

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

March 5, 2024

[REDACTED], ADMINISTRATOR
EC OPCO LEWISBURG LLC

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 02/07/2024 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]
Acting Human Services Licensing Supervisor

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]

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: 39 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Provisional, Incident Exit Conference Date: 02/07/2024

Inspection Dates and Department Representative

02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 38

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: 38		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 1	Have Physical Disability: 1		

Inspections / Reviews

02/07/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2024

02/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/29/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/29/2024

Inspections / Reviews *(continued)*

03/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person A, B, and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2023.

Plan of Correction

Accept (█ - 02/22/2024)

Action: Maintenance Director contacted fire marshal to complete a new training that all staff will attend, scheduled for 02/27/2024

Training: Executive Director trained Maintenance Director on regulation 2600.65g on 02/20/2024.

Ongoing: Maintenance Director will continue to schedule annual fire drills with the Fire Marshal and will make sure all staff are available and trained. Monthly fir drills will be reviewed to ensure compliance during QA meetings beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented (█ - 02/28/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The illuminated exit sign directly in front of exit door C was not connected to the ceiling anchor and was hanging only by electrical wires.

Plan of Correction

Accept (█ - 02/22/2024)

Action: on 02/07/2024 during the survey, the Maintenance Director connected the illuminated exit sign directly in front of exit door C.

Training: Executive Director trained the Maintenance Director on regulation 2600.88a.

Ongoing: Weekly audits of all exit signs and functionality will be conducted by the Maintenance Director or Executive Director. Review of findings will be discussed during monthly QA meetings beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented (█ - 03/01/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

The bedside lamp for Resident #1 was without a light bulb leaving no operable light available bedside for the resident.

Plan of Correction

Accept () - 02/22/2024)

Action: Bulb was placed in the lamp for resident #1 by Maintenance Director on 02/07/2024 after was found.

Training: Executive Director trained Maintenance Director and nursing staff regarding regulation 2600.101j on 02/20/2024.

Ongoing: Maintenance Director will check lamps once per week and nursing staff will inform maintenance of any issues found with lamps. The findings will reviewed at the monthly QA meeting beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented () - 03/01/2024)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

2 of the 4 exit doors in the activity room were obstructed by chairs and tables preventing immediate egress through those exits to the outside of the building.

Plan of Correction

Accept () - 02/22/2024)

Action: Items were moved from in front of the doors on 02/08/2024 by Maintenance Director.

Training: Executive Director trained all staff on regulation 2600.121a on 02/20/2024

Ongoing; Administrator or designee will walk through the building each morning to be sure that all exits are accessible for egress from the building in an emergency situation starting on 02/20/2024. The findings will be reviewed monthly at QA meetings beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented () - 03/01/2024)

133.1 - Exit Signs

5. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There were 3 exits leading from the activity room to the outside that did not have an exit sign posted near them.

Plan of Correction

Accept () - 02/22/2024)

Action: on 02/08/2024 the Maintenance Director posted 3 exit signs leading from the activity room to the outside that did not have and exit sign posted near them.

Training: The Executive Director trained all of the management staff on regulation 2600.122.1.

Ongoing: Administrator or designee will monitor exit signs during morning walk through and inform maintenance

133.1 - Exit Signs (continued)

of any issues found. The findings will be reviewed monthly at QA meetings beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented (█) - 02/27/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

During med cart audit on 2/7/24, a loose pill was discovered in cart 2, drawer 2.

Plan of Correction

Accept (█) - 02/22/2024)

Action: on 02/07/2024 during the inspection, a pill popped out of the medication caret when the drawer was opened by the Med Tech. The medication could not be identified and was properly disposed of.

Training: Executive Director trained medication technicians and Director of Nursing on regulation 2600.185a.

Ongoing: Administrator or designee will monitor compliance with weekly med cart audits. The findings will be reviewed at monthly QA meetings beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented (█) - 03/01/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

On █ Resident # 2 was administered █ and a second dose at █. It is prescribed to be administer in the morning and at bedtime. The home did not follow the prescribers' orders.

Repeat Violation: 9/20/23, 6/29/23 et al, 5/25/23

Plan of Correction

Accept (█) - 02/22/2024)

Action: The Director of Nursing sent a state incident report to the Department of Human Services on 11/21/2023 notifying DHS of the medication error by the Medication Technician. Resident was assessed, resident, family and provider were notified of the error. Resident had no ill effects from the error.

Training: On 11/21/2023 the Director of Nursing re-educated the medication technician on reading the prescribers orders on the medication and on the administration label. On 02/20/2024 the Director of Nursing re-educated all medication technicians on regulation 2600.187d.

Ongoing: Medication technicians will have quarterly medication observations by a medication administration train the trainer for the next year beginning on 03/01/2024. The findings will be reviewed monthly at the QA meeting beginning March 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented (█) - 02/27/2024)

227d - Support Plan Medical/Dental

8. 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 most recent RASP for Resident #4 dated [REDACTED] was not updated to reflect a physician order dated [REDACTED] that allows the resident to self-administer 2 of their medications bedside.

repeat violation: 9/20/23, 6/29/23 et al, 12/7/22

Plan of Correction

Accept ([REDACTED] 02/22/2024)

Action: On 02/08/2024 The Director of Nursing updated the RASP to include the two medications that the resident can self administer at bedside. All RASPs will be reviewed by the Executive Director and Director of Nursing to ensure all appropriate information reflecting needs are current by 03/31/2024.

Training; The new Director of Nursing was educated on regulation 2600.227d and on the audit process by the Executive Director on 02/20/2024.

Ongoing: An auditing process has been implemented and all RASPs will be monitored weekly for any changes by the Executive Director and/or clinical leadership team and findings will be reviewed monthly at QA meetings starting April 2024.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented ([REDACTED] - 02/27/2024)