pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EC OPCO CHIPPEWA LLC**
LEGAL ENTITY

To operate **CELEBRATION VILLA OF CHIPPEWA**
NAME OF FACILITY OR AGENCY

Located at **104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **85**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 13,** **2024** until **August 13,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449010**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 13, 2024

[redacted]
EC OPCO Chippewa LLC
[redacted]

RE: Celebration Villa of Chippewa
104 Pappan Business Drive
Beaver Falls, PA 15010
License #: 44901

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 25, 2024 and April 26, 2024 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *CELEBRATION VILLA OF CHIPPEWA* **License #:** *44901* **License Expiration:** *06/28/2024*

Address: *104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010*

County: *BEAVER* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *EC OPCO CHIPPEWA LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *03/08/2011* **Issued By:** *Chippewa Twp*

Type: *C-2 LP* **Date:** *05/20/1999* **Issued By:** *Dept. L & I*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date:** *04/30/2024*

Inspection Dates and Department Representative

04/25/2024 - On-Site: [redacted]

04/26/2024 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* **Residents Served:** *69*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Along The Journey* **Capacity:** *20* **Residents Served:** *19*

Hospice

Current Residents: *27*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *68*

Diagnosed with Mental Illness: *45*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *39*

Have Physical Disability: *1*

Inspections / Reviews

04/25/2024 - Full

Lead [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/23/2024*

05/29/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/05/2024*

08/02/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *05/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Exception*

65i - Training Record

1. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's records of direct care staff training for Resident Rights, Older Adult Protective Service Act and Spine Safety and Body Mechanics do not indicate the length of each course.

Plan of Correction ***Accept [redacted] - 05/29/2024)***

This was fixed Immediately by adding the length of each course by the Administrative Assistant on 4/25/2024 for the two trainings Older Adult Protective Services Act and Spine Safety and Body Mechanics. All trainings for 2024 were audited on 4/26/2024 by the Administrative Assistant to ensure that the Person trained, the date, source, content, length of each course were all correct. (attached).
A staff training was held on 5/15/2024 with all facility staff and regulation 65i was discussed to ensure all parties understand the training records regulation. The Executive Director and DON lead the training.
Moving forward the training records will be audited monthly by the Administrative Assistant or Administrator to ensure that all content is correct on the Training Records. This began on April 29th 2024. Documentation will be kept. (attached).

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 08/02/2024)

125b - Combustible Restrictions

2. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

A 4 ounce bottle of Skin Prep alcohol spray labeled "Flammable" was unsecured, unattended and accessible in the bottom cabinet drawer in the Memory Care kitchenette.

Plan of Correction ***Accept [redacted] - 05/29/2024)***

This was removed immediately with the Inspector present on 4/25/2024 by the Executive Director.
A training was held on April 28th 2024 with all nurses from the 3 hospice companies currently providing care in the facility (Skin Prep was placed in the cabinet drawer by a hospice nurse and was unknown by facility staff). Regulation 125b was discussed to ensure that understanding by all hospice nurses, and it was reiterated that any combustible materials may not be accessible to residents. The training was conducted by the Executive Director and the DON. (training attached).
A staff training was held on 5/15/2024 with all facility staff and Regulation125b was discussed to make sure staff understand what combustible materials and that they are to be inaccessible to residents. The training was taught by the Executive Director and DON.
Moving forward Memory Care Director/ Director of Nursing or designee will audit all resident rooms and accessible areas within the facility on MC and PC monthly to make sure there are no Combustible materials accessible to residents. This started on April 29th 2024. (attached). documentation will be kept. (attached).

Licensee's Proposed Overall Completion Date: *05/15/2024*

125b - Combustible Restrictions *(continued)*

Implemented [redacted] - 08/02/2024)

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 Humalog Kwik injections 100/ml, inject subcutaneously per sliding scale three times daily with meals - < 100 = 0 units, 101-150 = 4 units, 151-200 = 6 units, 201-250 = 8 units, 251-300 =10 units, 301-350 = 12 units, if >350 give 14 units and call MD.

On 4/10/24 at 12:00 p.m. resident #1's blood glucose reading was 254 and the resident was administered 8 units of Humalog. However, according to the prescriber's orders, the resident should have been administered 10 units of Humalog.

On 4/13/24 at 5:00 p.m. resident #1's blood glucose reading was 217 and the resident was administered 6 units of Humalog. However, according to the prescriber's orders, the resident should have been administered 8 units of Humalog.

Plan of Correction ***Accept [redacted] - 05/29/2024)***

The Doctor was contacted on 4/26/2024 by the DON and an order was written that stated call PCMA if meal is skipped for insulin order, and it was place on the MAR by our pharmacy that day as well. (attached).
Historically, we call the prescriber and on 4/10/24 and 4/13/24 an order was verbally given to the DON then signed off on by the prescriber to administer less insulin due to the resident not eating and based off of what the glucometer read. (attached are prescriber's orders we received for the order to be changed on these two dates).
A training was conducted on 5/15/2024 with all facility staff to ensure understanding of Regulation 187b. This was taught by the Executive Director and DON. In addition, a meeting was conducted on 4/29/2024 with the Nursing staff and the prescriber to ensure understanding of regulation 187b, reiterating that if the prescriber wants a special request for a resident, there must be a written order and the order must be placed on the resident MAR in it's entirety. (attached both trainings 5/15/24 and 4/29/2024).
Beginning on 5/6/2024, weekly Medication Audits will be conducted by the DON, ADON or Resident Care Coordinator. Specifically, the MAR and the Prescriber's orders will be checked to make sure the MAR and the Prescriber's order match. This started on 5/6/2024. Documentation will be kept. (attached audit form).

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 08/02/2024)

227d - Support Plan Medical/Dental

5. Requirements

2600.

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

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 #3's assessment, dated [redacted]/23, indicates the resident has a moderate need for supervision; however, the resident's support plan, dated [redacted]/23, does not document how this need will be met.

Plan of Correction ***Accept [redacted] 05/29/2024)***

This was corrected and the needs were added by end of day on 4/25/2024 by the DON. (attached).
A training was conducted with facility staff on 5/15/2024 and regulation 227d was discussed. The training was taught by the Executive Director and DON.
An audit was started on 4/29/2024 and will be completed by 5/20/2024 on all resident charts to ensure that each support plan documents all services being provided to each resident, as per regulation 227.d. This is being completed by the DON, ADON and the Resident Care Coordinator.
Beginning on 5/13/2024, all resident Support Plans will be audited by DON and ADON or Resident Care Coordinator prior to filling in resident chart, to ensure that each support plan documents all services being provided to each resident, as per Regulation 227.d. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] 08/02/2024)

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

Facility Information

Name: *CELEBRATION VILLA OF CHIPPEWA* **License #:** *44901* **License Expiration:** *06/28/2024*

Address: *104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010*

County: *BEAVER* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *EC OPCO CHIPPEWA LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *03/18/2011* **Issued By:** *Chippewa TWP*

Type: *C-2 LP* **Date:** *05/20/1999* **Issued By:** *Dept. L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *103* **Waking Staff:** *77*

Inspection Information

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

Reason: *Interim* **Exit Conference Date:** *07/09/2024*

Inspection Dates and Department Representative

07/09/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* **Residents Served:** *69*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Along The Journey* **Capacity:** *20* **Residents Served:** *19*

Hospice

Current Residents: *24*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *69*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *34* **Have Physical Disability:** *1*

Inspections / Reviews

07/09/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/08/2024*

08/02/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/02/2024*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

08/02/2024 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *08/02/2024*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Aspirin 81mg tab, take 1 tab by mouth daily, Hydroxychloroquine 200mg tab, take 1 tab by month daily, Pantoprazole Sodium DR 40mg tab, take 1 tab by mouth 30 minutes prior to breakfast, and Sertraline 50mg tab, take 1 tab by mouth daily. Resident #1's July 2024 medication administration record does not include the initials of the staff person who administered these medications on 7/5/24 and 7/8/24.

Plan of Correction ***Accept [redacted] - 08/02/2024)***

Med Cart audits were conducted on 7/10/24 to ensure that all resident medications were documented properly on the MAR, and no signatures were missing. (attached).
Resident #1's medication administration was reviewed by physician on 7/10/2024 and the am times were changed by physician to daily at 5:00 am. Change started on 7/10/2024 (Attached)

The Director of Nursing educated all Medication Technicians on Regulation 2600.187b The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Documentation of staff training will be kept in accordance with 2600.65i. Training took place on 7/17/2024. (attached)
Beginning on 07/11/2024 Director of Nursing/Assistant Director of Nursing or Executive Director will audit 10 resident Medication Administration Records (MARS) weekly for 3 months for compliance. (attached).
Results will be reviewed at monthly QA meetings led by the Executive Director with nursing staff beginning 8/25/2024 for 3 months. documentation will be kept

Proposed Overall Completion Date: 08/01/2024

Directed:
Med cart audits on 7/10/24 were conducted by the Director of Nursing.
[redacted] 8/2/24

Licensee's Proposed Overall Completion Date: *08/01/2024*

Implemented [redacted] - 08/02/2024)