



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUGUST 31, 2023

[REDACTED]
EC OPCO LEWISBURG LLC

[REDACTED]

RE: Celebration Villa of Lewisburg
License #: 227201

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 29, 2023, et al, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 225980) dated July 3, 2023, to July 3, 2024, due to gross incompetence and negligence secondary to a medication error which caused a resident’s death 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. The license dated July 3, 2023, to July 3, 2024, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 31, 2023 to March 1, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

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.

55 Pa. Code	Class	Fine	Calculated	Mandated
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Chapter 2600 or 2800 Section:	of	Census at Violation Inspection	Per resident X Per day	Fine = Per day	Correction Date (to avoid Fine)
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187d	II	45	\$5	\$225	5 calendar days from mailing date of this letter
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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. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

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,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary>

cc:



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

Facility Information

Name: *CELEBRATION VILLA OF LEWISBURG* License #: *22720* License Expiration: *07/03/2024*
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: *500 N HURSTBOURNE PKWY STE 200, ECLIPSE SR LIV ATTN LICENSING, LOUISVILLE, KY, 40222*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/13/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/25/2023*

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]
07/03/2023 - Off-Site: [REDACTED]
07/05/2023 - Off-Site: [REDACTED]
07/19/2023 - Off-Site: [REDACTED]
07/24/2023 - Off-Site: [REDACTED]
07/25/2023 - Off-Site: [REDACTED]

Resident Demograph Inspection Dates

General Information

License Capacity: *73* Residents Served: *45*

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: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

06/29/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/13/2023*

08/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/11/2023*

Reviewer: [REDACTED]

[REDACTED]-Up Type: *Exception*

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 6/17/23, Resident #1 passed away at Geisinger Medical Center Danville. Home became aware of death on [REDACTED]/23 when coroner called home for additional information. Home did not notify department until 6/27/23.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

ACTION: Report of incident was completed and sent to Department of Human Service on 06/06/2023 by Director of Nursing.

TRAINING: All staff were re-educated on reg 2600.16(c) – reportable incidents and notification to DHS by 07/27/2023 by administrator.

ONGOING: Starting 07/27/2023 Administrator or leadership team member 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: 08/11/2023

42b - Abuse

2. 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 6/5/23, at 8:30 am Resident #1 was given resident #2's medications. Staff A pre poured resident #2 medications, signed Medication administration record as administered, and, then locked the medications in the top drawer of the med cart and walked away. Then, staff B took over med pass and saw medication cup in top drawer of med cart and mis read name on cup and administered medication to resident #1. Staff B signed MAR as administered for resident #1. Around 11:30am, when staff B realized that Resident #1 was given Resident #2's medications, Staff B notified Staff A of the medication error. By the morning of 6/6/23, Resident #1 was dizzy and unstable. It was noted that the resident refused to go to the hospital. 911 or EMS was not call for the resident by the home until the family arrived around 11:30am and the family insisted the resident be transported to the hospital. Resident #1 was admitted to the hospital and passed away on 6-17-2023. The cause of death was accidental drug overdose and therapeutic misadventure.

Plan of Correction

Directed ([REDACTED]) - 08/30/2023)

ACTION: On 06/06/2023 both staff members involved were counseled and re-educated on the proper procedure of medication administration by administrator. Staff member B was removed from the cart on 06/06/2023. 7/12/2023 Staff member A medication observations were completed by certified train the trainer.

TRAINING: All staff will be re-educated on reg 2600.42 (b) on 07/27/2023 by the Administrator. All current med technicians and nurses will be educated on proper medication protocols and procedures by Certified Train the Trainer and Registered Nurse by 08/28/2023.

ONGOING: Starting on 08/07/2023 administrator or member of leadership will monitor for compliance daily. The administrator will interview 4 residents weekly for 4 weeks with documentation kept and reviewed in monthly

42b - Abuse (continued)

quality assurance meeting. Unannounced observation of two med techs weekly for 4 weeks with documentation kept. Observation will be completed by licensed nurse and/or administrator for 4 weeks starting 08/14/2023.

Within 30 days of receipt of the directed plan of correction:

The administrator or designee will monitor for compliance daily. The administrator will interview 6 residents weekly, for 1 month, regarding medication administration and practice. Documentation shall be kept by the home and made available to the department upon request.

Unannounced observation of medication administration for 4 med techs weekly, for 1 month, and shall be completed by licensed nurse and/or a Certified Medication Train the Trainer. Documentation of unannounced observations shall be kept and made available to the department upon request.

Directed Completion Date: 09/29/2023

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s medical evaluation was completed on 3/8/23. No information was listed for the resident’s weight and height.

Plan of Correction

Accept (████) - 08/24/2023)

ACTION: Resident #1 no longer resides in community. Director of Nursing and Assistant Director of Nursing will conduct an audit of all current DME’s that they are completed with all required information by 08/30/2023.

TRAINING: All staff were re-educated on reg 2600.141 (a) on 07/27/2023 by the Administrator.

ONGOING: Starting 08/14/2023 the administrator and/ or a member of leadership will monitor all new DME for compliance and will be reviewed at monthly Quality and Assurance meeting.

Licensee's Proposed Overall Completion Date: 08/11/2023

142a - Secure Medical Care

4. Requirements

2600.

142a - Secure Medical Care *(continued)*

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On 6/5/23, at 8:30 am Resident #1 was given Resident #2's medications. On 6/6/23, around 6am, staff A assessed Resident #1 because they were lethargic and unstable. It was noted that the resident refused to go to the hospital. The resident's medical condition was changing, and their health status declined. 911 was not called until the family arrived around 11:30am, and insisted the resident go to the ER for evaluation.

Plan of Correction

Directed (████) - 08/24/2023

ACTION: On 06/06/2023 at 6:30 a.m. PCP was notified of medication error by the director of nursing. Resident declined to go to hospital. On 06/06/2023 at 8:07 a.m. Resident A was notified of medication error and declined evaluation at hospital. █████ was notified by the administrator and director of nursing on 06/06/2023 at 8:30 a.m. of medication error and the resident declined to be sent to the emergency room for evaluation. Resident A █████ in agreement at that time, said, "████ would be in around lunch." The administrator spoke to █████ upon █████ arrival around noon, at which time administrator encouraged █████ to allow staff to call 9-1-1 to send for evaluation. █████ agreed. Community called 911 and the resident was transported at 12:38 pm to Gesinger Hospital ED.

TRAINING: All staff were re-educated on reg 2600.142 (a) on 07/27/2023 by the Administrator.

ONGOING: Starting 08/14/2023 The Administrator and or a member of leadership will monitor for compliance daily to ensure proper medical needs are met.

Within 30 days of receipt of the directed plan of correction:

The home shall assist the resident to secure medical care if a resident's health status declines. The home shall educate staff to recognize and respond to residents changing medical status by calling 911 if a residents medical status declines and not wait for prior approval from family. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan. The home shall update their policy and procedures to reflect same and train staff accordingly. Documentation of training shall be kept at the home and made available to the department for review upon request.

Directed Completion Date: 09/29/2023

182c - Medication Administration

5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
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).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

182c - Medication Administration (continued)

Description of Violation

On 6/5/23 at 8:00am Staff A put all of resident #2 medications in a clear cup that was labeled with the resident's last name. The Medication Administration Record was signed as medications administered to resident #2 - however, the medications were not administered. The cup with the medication in it was put in the top drawer of the Med cart. These medications were later administered to Resident #1 by staff person B in error. The home is not following basic medication administration procedures.

Plan of Correction

Directed [REDACTED] - 08/24/2023)

ACTION: Staff member A and B were counseled by administrator on 06/19/2023 and removed from medication administration till both re-trained on proper medication administration. All current medication technician will have observations completed by licensed Nurse and or a certified train the trainer by 8-28-23.

TRAINING: All current medication technicians/Nurses were re-educated on regulations reg 2600.182 (c) on 07/27/2023 by the Administrator on proper medication administration with emphasis on no pre pouring medications and not signing off medication until medications are administered to resident.

ONGOING: Starting 08/14/2023 All Medication Technician will have weekly observation conducted by certified trainer or licensed nurse weekly x 2 then monthly x1 then quarterly with documentation kept. Results of observation will be reviewed at the monthly Quality Assurance meeting.

Within 30 days of receipt of the directed plan of correction:

Unannounced observation of medication administration for 4 med techs weekly, for 1 months, shall be completed by licensed nurse and/or a Certified Medication Train the Trainer. Documentation of unannounced observations shall be kept and made available to the department upon request.

The home will administer medications in a manner consistent with these regulations.

Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.**
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.**
- (3) Remove the medication from the original container.**
- (4) Crush or split the medication as ordered by the prescriber.**
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand (for immediate administration).**
- (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 182b4.**
- (7) Complete documentation in accordance with 187.**

Directed Completion Date: 09/29/2023

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

On 6/5/23, Resident #2 was not administered their AM medications: Amlodipine, Atorvastatin, Gabapentin, Lisinopril, Metformin, Multivitamin, Vitamin B sub1, Vitamin D3, Vitamin B-12. However, all the resident #2's medications were initiated as administered on their MAR.

Plan of Correction**Directed [REDACTED] - 08/24/2023)**

ACTION: 06/29/2023 DON made a note on residents 2 health record that error in documentation on resident 2 medication missed on 6-5-23 that am medication were not administered. PCP and POA made aware and state reportable was sent on 06/29/2023 Staff member A counseled by administrator on 06/19/2023 and removed from medication administration till re-trained on proper medication documentation. All current medication technicians will have medication observations completed by licensed Nurse and or a certified train the trainer by 8-28-2023.

TRAINING: All nurses and medication technician were re-educated on reg 2600.187 (b) on 07/27/2023 by the Administrator.

ONGOING: Starting 08/14/2023 Administrator and/or clinical leadership team will monitor medication records weekly for compliance with documentation kept and reviewed monthly at quality assurance meeting.

Within 30 days of receipt of the directed plan of correction:

Unannounced observation of medication administration practice and MAR reviews for 4 med techs weekly, for 1 months, shall be completed by licensed nurse and/or a Certified Medication Train the Trainer.

Emphasis of staff training will be on the proper medication administration practices and proper documentation.

The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.

(13) Date and time of medication administration.

(14) Name and initials of the staff person administering the medication.

Documentation of unannounced observations shall be kept and made available to the department upon request.

Directed Completion Date: 09/29/2023

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

On 6/5/23, Resident #2 was not administered their AM medications as prescribed including Amlodipine, Atorvastatin, Gabapentin, Lisinopril, Metformin, Multivitamin, Vitamin B sub1, Vitamin D3, Vitamin B-12. These medications were administered to resident #1 instead of resident #2. Prescribers' orders were not being followed.

187d - Follow Prescriber's Orders (continued)

Repeat Violation: 7/26/22

Plan of Correction**Directed** [REDACTED] **- 08/24/2023)**

ACTION: Staff member A and B were counseled by administrator on 06/19/2023 and removed from medication administration until re-trained on proper medication administration. All current medication technician will have observations completed by licensed Nurse and or a certified train the trainer by 8-28-2023.

TRAINING: All staff were re-educated on reg 2600.187 (d) on 07/27/2023 by the Administrator.

ONGOING: Starting 08/07/2023 Director of Nursing or a member of community leadership will do weekly audit of Medication records with documentation kept and be reviewed monthly at quality assurance meeting.

Within 30 days of receipt of the directed plan of correction:

All Staff will be trained on the importance of following the directions of the prescriber. A Registered nurse and or a Certified Medication Train the Trainer shall complete weekly audit of Medication records. Documentation of weekly audits shall be kept by the home and made available to the department upon request. The administrator shall ensure ongoing compliance.

Directed Completion Date: 09/29/2023

188b - Medication Error Reporting**8. 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 6/5/23, it was discovered by staff B that they administered Resident #2's medications to Resident #1. The error was reported to staff A on 6/5/23 around 11:00am. Staff A or B did not report the medication error to the resident, PCP, or family immediately. This medication error was not reported to resident, PCP, or family until the next morning on 6/6/23 by Staff person A.

Plan of Correction**Directed** [REDACTED] **- 08/24/2023)**

ACTION: On 06/06/2023 Family and [REDACTED] notified of medication error by DON and Administrator.

TRAINING: All staff were re-educated on company protocol for handling incident reports with emphasis on notifications and regulations reg 2600 .182 (c) on 07/27/2023 by the Administrator

ONGOING: Starting in 08/14/2023 Director of Nursing or member of leadership will monitor daily for compliance of proper notification of medication errors All Incidents including medication errors will be reviewed at the monthly Quality Assurance meeting with documentation kept.

Within 30 days of receipt of the directed plan of correction:

All Staff will be trained on the importance of ensuring that all medication errors are reported to the

188b - Medication Error Reporting (continued)

Department, the resident, the resident’s designated person and the prescriber. A Registered nurse and or a Certified Medication Train the Trainer shall complete weekly audit of Medication records and any medication errors to ensure proper reporting takes place. Documentation of weekly audits shall be kept by the home and made available to the department upon request. The administrator shall ensure ongoing compliance.

Directed Completion Date: 09/29/2023

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 has a diagnosis of alcohol dependance. Resident was urinating in their room and refusing showers. On 4/5/23 and 4/10/23 Staff C spoke with Resident family about the alcohol use/abuse. Residents’ family continued to provide 12 bottles of wine per week. Resident continued to urinate in room, throw salt and pepper shakers at residents in the dining room and refused showers. These behaviors were not addressed in the residents RASP and no plan was put in place to manage these behaviors.

Plan of Correction

Accept (█) - 08/24/2023

ACTION: Resident #1 no longer resides in the community. An audit of all current residents RASP will be conducted to ensure all needs are addressed by 8/30/23.

TRAINING: All licensed nurses were re-educated on reg 2600.227 (d) on 07/27/2023 by the Administrator.

ONGOING: Director of Nursing, Assisted Director of Nursing or member of community leadership team will monitor daily to ensure all RASP are current and updated as changes occur.

Licensee's Proposed Overall Completion Date: 08/11/2023