

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

June 20, 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 05/25/2023 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 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: 10/13/1998 Issued By: PA 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 Exit Conference Date: 06/05/2023

**Inspection Dates and Department Representative**

05/25/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 73 Residents Served: 49

**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: 49  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 1

**Inspections / Reviews**

05/25/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2023

06/14/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/14/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/30/2023

Inspections / Reviews (*continued*)

## 06/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

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 has an order for [redacted] twice daily at [redacted] am and [redacted] pm. The medication was not administered from [redacted] - [redacted]/22. An incident report was not submitted to the Department regarding the medication errors.

Plan of Correction

Accept [redacted] - 06/14/2023)

ACTION:

TRAINING: All staff will be re-educated on reg 2600.16(c) – reportable incidents and notification to DHS by 6/14/2023 by the Administrator.

ONGOING: Starting 6-9-23 Administrator or leadership team memeber will monitor daily to ensure timely reporting occurs to DHS. Incidents are reviewed at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [redacted] - 06/20/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted]/22, Resident #1 used the call bell for assistance. Records indicate staff did not respond until 17 minutes, 58 seconds later.

On [redacted]/22, Resident #2 used the call bell in the bathroom for assistance. Records indicate staff did not respond until 22 minutes, 12 seconds later.

Plan of Correction

Accept [redacted] - 06/14/2023)

ACTION:

TRAINING: All staff will be re-educated on reg 2600.23 (a) by 6/14/2023 by the Administrator and Director of Nursing.

ONGOING: Starting 6-9-23 Administrator or member of leadership team will monitor daily to ensure all residents receive assistance with ADLS timely. Call bell times will be reviewed at the monthly Quality Assurance meeting along with any verbal complaints from residents/family about care issues.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [redacted] - 06/20/2023)

182c - Medication Administration

3. Requirements

2600.

182c - Medication Administration (continued)

- 182.c. Medication administration includes the following activities, based on the needs of the resident:
  - 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident interviews indicated that sometimes, depending on who the staff member is and if they know the resident will take the medication, the staff person will leave the medication in a cup in the room for the resident to take later. The staff are not following the steps of medication administration.

Plan of Correction

Accept ( [redacted] - 06/14/2023)

ACTION: [redacted] All current medication Technician will have Medication observations completed by a certified train the trainer by 6-30-23.

TRAINING: Director of Nursing and Medication Technicians will be educated on reg 2600.182(c) - on the routes as ordered by prescriber by administrator by 6/14/2023.

ONGOING: Starting 6-9-2023 Administrator or Clinical leadership will monitor daily for proper medication administration compliance. Issues will reviewed at monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented ( [redacted] - 06/20/2023)

187c - Refusal of Medication

4. Requirements

2600.

- 187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 has an order for [redacted] once daily. The resident refused [redacted] on [redacted] - [redacted] /22 and [redacted] - [redacted] /22. The prescriber was not notified regarding the refusals except on [redacted] 22.

Plan of Correction

Accept ( [redacted] - 06/14/2023)

ACTION: [redacted]

TRAINING: Director of Nursing and Medication Technicians will be educated on all Medications refusals must notify prescriber by 6/14/2023 by the Administrator and Director of Nursing.

ONGOING: Starting 6-9-23 Director of Nursing or a member of leadership will complete monthly audits to ensure compliance. Audits will be reviewed at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ( [redacted] - 06/20/2023)

187d Follow Prescriber's Orders

5. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 has an order for [redacted] 40mg daily contact provider if 3 pounds is gained in 1 day or 5 pounds in one week. The home did not complete the weight on [redacted]/22.  
Resident #1 has an order for [redacted] caps twice daily at 8am and 8pm. The medication was not administered from [redacted] - [redacted]/22.  
Resident #2 has an order for [redacted] tablet twice daily, hold for systolic blood pressure less than 110 or heart rate less than 60. On [redacted] 22 at 9am the systolic blood pressure was [redacted] and on [redacted]/22 the systolic blood pressure was [redacted]. The medication was administered and should have been withheld.

Plan of Correction

Accept [redacted] - 06/14/2023)

ACTION: [redacted].  
TRAINING: Director of Nursing and Medication Technicians will be re-educated on regulations 2600.187(d)- following prescribed orders by 6/14/2023 by the Administrator and Director of Nursing.  
ONGOING: Starting 6-9-2023 Director of Nursing will monitor weekly for compliance. Will be reviewed at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [redacted] - 06/20/2023)

188c Medication Error Documentation

6. Requirements

2600.  
188.c. Documentation of medication errors and the prescriber s response shall be kept in the resident s record.

Description of Violation

Resident #1 has an order for [redacted] caps twice daily at 8am and 8pm. The medication was not administered from [redacted] - [redacted]/22. The prescriber was not notified regarding the medication errors.

Plan of Correction

Accept [redacted] - 06/14/2023)

ACTION: [redacted]. All current medication Technician will have Medication observations completed by a certified train the trainer by 6-30-23.  
TRAINING: All staff will be re-educated on regulations 2600.188 © - following directions of the prescriber as orders by 6/14/2023 by the Administrator and Director of Nursing.  
ONGOING: Starting in June 9-2023 Director of Nursing or member of leadership will monitor daily for compliance that prescribers notified of medication errors. Incident including medication errors will be reviewed at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [redacted] - 06/20/2023)