

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

January 25, 2023

[REDACTED]
EC OPCO LEWISBURG LLC
[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 12/07/2022 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 License #: 22720 License 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: 10/18/1998 Issued By: L&I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/07/2022

Inspection Dates and Department Representative

12/07/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 48

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: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

12/07/2022 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2023

01/19/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 01/25/2023
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 01/25/2023

Inspections / Reviews *(continued)*

01/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2023

Reviewer [REDACTED]

Follow-Up Type: *Not Required*

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home has a census of 48 residents, 4 of which are immobile, requiring 52 total direct care staffing hours scheduled, 39 of which must be available during waking hours. On [REDACTED]/22, the home only had 36.75 direct care staffing hours scheduled during waking hours.

Plan of Correction

Accept [REDACTED] - 01/19/2023)

New Director of Nursing and Administrator have been hired. Director of Nursing started 01/16/2023, and New Administrator starts 02/13/2023.

Starting 01/16/2023 Administrator, Director of Nursing or manager on duty will monitor direct care staffing daily to ensure community is staffed appropriately per regulation 57d.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented ([REDACTED] 01/25/2023)

181c - Self-administration Assessment

2. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

There were [REDACTED] unlocked and accessible on the nightstand in Resident #1's bedroom.

There was a [REDACTED] and [REDACTED], and [REDACTED] unlocked and accessible in the nightstand in Resident #2's bedroom.

Neither Resident #1 nor Resident #2 have not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept [REDACTED] 01/19/2023)

12/07/2022 day of inspection, medications removed from resident #2 and #7 rooms by Director of Nursing. A notice will be put in the community news letter in February 2023 reminding residents and families that all medications including over the counter medications need orders from MD and stored in medication carts unless MD has given permission to self-medicate.

Acting Administrator will re-educate all current med techs and nurses on regulation 181c and 227e that medical evaluation must reflect able to self-administer medications including over the counter medications and addressed on service plan by 01/31/2023. Documentation of training will be kept.

Starting the week of 01/16/2023 Nurse and or Administrator will monitor residents' room weekly for compliance that no medications in a resident's rooms that do not have a self medicating order and if they do medications stored appropriately. Nurse or Administrator will do monthly self-medication screening on residents that have a self medicating order to verify ability to start January 2023.

181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] - 01/25/2023)

183d Prescription Current

3. 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 #5 had a PRN [REDACTED] present in the home. However, this PRN order for [REDACTED] was discontinued and not a current order on the resident's medication record.

Plan of Correction

Accept [REDACTED] - 01/19/2023)

12/07/2023 Nurse removed the discontinued medication [REDACTED] on resident #5. An audit of all current residents' medications will be conducted by nurse and or med tech to ensure all DC medications have been removed from the medication cart.

Administrator will educate all nurses and med techs on regulation 183d and prompt removal of medications when they have been discontinued by 01/30/2023. Documentation of training will be kept.

Nurse, Administrator or med tech will conduct weekly cart audits to ensure compliance with emphasis on DC medications not in carts starting week of 01/16/2023.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] - 01/25/2023)

184a Resident's Meds Labeled

4. Requirements

2600.

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

Description of Violation

The pharmacy label for Resident #3's [REDACTED] does not include the medication dosage.

Resident #3 is prescribed PRN [REDACTED] tab. The medication record (MAR) states to administer one tablet by mouth every 6 hours as needed for pain. The medication label states to administer one tablet by mouth every 6 hours as needed for pain level 6 out of 10. It was determined that the MAR directions are the current order.

Resident #4 is prescribed PRN [REDACTED] The medication record (MAR) states to apply topically to [REDACTED] after toileting and showering as needed. The medication label states to apply topically to [REDACTED] after toileting and showering up to every 2 hours as needed. It was determined that the MAR directions are the current order.

Plan of Correction

Accept [REDACTED] 01/19/2023)

01/17/2023 Direction label applied to resident #3 [REDACTED] change of direction sticker applied to resident# 3's [REDACTED] to match and resident # 4 [REDACTED] label to refer to MAR for current directions. An audit of all current resident's medication labels and MAR will be conducted by 01/31/2023.

Covering Administrator will educate all nurses and med techs on regulation 184a by 01/31/2023. Documentation

184a - Resident's Meds Labeled (continued)

will be kept.

Director of Nursing and or med tech will conduct weekly medication audit to ensure compliance starting the week of 01/16/2023 and results will be reviewed at monthly QA meeting that will be held by the 25th of each month.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (█ - 01/25/2023)

185a - Implement Storage Procedures

5. 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 █/22, Resident #5's blood glucose meter was used to measure blood sugars for Resident #6. It was then used again on Resident #5 to measure blood sugars. Sharing blood glucose meters between more than one resident is prohibited due to the potential for spreading communicable diseases.

Resident #5 is prescribed PRN █ The label on the medication contains only the resident's daily order to receive the medication, and does not include a label for the resident's PRN order.

Resident #5's █ PRN and █ PRN were not available in the home.

Resident #2's █ PRN was not available in the home.

Resident #3's █ PRN, █ PRN, █ PRN, █ PRN medications were not available in the home.

Plan of Correction

Accept (JH - 01/19/2023)

01/17/2023 New glucometer was obtained for resident # 5 and label updated on █ to address PRN directions. Missing medications for resident # 5, 2 and 3 were reordered on 01/17/2023. An audit of all current medications will be conducted by 01/31/2023 by nurse and med tech to ensure all residents' medications are available and with proper instructions on labels compared to MAR.

Covering Administrator will educate nurses and med tech on regulation 185a and proper reordering process by 01/31/2023. Documentation will be kept.

Nurses and or med tech will monitor for compliance by conducting weekly medication audit.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (█ - 01/25/2023)

186a - Authorized Prescriber

6. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

186a - Authorized Prescriber (continued)

Description of Violation

Resident #2 had a [redacted], an [redacted] and [redacted] unlocked and accessible in the nightstand in their bedroom. None of these medications are currently prescribed to the resident.

Plan of Correction

Accept [redacted] - 01/19/2023)

12/07/2023 Director of Nursing removed unprescribed medication [redacted], [redacted] and [redacted] from resident # 2. A notice will be put in community news letter in February reminding residents and families that all medications including over the counter medication need orders.

Acting Administrator will educate all med techs and nurses on regulation 186a by 01/31/2023 with documentation kept.

Administrator, nurses and or med techs will monitor for compliance weekly starting week of 01/16/2023 by doing medication audits and results will be reviewed monthly at quality assurance meeting starting in January and meeting will be held by the 25th of each month.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [redacted] - 01/25/2023)

226a - Mobility Assessment

7. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1 cannot evacuate the building independently as he/she currently requires the physical assistance of 1 staff person to transfer [redacted] Resident #1's assessment and support plan, dated [redacted]/22, currently reports the resident as being independently mobile, which is inaccurate.

Plan of Correction

Accept ([redacted] - 01/19/2023)

Nurse will update resident # 1 support plan by 01/20/2023 to reflect current mobility status. An audit of all current support plan will be conducted to ensure mobility is accurate by clinical team.

Acting Administrator will educate all nurses on regulation 226a and if mobility needs changed RASP needs updated by 01/31/2023. Documentation of training will be kept.

Administrator and or Director of Nursing will review all new RASPS to ensure mobility needs are addressed and accurate beginning 01/16/2023.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented ([redacted] 01/25/2023)

227c - Support Plan Revision

8. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #7's most recent assessment and support plan (RASP) was completed on [redacted] 21. The resident has not had an annual RASP completed.

227c - Support Plan Revision (continued)

Plan of Correction

Accept (JH 01/19/2023)

Resident #1's RASP will be updated by 01/20/2023 by Nurse. An audit of all current RASP will be conducted by Nurse and Administrator to ensure all RASPS are current by 01/31/2023

Acting Administrator will educate nurse and members of leadership team on frequency of RASP/regulation 227c by 01/31/2023. Documentation of training will be kept.

Administrator and Director of NUrning will monitor for complikance starting week of 01/16/2023 with the use of a resident tickler tracking when annual RASP/assessments are due and will be reviewed at monthly quality assurance meeting starting in January 2023 with meeting occurring no later than the 25th of each month.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [redacted] 01/25/2023)

227d - Support Plan Medical/Dental

9. 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 #1 currently requires physical assistance from 1 staff person to safely transfer [redacted] and at times requires physical assistance with [redacted]. [redacted] assessment and support plan, dated [redacted]/22, does not include a description of the resident's [redacted] needs or the plan to meet the resident's [redacted] needs.

Plan of Correction

Accept [redacted] 01/19/2023)

Resident #1 RASP will be updated by 01/20/2023 by nurse. An audit of all current RAASPS will be conducted by nurse and Administrator to ensure all RASPS are current by 01/31/2023.

Acting Administrator will educate nurse and members of leadership team on Frequency of RASP/regualtion 227d by 01/31/2023. Documentation of training will be kept.

Administrator and Director of Nursing will monitor for compliance starting the week of 01/16/2023 with the use of a resident tickler tracking system when annual RASP/support plan are due and will be reviewed monthly at quality assurance meeting starting January 2023 with meetings occurring by the 25th of each month.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [redacted] - 01/25/2023)

227g -Support Plan Signatures

10. 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 #7's assessment and support plan (RASP), dated [redacted]/21, was not signed by the assessor or the resident. The RASP is not marked to indicate that the resident was unable to/refused to sign the RASP.

227g -Support Plan Signatures (continued)**Plan of Correction****Accept (JH - 01/19/2023)**

Resident # 1 will have a new RASP completed by 01/20/2023 by nurse with signatures obtained by resident and creator. An audit of all current RASPs will be conducted by nurse and Administrator to ensure all RASPs are signed by resident and creator by 01/31/2023.

Acting Administrator will educate nurses and members of leadership team on Frequency of RASP/regulation 227g by 01/31/2023. Documentation of training will be kept.

Administrator and or Administrator assistant will review all new RASPs to ensure signed by creator and resident before filed in chart starting 01/17/2023.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented ██████████ **01/25/2023)**