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

November 7, 2023

[redacted]
EC OPCO LEWISBURG LLC
[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 09/20/2023 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:** *03/01/2024*

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: [redacted]

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:** *44* **Waking Staff:** *33*

Inspection Information

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

Reason: *Incident, Fine* **Exit Conference Date:** *09/20/2023*

Inspection Dates and Department Representative

09/20/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *73* **Residents Served:** *44*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *44*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *0* **Have Physical Disability:** *1*

Inspections / Reviews

09/20/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/22/2023*

10/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/01/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/02/2023*

Inspections / Reviews *(continued)*

11/07/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *11/01/2023*

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

On 9/7/23, Administrator became aware Resident # 1 was not administered the following medications due to not being available. 8/1/23 2pm lorazepam, 8/1/23 10pm lorazepam, and 8/2/23 lorazepam 10pm. These medications errors were not reported to the Department.

Repeat Violation 6/29/23, 5/25/23

Plan of Correction ***Accept ([redacted] 10/23/2023)***

ACTION: Report of incident was completed and sent to Department of Human Service on 09/21/2023 by Operation Specialist.
TRAINING: Director of Nursing and Administrator were re-educated on reg 2600.16(c) – reportable incidents and notification to DHS by 09/21/2023 by administrator.??
ONGOING: Starting 10/20/2023 Administrator or leadership team member will review daily during morning meeting to ensure timely reporting occurs to DHS. Incidents are reviewed at the monthly Quality Assurance meeting starting October 2023.

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented ([redacted] 11/07/2023)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person "A" was witnessed yelling at resident #2 and forcefully pushing resident #2's legs in their bed on the evening of 8/13/23.

Plan of Correction ***Accept ([redacted] 10/23/2023)***

ACTION: On 09/28/2023 Administrator interviewed 50% of current resident population to ensure that they are being treated with dignity and respect. (Documentation will be kept).
TRAINING: On 09/28/2023 all staff were re-educated on regulation 2600.42c by Administrator and Director of Nursing.
ONGOING: Starting 10/20/2023 Executive Director or member of leadership team will interview 10 residents weekly x 4 weeks, then 10 residents biweekly x4 weeks, then monthly x1 to ensure compliance is maintained with regulation 2600.42 c. (Documentation will be kept).
Executive Director or member of leadership will review resident rights with new staff upon hire, and current staff annually. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented [redacted] - 11/07/2023)

187a - Medication Record

3. 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

Resident # 3 is prescribed Vitamin D3 2000iu (50mcg) 3 x weekly Monday, Wednesday, Friday. On 8/18/23, MAR is signed as medication was given. However, MAR documented on back "do not have". Key symbol for MAR indicated that a 0 should have been noted on the MAR indicating not administered and to see notes.

Plan of Correction ***Accept (- 10/23/2023)***

ACTION: Employee responsible for action is no longer employed.
TRAINING: All current nursing staff and medication technicians will be re-educated on regulation 2600.187a by Director of Nursing or Administrator on 10/26/2023.
NGOING: Starting 09/21/2023 Director of Nursing and/or Administrator will perform weekly medication records. Audits will be reviewed upon finding and at Quality Assurance meeting monthly starting October 2023.

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented - 11/07/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident is prescribed Florastor cap 250mg cap twice daily. However, this medication was not available in the home, and therefore, not administered from 8/4/23 to 9/5/23. The home did not follow the prescribers' orders.

Repeat Violation 5/25/23, 6/29/23

Plan of Correction ***Accept (10/23/2023)***

ACTION: On 09/05/2023 the prescribed medication was delivered to the community, by pharmacy. Incident report was completed and submitted to DHS on 09/07/2023 by administrator.
TRAINING: All nurses and medication technicians were re-educated on reg 2600.187 (d) on 09/28/2023 by the Administrator.?
ONGOING: Starting 09/28/2023 Administrator and/or clinical leadership team will monitor medication records daily for compliance with documentation kept and reviewed monthly at quality assurance meeting starting October 2023.?

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented 11/07/2023)

188b - Medication Error Reporting

5. Requirements

2600.

188b - Medication Error Reporting *(continued)*

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #4 is prescribed Florastor cap 250mg cap twice daily. However, this medication was not available in the home, and therefore, not administered from 8/4/23 to 9/5/23. The physician was not notified until 9/7/23.

Repeat Violation 6/29/23

Plan of Correction ***Accept [redacted] - 10/23/2023)***

ACTION: On 09/07/2023 incident report was submitted to DHS.
On 09/07/2023 the resident, physician, and designated person were notified of medication error by administrator/nurse.
TRAINING: All nurses and medication technicians were re-educated on reg 2600.188 (b) on 09/28/2023 by the Administrator and Director of Nursing.?
ONGOING: Starting 10/20/2023 Administrator or leadership team member will review incident reports daily during morning meeting to ensure timely reporting occurs to DHS. Incidents are reviewed at the monthly Quality Assurance meeting starting October 2023.

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented [redacted] - 11/07/2023)

227d - Support Plan Medical/Dental

6. 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

The Assessment and support plan for Resident #5 was not updated after an incident on 4-21-23 when resident # was sent to the ED after a report from the resident #s[redacted] that the resident # threatened to harm themselves and the [redacted] Resident #s most current assessment and support plan dated 1-21-23 does not include any indication that resident # made threats, was sent out for a psychological evaluation, what determination was made at the evaluation or if any plan was put in place when resident # returned to the home. Resident # current Assessment and support plan indicated that Resident # has no concerns with agitation, aggression, or mental health concerns.

Repeat Violation 12/7/22, 6/29/23

Plan of Correction ***Accept ([redacted] - 10/23/2023)***

ACTION: Resident #5 RASP was updated to include agitation, aggression, and mental health concerns, on 09/22/2023 by Operation Specialist.
TRAINING: All staff were re-educated on reg 2600.227 (d) on 09/28/2023 by the Director of Nursing
ONGOING: Director of Nursing and/or leadership team members will conduct a complete audit of current residents RASPs to ensure compliance with Regulation 227d, completed by 11/20/2023 (Documentation to be kept).
Director of Nursing and/or Administrator will review incidents daily and update RASP as incident occurs. Results of audit will be reviewed upon finding and reviewed at Quality assurance meeting monthly starting October 2023.

227d - Support Plan Medical/Dental *(continued)*

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented ([redacted] - 11/07/2023)