



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JULY 21, 2023

Jessica Williams, Personal Care Home Administrator
EC OPCO Dillsburg LLC
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

RE: Celebration Villa of Dillsburg
153 Logan Road
Dillsburg, Pennsylvania
17019 License #: 333791

Dear Ms. Nickel:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 29, 2023, May 31, 2023 and June 1, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333790) dated August 1, 2022 to August 1, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2);(4);(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

<u>55 Pa. Code Chapter 2600:</u>	<u>Class of Violation</u>	<u>Census at Inspection</u>	<u>Fine Per resident Per day</u>	<u>Calculated Fine = Per day</u>	<u>Mandated Correction Date (to avoid Fine)</u>
2600.16(c)	II	55	\$5	\$275	5 calendar days from mailing date of this letter
2600.187(d)	II	55	\$5	\$275	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc: Mary Lavery, Office of General Counsel
Theresa Hartman, Bureau Director
Sheila Page, Director of Operations
Neil Cody, Regional Director

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

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: *Jessica Williams* Phone: *7175021000* Email: *Jessica.Williams@Elmcroft.com*

Legal Entity

Name: *EC OPCO DILLSBURG LLC*
 Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
 Phone: *7175021000* Email: *Jessica.Williams@Elmcroft.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/05/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/29/2023*

Inspection Dates and Department Representative

03/29/2023 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

03/29/2023 - Partial

Lead Inspector: *Jason McCloskey* Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2023*

Inspections / Reviews (*continued*)

04/18/2023 - POC Submission

Submitted By: *Jessica Williams*Date Submitted: *05/09/2023*Reviewer: *Jason McCloskey*Follow-Up Type: *POC Submission*Follow-Up Date: *04/21/2023*

05/02/2023 - POC Submission

Submitted By: *Jessica Williams*Date Submitted: *05/09/2023*Reviewer: *Jason McCloskey*Follow-Up Type: *Document Submission* Follow-Up Date: *05/09/2023*

07/12/2023 - Document Submission

Submitted By: *Jessica Williams*Date Submitted: *05/09/2023*Reviewer: *Alex Shambach*Follow-Up Type: *Enforcement*

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 not given medications on multiple occasions because the medications were not available in the home. These medication errors were not reported to the resident, the resident’s designated person or the resident’s physician and included:

1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg

1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg

1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg

In addition, Resident 1’s prescribed Lidocaine Pad 5%, to be changed every 12 hours, this medication was not available from 1/3 at 9:00 am through 9/6/23.

Repeated Violation - 11/9/22

Plan of Correction

Accept (JM - 04/14/2023)

State reportable form submitted by administrator on 4/14/2023. Administrator will conduct training with all department managers on Regulation 2600.16c by 4/30/2023. Starting 4/14/2023, Administrator and or member of leadership team will monitor daily incidents to ensure proper and timely reporting to state and all reportable events will be reviewed monthly.

Licensee's Proposed Overall Completion Date: 04/30/2023

Not Implemented (AS - 06/05/2023)

25b - Contract Signatures

2. 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 7/31/22, for Resident 1, was not signed by the Resident.

The resident-home contract, dated 9/14/22, for Resident 2, was not signed by the Resident.

Plan of Correction

Accept (JM - 04/14/2023)

Contract for residents 1 and 2 are unable to be signed as they no longer reside at the community. An audit of all current resident contracts will be completed by the Administrator by 4/30/2023 to ensure all residents have signed contracts.

Administrator will re-educate all members of leadership on regulation 2600.25b by 4/30/2023. Starting 4/13/2023 Administrator and/or Administrative Assistant will review all new residents contracts to ensure all resident signatures are obtained.

25b - Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (JM - 05/10/2023)**42b - Abuse****3. 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 1/6/23, Resident 1 had a medical event that resulted in his/her death from atherosclerotic cardiovascular disease. At the time of the incident, the resident was described in the home's progress notes as gasping for breath, unresponsive, and with no measurable vital signs. Staff did not initiate cardiopulmonary resuscitation (CPR) on Resident 1 because staff misidentified him/her as Resident 2, a resident who has a similar name and a valid "Do Not Resuscitate" order (DNR) on file at the home. As a result of the error, emergency medical services were also informed that Resident 1 had a DNR when he/she did not. The incorrect resident information was given to the ambulance crew and dropped off with the resident upon arrival at the hospital.

Furthermore, the home failed to obtain prescription medications in a timely manner prior to the medical event, which resulted in the following missed medications:

1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg

1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg

1/4/23, 10:00 AM, Amlodipine 70 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg

The home's failure to correctly identify the DNR status of the resident, failure to provide CPR when the resident became unresponsive and failure to administer and ensure a consistent supply of prescribed medications resulted in the neglect of Resident 1.

Plan of Correction**Directed (NC - 05/02/2023)**

An audit of all resident medical files will be completed by 4/30/2023 to ensure all current resident's code status are accurate and readily available to staff.

Administrator will educate all staff on the definition of abuse and neglect by 4/30/2023. All new hires will be trained by administrator on abuse, neglect/ Older Adults Protective Services Act and documentation of training will be kept. All staff will be educated by Director of nursing on where code status can be found on resident's electronic and paper chart by 4/30/2023. Beginning 4-13-23, all leadership team members will monitor daily for any signs of neglect and abuse. Staff will be educated on the location of code status/advanced directives within resident files and on their face sheets. Staff will be provided monthly education on any residents who change their code status.

Administrator will review policy regarding emergency care by 4/30/2023. Medication technicians will be provided training and the steps involved if resident's medications are not available, including contacting the Director of Nursing, pharmacy and physician, by 4/30/2023.

(Directed)

- In addition to the steps outlined above, the following steps are required:*
- The administrator will develop a system by 5/15/23 in which staff are able to identify a resident with a valid*

42b - Abuse (continued)

Do-Not-Resuscitate Order (DNR) while present in the resident's room. This can be accomplished in several ways: 1) by storing a copy of the DNR in a secured area within the resident's room or 2) issuing documentation to staff during each shift that accurately reflects the current DNR status of each resident. This documentation should be carried by staff at all times and include the resident's name, room number and a picture of the resident.

- *The administrator will train all staff on the system they choose to implement and the staff's duties and responsibilities during a medical emergency by 5/20/23.*

Directed Completion Date: 5/20/2023

Not Implemented (AS - 06/05/2023)

63d - Certified CPR Staff**4. Requirements**

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On 1/6/23, Resident 1 had a medical event that resulted in his/her death from atherosclerotic cardiovascular disease. As the resident's condition declined during the event, staff described the resident as unresponsive and with no measurable vital signs. Staff person A, who was present and on duty, failed to provide cardiopulmonary resuscitation (CPR) to the resident in accordance with their training as a licensed practical nurse.

Plan of Correction

Accept (JM - 04/14/2023)

Certified BLS and CPR instructor will conduct/provide in-service on CPR by 4/30/2023 to all direct care staff. All current residents' code status will be reviewed with all staff by the Director of nursing by 4/30/2023. Administrator or member of leadership will ensure that all direct care staff have current CPR certificate monthly during QA meeting starting with April 2023 meeting. Residents code status will be reviewed by Nurses monthly at all community staff meetings beginning in April 2023 and with each new resident at time of move in.

Licensee's Proposed Overall Completion Date: 04/30/2023

Not Implemented (AS - 06/05/2023)

183b - Meds and Syringes Locked**5. 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 3/29/23 at 9:03 AM, a medication cart was unlocked, unattended, and accessible in home's common area by the dining room.

Plan of Correction

Accept (NC - 05/02/2023)

On 3/29/2023, immediately upon finding, Medication technician locked medication cart. Medication Technician was immediately re-educated that the medication cart must be locked before leaving the area by Director of Nursing. Education will be provided to all medication technicians and nursing staff by Administrator or Director of Nursing on regulation 2600.183b by 4/30/2023.

183b - Meds and Syringes Locked (continued)

Starting 04/01/2023, Director of Nursing, Assistant Director of Nursing and or member of management team will monitor for compliance at minimum daily that all medications are stored properly with random daily checks of medication carts to ensure unattended carts are secured. Results will be documented, including date and time and signature of associate completing the inspection.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (JM - 05/10/2023)

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

Resident 1 did not receive the following prescribed medications because they were not available in the home to be given:

1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg

1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg

1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg

In addition, Resident 1's prescribed Lidocaine Pad 5%, to be changed every 12 hours, was not available from 1/3 at 9:00 am through 1/6/23. Repeated Violation - 11/9/22

Plan of Correction

Accept (NC - 05/02/2023)

On 03/29/2023, Administrator re-educated Director of Nursing and Assistant Director of Nursing on who needs notified if medications are not available. Administrator will conduct training for all department managers on Regulation 2600.187d by 4/30/2023. The Director of Nursing will re-educate all current medication technicians and nurses on the proper procedure including notifying the Director of Nursing, pharmacy and physician if medications are not available for a resident by 04/30/2023.

Starting 4/13/2023, the Director of Nursing and/or Assistant Director of Nursing will monitor residents' medication record for compliance at a minimum 3 x week Director of Nursing or Assistant Director of Nursing will document weekly cart audits which will including identifying medications that are running low or missing. The auditor will notify the pharmacy and physician accordingly to rectify if medications are low or missing.

187d - Follow Prescriber's Orders *(continued)*

Licensee's Proposed Overall Completion Date: 04/30/2023

Not Implemented (AS - 06/05/2023)

188b - Medication Error Reporting

7. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 1 was not given medications on multiple occasions because the medications were not available. These medication errors were not reported to the Department and included:

1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg

1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg

1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg

In addition, Resident 1's prescribed Lidocaine Pad 5%, to be changed every 12 hours, was not available from 1/3 at 9:00 am through 9/6/23.

These medication errors were not reported to Resident 1's designated person.

Plan of Correction

Accept (JM - 04/14/2023)

State reportable completed 4/14/2023 by Administrator. Administrator will conduct training for all department managers on Regulation 2600.188b by 4/30/2023. On 3/29/2023, Administrator provided education to Director of Nursing and Assistant Director of Nursing were educated on who needs notified if medications are not available or administered. All medication technicians and nursing staff will be re-trained on the procedure to follow if medication error occurs, including when a medication is not available, by April 30th, 2023, by Administrator and/or Director of Nursing.

Nurses and or a member of leadership will monitor at a minimum daily for medication errors and if error identified will report timely to prescriber and residents designated person.

Licensee's Proposed Overall Completion Date: 04/30/2023

Not Implemented (AS - 06/05/2023)