



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 28, 2023

[REDACTED] Officer
EC OPCO Chippewa LLC

RE: Celebration Villa of Chippewa
104 Pappan Business Drive
Beaver Falls, Pennsylvania 15010
License/COC #: 449011

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 11, 2023 et al, and October 11, 2023, 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 (44901) dated July 28, 2023 to July 28, 2024 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) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 28, 2023 to June 28, 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.

If you disagree with the decision to issue a FIRST 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 FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
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
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *CELEBRATION VILLA OF CHIPPEWA* License #: *44901* License Expiration: *07/28/2024*
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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *108* Waking Staff: *81*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *08/21/2023*

Inspection Dates and Department Representative

07/11/2023 - On-Site: [REDACTED]
07/21/2023 - Off-Site: [REDACTED]
08/04/2023 - Off-Site: [REDACTED]
08/07/2023 - Off-Site: [REDACTED]
08/21/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *20* Residents Served: *20*

Hospice

Current Residents: *25*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *1*

Inspections / Reviews

07/11/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/07/2023*

09/21/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/26/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2023*

09/26/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/26/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/23/2023*

12/05/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/26/2023*
Reviewer: [REDACTED] Follow-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 2/25/23, at approximately 10:30 a.m., the resident had an unwitnessed fall from [redacted] bed. The resident was transported to the hospital by a family member at 12:15 p.m. The resident had sustained [redacted] as result of the fall. This was not reported to the Department.

Plan of Correction

Accept ([redacted] 09/20/2023)

A training took place on 9/6/2023 with all leadership staff who report to the state lead by the Executive Director. 16c and Appendix B requirements and Best Practices for reportable incidents was reviewed to ensure that all understand when and what to report to the state. (attached).

On 9/06/2023 during our direct staff meeting 16c and Appendix B requirements and Best Practices for reportable incidents will be reviewed to ensure that all workers understand what needs reported and who they report to in order to make sure reportable incidents are reported to the state, This will be lead by the Executive Director.

Starting 9/6/2023 All incidents in the building will be reviewed by the ED or nursing leadership team daily to ensure all incidents outlined in 16c are reported within 24 hours. The ED or DON will check weekly to ensure all incidents have been reviewed and reported. This will begin on 9/6/2023.

Licensee's Proposed Overall Completion Date: 09/06/2023

Implemented [redacted] - 12/05/2023)

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

Resident #1 was admitted to the home on [redacted] /22 with the following diagnoses: [redacted]

On 10/21/22, the resident was seen by a medical provider and diagnosed as having a fall risk. The resident’s assessment and support plan, dated 10/18/22, was not updated to address this assessment or indicate support to meet this need.

On 1/26/23, the resident was seen by a medical provider for fall assessment and diagnosed as having a high fall risk. The resident’s assessment and support plan, dated 2/15/23, does not address this assessment or indicate support to meet this need.

On 2/25/23, at approximately 10:30 a.m., the resident had an unwitnessed fall from [redacted] bed. The resident was transported to the hospital by a family member at 12:15 p.m. The resident had sustained [redacted] as result of the fall.

42b - Abuse (continued)

On 3/6/23, the resident was seen by medical provider and ordered Home Health Care (HHR) and Physical Therapy/Occupational Therapy (PT/OT). Resident evaluated by PT/OT and indicated safety measures to include fall precautions and 24-hours supervision. The resident's assessment and support plan, dated 2/15/23, does not address this assessment or indicate support to meet this need.

On 3/13/23, the resident was seen by medical provider who indicated resident needed fall risk precautions. The resident's assessment and support plan, dated 2/15/23, does not address this assessment or indicate support to meet this need.

On 5/1/23, the resident was seen by medical provider who indicated resident had complaints of dizziness commencing the prior week.

On 5/4/23, at an unknown time overnight, the resident had an unwitnessed fall out of bed and was found by staff of the home on the floor lying next to [REDACTED] bed.

On [REDACTED]/23, at approximately 9:00 a.m., the resident was transported the hospital and admitted for intractable pain, generalized weakness with age related gait debility.

On [REDACTED]/23, the resident was discharged back to the personal care home (PCH) and ordered PT/OT.

On 5/10/23, the resident was evaluated by PT/OT and was determined to be totally dependent in toileting, (resident) depends entirely upon another person to maintain toileting hygiene, unable to transfer self and is unable to bear weight or pivot when transferred by another person, chairfast, unable to ambulate and is unable to wheel self. Safety measures for resident indicated to include fall precautions and 24-hour supervision. Resident assessment and support plan, dated 5/10/23, does not address fall assessment or precautions, nor 24-hour supervision. The support plan does not indicate how the home will meet these needs.

On [REDACTED]/23, at approximately 3:00 a.m., the resident had an unwitnessed fall in [REDACTED] room and was found by staff lying on the floor. The staff assisted resident back into bed. At approximately 9:00 a.m., emergency medical services (EMS) was contacted and the resident was transported to the hospital. EMS records indicate resident was complaining of right-side chest wall pain. Resident was diagnosed with [REDACTED].

On [REDACTED]/23, at 1:00 p.m., EMS was called to the PCH for resident having altered consciousness after family's request. Upon arrival, EMS found resident to be [REDACTED]

[REDACTED] EMS records indicate the resident was [REDACTED] Staff stated that (the resident) fell last week...apparently been altered mental status with a steady decline for the past 3-4 weeks even before said fall. For the past week (resident) has been nonresponsive and bed confined." The resident transported to hospital and diagnosed with [REDACTED] The resident was discharged back to PCH and began hospice services.

On (D.O.D.), at 6:25 a.m., the resident ceased to breathe. Immediate cause of death listed on the death certificate is [REDACTED]

42b - Abuse (continued)

Plan of Correction

Accept [REDACTED] - 09/26/2023)

"This Plan of Correction constitutes my written allegation of compliance for deficiency cited. However, submission of Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The plan of Correction is to meet requirement of the state."

There was an educational meeting with the medical group, the rehabilitation group, both PT and OT, and the leadership team on 8/29/23 Lead by the Executive Director, about documentation and fall risk assessment to ensure we are on the same page about residents who are fall risks and what precautions will be taken with residents who are fall risk to ensure we have the proper precautions in place to help keep residents safe.

On 9/6/2023 a Fall Prevention training took place by Gateway Hospice to educate all direct care staff on falls and ways to help with fall precautions.

On 8/29/23 ED contacted APS to come in to do an abuse training. Was told that right now they are very short staffed and a taped training was sent by the deputy administrator of APS in beaver county as [REDACTED] stated it is exactly what they would say if in person. That training was completed by Celebration Villa staff on 9/6/2023.

Weekly meetings will be held with community nursing leadership, the community medical group, community on site rehabilitation (PT, OT, etc.) to discuss any falls that occurred in last 7 days, and interventions/precautions to implement to help meet the needs of the residents. This will be signed off weekly for 3 months then monthly and on an individual basis when the three months are up. This will start on September 11th 2023. Will be monitored by the Executive Director or a member of community leadership team.

A fall assessment will be completed on all current residents in the building by the DON or ADON and RASP's will be updated according to the results of the assessment to meet the resident's needs. This will be completed by Oct 21st 2023. (documentation will be kept). Moving forward Fall assessments will be completed quarterly, upon admission, and a significant change due to falls by the DON and ADON. This will all be discussed in our weekly meetings with the therapy group and medical group for the next 3 months and on an individual basis when the 3 months are up to ensure we are identifying and addressing all needs with falls. (documentation will be kept).

The Executive Director or Activity Director will interview 2 residents a week for 2 months than 2 residents a month for 1 month (sample of questions attached) to ensure the residents do not feel neglected, intimidated, physically or verbally abused, mistreated, or disciplined in any way. This will be monitored weekly by the Executive Director. Documentation will be kept and reviewed at monthly Quality Assurance meeting starting at September 2023 meeting scheduled for September 25, 2023.

Licensee's Proposed Overall Completion Date: 10/21/2023 NOT IMPLEMENTED 12/6/23 [REDACTED]

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

Facility Information

Name: *CELEBRATION VILLA OF CHIPPEWA* License #: *44901* License Expiration: *07/28/2024*
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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *10/11/2023*

Inspection Dates and Department Representative

10/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *73*

Secured Dementia Care Unit

In Home: *Yes* Area: *Along the Journey* Capacity: *20* Residents Served: *20*

Hospice

Current Residents: *28*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

10/11/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2023*

Inspections / Reviews (*continued*)

10/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/10/2023

12/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2023

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

42b - Abuse

1. 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

Resident #1 has a history of falls and according to the resident's assessment and support plan, dated [REDACTED]/23, the resident requires extensive supervision due to wandering and requires a one person assist with transferring in/out of bed/chair and ambulating. The resident was prescribed a bed/chair alarm on 5/2/23.

On 8/23/23, at approximately 6:00 a.m., direct care staff A provided incontinence care to resident #1, transferring [REDACTED] back into [REDACTED] bed before leaving the room to provide care to other residents. At approximately 6:30 a.m., resident #1 was found on the floor of [REDACTED] bedroom, bleeding from a laceration on the head. According to multiple staff interviews, the resident's bed alarm was not sounding. The resident was taken via ambulance to the hospital where [REDACTED] was diagnosed with [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/27/2023)

"This Plan of Correction constitutes my written allegation of compliance for deficiency cited. However, submission of Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The plan of Correction is to meet requirement of the state."

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The Executive Director or the Activity Director will interview 2 residents a week for 2 months than 2 residents a month for 1 month (sample of questions attached) to ensure the residents do not feel neglected, intimidated, physically or verbally abused, mistreated, or disciplined in any way. This will be monitored by the Executive Director. Documentation will be kept and reviewed at monthly Quality Assurance meeting starting at September 2023 meeting.

A fall assessment will be completed on all current residents in the building by the DON or ADON and RASP's will be updated according to the results of the assessment to meet the resident's needs. This will be completed by November 13th. (documentation will be kept). Moving forward fall assessments will be completed quarterly, upon admission and a significant change due to falls by the DON or ADON. This will all be discussed in our weekly meetings with the therapy group and medical group for the next 3 months and on an individual basis when the 3 months are up to

42b - Abuse (continued)

ensure we are identifying an addressing all needs with falls. (documenation kept).

Licensee's Proposed Overall Completion Date: 11/13/2023 NOT IMPLEMENTED 12/6/23 