



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: *jwilliams@celebrationvillasl.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: *jwilliams@celebrationvillasl.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: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *05/31/2023*

Inspection Dates and Department Representative

05/31/2023 - On-Site: Jason McCloskey, Steven Kimmey
06/01/2023 - Off-Site: Jason McCloskey

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: *14*

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: *6* Have Physical Disability: *0*

Inspections / Reviews

05/31/2023 - Partial

Lead Inspector: *Jason McCloskey* Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2023*

06/22/2023 - POC Submission**Submitted By:** *Jessica Williams***Date Submitted:** *06/28/2023***Reviewer:** *Jason McCloskey***Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/29/2023***07/12/2023 - Document Submission****Submitted By:** *Jessica Williams***Date Submitted:** *06/28/2023***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

On 4/14, 4/15, 4/18, and 4/27/23, Resident 1 did not receive prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily. These medication errors were not reported to the Department.

On 5/10/23, Resident 1 did not receive blood sugar check, as prescribed, once weekly on Wednesday. This error was not reported to the Department.

Repeated Violation - 11/9/22

Plan of Correction

Accept (JM - 06/22/2023)

State reportable forms were previously completed and sent to BHLS by DON. The first was sent on 4/17/2023 and the 2nd was sent on 5/10/2023. The completed reportable forms are now available in the state reportable binder, located in the Administrator’s office.

All staff will be re-educated on reg 2600.16(c) – reportable incidents and notification to DHS by 6/22/2023 by the Administrator.

Starting 6-9-23 Administrator or leadership team member will monitor daily to ensure timely reporting occurs to DHS. The Administrator and DON will review incident reports daily to determine if a state reportable form is required and will send the form within the required 24-hour time frame. Incidents will be reviewed at the monthly Quality Assurance meeting starting in July 2023.

Licensee's Proposed Overall Completion Date: 06/22/2023

Not Implemented (AS - 07/12/2023)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Multiple medication administration records did not contain diagnosis or purpose of prescribed medications including:

- 16 medications for Resident 2 including Amlodipine Tab 2.5 mg, Carb/Levo Tab 10-100 mg, Ammonium Lac Lot 12%, Atorvastatin Tab 40 mg, Citalopram Tab 10 mg, Dexamethason Tab 2 mg, Docusate Sodium Cap 100 mg, Ferrous Sulfate Tab 324 mg, Isosord Mono Tab 30 mg, Jardiance Tab 10 mg, Metformin Tab 500 mg, Metropol Suc Tab 50 mg ER, Pantorpozole SOD DR 40 mg Tab, Ranolazine Tab 500 mg ER, Risperidone Tab 3 mg, Vitamin C Tab 250 mg

- 4 medications for Resident 3 including Lansoprazole Cap 30 mg DR, Latanoprost Sol 0.005%, Matolazone Tab 5 mg, Nebivolol Tab 5 mg

187a - Medication Record (continued)

- 2 medications for Resident 4 including Clindamycin Cap 150 mg and Pregabalin Cap 100 mg

Plan of Correction

Accept (JM - 06/22/2023)

The diagnoses for Resident 2, Resident 3 and Resident 4 were added by supporting Regional Director of Operations (Jennifer Brown) on 6/1/2023. A complete audit was conducted for each resident to ensure all diagnosis were present for all resident's medications on 6/2/2023.

Director of Nursing and Medication Technicians will be educated on regulations 187a that all diagnosis must be present for all medications by 6/16/2023 by the Administrator and Director of Nursing. Medication Technicians will be educated by the Director of Nursing that orders in the eMAR/MAR system cannot be approved unless the medication has a diagnosis by 6/16/2023 and informed of the procedure to add a diagnosis if not already completed by pharmacy.

Starting 6-9-23 Director of Nursing, Assistant Director of Nursing or Administrator will complete weekly audits to ensure compliance. Audits will be reviewed at the monthly Quality Assurance meeting starting July 2023.

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented (AS - 07/12/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily, however, this medication was not administered on 4/14, 4/15, 4/16, 4/17, 4/18, or 4/27/23 because the medication was not available in the home.

Resident 1 is prescribed blood sugar checks once weekly on Wednesday. Resident 1's blood sugar was not checked from 5/3 through 5/17/23.

Repeated Violation 11/9/22

Plan of Correction

Accept (JM - 06/22/2023)

The resident and PCP were notified of the medication errors when they were discovered.

Director of Nursing and Medication Technicians will be re-educated on regulations 2600.187(d)- following prescribed orders by 6/16/2023 by the Administrator. Director of Nursing will re-educate medication technician on the procedure to follow if a medication is not available for administration (see attached)

Starting 6-9-2023 Director of Nursing will monitor Medication records weekly for compliance and results will be reviewed at the monthly Quality Assurance meeting starting July 2023.

Licensee's Proposed Overall Completion Date: 06/16/2023

Not Implemented (AS - 07/12/2023)

188b - Medication Error Reporting

4. 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

On 4/14, 4/15, 4/18, and 4/27/23, Resident 1 did not receive prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily. These medication errors were not reported to the resident, the resident's designated person, or the prescriber.

Plan of Correction**Accept (JM - 06/22/2023)**

PCP and resident were notified of the medication error on 4/18/2023. The resident and PCP were notified of the medication error from 4/27/2023 on 6/12/2023 by the Administrator.

All clinical staff will be re-educated on regulations 2600.188 b - following directions of the prescriber as ordered and must be reported to the resident, the resident's designated person by 6/13/2023 by the Administrator and Director of Nursing.

Starting in June 9-2023 Director of Nursing or member of leadership will monitor incident daily to ensure all medication incidents reported timely to MD, POA and regulatory bodies.

Licensee's Proposed Overall Completion Date: 06/16/2023

Not Implemented (AS - 07/12/2023)
