

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

August 6, 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 07/09/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CELEBRATION VILLA OF LEWISBURG License #: 22720 License Expiration: 03/08/2025
 Address: 2421 OLD TURNPIKE ROAD, LEWISBURG, PA 17837
 County: UNION Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [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: 40 Waking Staff: 30

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident 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: 73 Residents Served: 36
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

07/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2024
 07/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/06/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/06/2024

Inspections / Reviews *(continued)*

08/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

On [REDACTED] at approximately [REDACTED] resident #1 was in bed and rang their call bell for assistance with applying [REDACTED]. When staff persons A and B showed up staff person A told resident #1 they couldn't keep [REDACTED] powder in their room and there was no order for the medicated powder. Resident #1 refused to give the [REDACTED] powder to staff person A. Staff person A left the resident's room, leaving the overhead light on as punishment for the resident refusing to give the powder to staff. Resident #1 requires a 1 person assist to transfer out of bed and was unable to turn the light off. Later, staff person A returned to the resident's room and proceeded to frisk the resident in order to find the Nystatin powder. Staff person A found the powder, and before leaving the room, cursed at the resident.

Plan of Correction

Accept [REDACTED] - 07/29/2024)

Action: Investigation was completed by the Executive Director on [REDACTED] after the resident reported the incident. Staff person A and B suspended until further notice. AAA came into community on [REDACTED] to complete investigation and substantiated the abuse allegation. Staff Person A and B were terminated on [REDACTED] due to abuse of resident.

Training: Staff training on Regulation 2600.42.b was started on [REDACTED] by the Executive Director. Training will be completed by the Executive Director, Director of Nursing and/or Care Coordinator by [REDACTED]

Ongoing: Executive Director, Director of Nursing and or Care Coordinator will continue staff education and understanding of the different forms of abuse monthly through 12/1/2024, then annually. The Executive Director will contact APS for additional training. Training documentation will be kept. Starting 8/1/2024, the Executive Director will do 5 resident surveys monthly through 12/1/2024 and documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 08/06/2024)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] The preadmission screening form was not dated when completed and did not indicate if the resident was able to safely use and avoid poisonous materials.

Plan of Correction

Accept [REDACTED] - 07/29/2024)

Action: Director of Nursing offered the surveyor the completed form updated prior to resident's admission. This was kept in a different area of the resident records, but the surveyor did not accept it. On 7/9/2024, the Executive Director put the completed preadmission screening in the resident's record kept in the Executive Director's office.

Training: Executive Director, Director of Nursing and Care Coordinator will be trained on Regulation 2600.224.a by

224a Preadmission Screen Form (continued)

the Regional Director of Operations by 8/5/2024.

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented ([REDACTED] - 08/06/2024)