

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

April 26, 2023

[REDACTED]
EC OPCO CHIPPEWA LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF CHIPPEWA
104 PAPPAN BUSINESS DRIVE
BEAVER FALLS, PA, 15010
LICENSE/COC#: 44901

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2023, 04/05/2023 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 CHIPPEWA **License #:** 44901 **License Expiration:** 07/28/2023

Address: 104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010

County: BEAVER **Region:** WESTERN

Administrator

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

Legal Entity

Name: EC OPCO CHIPPEWA LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 2	Date: 03/18/2011	Issued By: Chippewa Twp
Type: C 2 LP	Date: 05/20/1999	Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 99 **Working Staff:** 74

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 04/05/2023

Inspection Dates and Department Representative

04/04/2023 On Site [REDACTED]

04/05/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 85	Residents Served: 69		
Secured Dementia Care Unit			
In Home: Yes	Area: Along the Journey	Capacity: 20	Residents Served: 19
Hospice			
Current Residents: 28			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 69		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 30	Have Physical Disability: 0		

Inspections / Reviews

04/04/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/24/2023

Inspections / Reviews (*continued*)

04/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/25/2023

04/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/17/2023

04/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

88a - Surfaces

1. 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

On 4/4/23, the single use common bathroom, closest to the door labeled 227, had a corner section of the drywall missing, near the shower, measuring approximately 1" x 8" on each wall exposing the metal corner bead underneath the drywall.

Plan of Correction

Accept [REDACTED] - 04/19/2023)

The drywall was fixed by the maintenance director on 4/4/2023 before the inspector left the building. (pictures will be attached).

Moving forward the bathrooms were added to our monthly checklist for the maintenance [REDACTED] to ensure if anything is damaged it is immediately fixed.

The maintenance [REDACTED] or the administrator will check the bathrooms monthly and document it on a checklist. The checklist was implemented on 4/17/2023 by the maintenance director. The first check was completed on 4/17/2023 as well. (attached).

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 04/26/2023)

133.1 - Exit Signs

2. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 4/4/23, the gate in the courtyard, connected to the secured dementia care unit, did not have an exit sign. The home is currently serving 69 residents.

Plan of Correction

Accept [REDACTED] - 04/19/2023)

The exit sign was replaced by the maintenance director on 4/4/2023 before the inspector left the building. (picture will be attached) We had a storm that weekend and it was ripped off during the storm.

Moving forward the outside exit signs were added to our monthly checklist for the maintenance man to ensure if anything is damaged or blown off it will be immediately replaced. We also used a heavy duty sign to prevent it being damaged or removed. And if we have any bad weather it will be check that day or the next shift the maintenance man or administrator is scheduled.

The maintenance man or the administrator will check the exit sign monthly and document it on a checklist. The checklist was implemented by the maintenance director on 4/17/2023. The first check was conducted on 4/17/2023 as well. (attached).

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 04/26/2023)

133.2 - Exit Signs Direction

3. Requirements

2600.

133.2 - Exit Signs Direction (continued)

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the e it is not immediately visible, access to e its shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

On 4/4/23, the following exit signs did not indicate a direction to travel:

In the intersection hallway, in front of bedroom [redacted]
In the hallway, in front of room [redacted]

Plan of Correction

Accepted [redacted] 04/19/2023)

The two exit signs were fixed to indicate a direction to travel. This maintenance director modified the exit sign on 4/4/2023. We got new signs and the arrows were not punched out. We went around and made sure all signs were punched out to reflect the direction of travel this was done on 4/4/2023.(pictures to show they are fixed.) Moving forward they will be checked monthly to make sure they are all functioning properly and indicate the direction of travel. This will be documented on a checklist. (attached).The sign checks started on 4/17/2023 the maintenance director or the administrator will perform the checks. The maintenance director implemented the checklist on 4/17/2023 along with the first check by the maintenance director.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [redacted] - 04/26/2023)

233c - Key-Locking Devices

4. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock e its, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 4/4/23, there was no code posted for the locking mechanism on the gate in the courtyard connected to the secured dementia care unit.

Plan of Correction

Accepted [redacted] - 04/19/2023)

The code was replaced before the inspector left the building on 4/4/2023 by the maintenance director. (picture will be attached) We had a storm that weekend and it was ripped off during the storm. (it was attached with the Exit sign). Moving forward the outside code was added to our monthly checklist for the maintenance man to ensure if anything is damaged or blown off it will be immediately replaced. We also used a heavy duty sign to prevent it being damaged or removed. And if we have any bad weather it will be check that day or the next shift the maintenance [redacted] or administrator is scheduled. The maintenance [redacted] or the administrator will check the code monthly and document it on a checklist. The checklist was implemented by the maintenance director on 4/17/2023. The first check was conducted on 4/17/2023 by the maintenance director. (attached)

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [redacted] - 04/26/2023)