] /2022. The medication for resident #3 resumed administration on [redacted] /2022. The medication for resident #4 resumed administration on [redacted] /2022. The medication for resident #5 resumed administration on [redacted] /2022. The staff will provided education by 11/30/2022 on the importance of providing medication as prescribed and offered instructions on what to do if the medication is not available (notify pharmacy to check on delivery/order status and/or physician if new scripts are needed or hold order is needed) by the Director of Nursing and/or Administrator. Director of Nursing and/or Assistant Director of Nursing will do weekly cart audits starting 11/14/2022 to ensure all medications are available and results of audit will be reviewed at monthly QA meetings starting by December 31, 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

187d - Follow Prescriber's Orders (continued)

Implemented (AC - 12/12/2022)

190b - Insulin Injections

10. 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 B, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to resident #2.

On [redacted], staff person B, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to resident #5.

Plan of Correction

Accept [redacted] - 12/05/2022)

Staff member B successfully completed department-approved diabetes patient education program on 11/17/2022. An audit of all associates designated to perform insulin injections will be completed by 11/30/2022 by Administrator and/or Administrative Assistant. Education will be provided to all care staff regarding the regulation by Administrator. Monthly audits will be completed by Administrator and/or Administrative Assistant to ensure compliance and will review results at monthly QA meetings, starting by December 31, 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented [redacted] - 12/12/2022)

227d - Support Plan Medical/Dental

11. 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

Resident #6's current support plan dated [redacted] states resident doesn't need any supervision. However, on [redacted], resident eloped from the home and was found by a main road. Per physician's notes on [redacted] and [redacted] resident has a diagnosis of [redacted] and resident's [redacted] is worsening.

Resident #2's current support plan dated [redacted] doesn't include resident utilizes a [redacted].

Resident #3's current support plan dated [redacted] doesn't include resident utilizes a [redacted]

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept (█ - 12/05/2022)

The 3 residents support plans were update by Director of Nursing on 11/10/2022. An audit of all current resident RASPs will be complete by 12/8/2022 to ensure files are accurate by Administrator and/or Administrative Assistant. Nursing staff will be provided education by Administrator on regulation and importance of updating care plans by November 30. Administrator and/or nursing staff will monitor for compliance monthly at QA meeting, starting by December 31, 2022.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█ - 12/12/2022)

227g -Support Plan Signatures

12. Requirements

2600.

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

Description of Violation

Resident #2's support plan completed on █ was not signed or dated by staff.

Resident #3's support plan completed on █ was not dated by resident.

Plan of Correction

Accept (█ - 12/05/2022)

The 2 support plans reviewed were updated 11/10/2022 by Director of Nursing. An audit of all current resident RASPs will be completed by 12/8/2022 by Administrator and/or Administrative Assistant to ensure that each RASP is signed and dated by staff and resident. The staff will be provided education on regulation by 11/30/2022 Administrator and/or Administrative Assistant will monitor all new RASPs starting 12/1/2022 to ensure appropriate dates and signatures.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█ 12/12/2022)