

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

July 10, 2024

[REDACTED]  
EC OPCO READING LLC

[REDACTED]  
ECLIPSE SR LIV ATTN LICENSING  
[REDACTED]

RE: CELEBRATION VILLA OF EXETER  
9 COLIN COURT  
READING, PA, 19606  
LICENSE/COC#: 22716

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2024, 05/28/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *CELEBRATION VILLA OF EXETER* License #: *22716* License Expiration: *07/11/2024*  
 Address: *9 COLIN COURT, READING, PA 19606*  
 County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *EC OPCO READING LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/20/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *79* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/28/2024*

**Inspection Dates and Department Representative**

05/09/2024 - On-Site: [REDACTED]  
 05/28/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *70* Residents Served: *52*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *n/a* Capacity: *25* Residents Served: *18*

Hospice  
 Current Residents: *4*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *27* Have Physical Disability: *2*

**Inspections / Reviews**

05/09/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2024*

06/11/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/08/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2024*

Inspections / Reviews (*continued*)

## 07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/06/2024

## 07/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

As of [redacted] residents [redacted] and [redacted] were residing in the home's secure dementia unit. Resident [redacted] documentation of medical evaluation (DME) form indicating the resident requires secure dementia care was not completed until [redacted] and did not indicate that the resident has a diagnosis of [redacted] or other form of [redacted]. Resident [redacted] DME was not completed until [redacted] and also did not indicate that the resident has a diagnosis of [redacted] or other form of dementia.

Plan of Correction

Accept [redacted] - 06/11/2024)

[redacted] - Executive Director confirmed during inspection that residents have a diagnosis are cognitive impairment or "other forms of [redacted]. However, inspector stated BHSL wants to see the word dementia or [redacted] in the diagnosis.

[redacted] - Executive Director requested clarification to BHSL’s interpretation of regulation. Upon conversation with BHSL Regional Director, Executive Director was notified that only the specific terms of "[redacted]" or "[redacted]" are accepted by BHSL. "Other forms of [redacted]", which the resident’s were diagnosed with by their physician, are not acceptable per inspector and director.

[redacted] - Executive Director trained appropriate management team members on regulation and BHSL’s expectations regarding compliance for the regulation.

[redacted] - Physician’s office reviewed DME’s and confirmed residents that have [redacted] based on diagnosis. [redacted] was written and signed on the DME’s by physician’s office’s Certified Registered Nurse Practitioner.

On-Going- Residents will be required to have a diagnosis of dementia by their physician or CRNP prior to admission to community’s secure dementia unit.

Monthly- Memory Care Coordinator will audit the month’s DME’s to ensure they have appropriate diagnosis.

[redacted] and on-going- Executive Director and Memory Care Coordinator will review audit finding’s during monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented [redacted] 07/10/2024)