



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 23, 2024

[REDACTED]
[REDACTED]
EC OPCO Lewisburg, LLC
[REDACTED]
[REDACTED]

RE: Celebration Villa of Lewisburg
2421 Old Turnpike Road
Lewisburg, Pennsylvania 17837
License #: 227200

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is a request to convert 17 beds to SDCU; total capacity remains at 73. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

August 21, 2024

[REDACTED]
EC OPCO LEWISBURG LLC
[REDACTED]
[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 07/30/2024 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 LEWISBURG* License #: *22720* License Expiration: *03/08/2025*
 Address: *2421 OLD TURNPIKE ROAD, LEWISBURG, PA 17837*
 County: *UNION* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EC OPCO LEWISBURG LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/04/2024* Issued By: *East Buffalo Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Complaint, Interim* Exit Conference Date: *07/30/2024*

Inspection Dates and Department Representative

07/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *73* Residents Served: *38*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *17* Residents Served: *0*
 Hospice
 Current Residents: *2*
 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: *0*

Inspections / Reviews

07/30/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/25/2024*

08/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/19/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/21/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2024

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

Resident #1 did not receive the prescribed atorvastatin, eliquis and melatonin on 7/16/24 at 9pm. The home did not submit an incident report to the Department regarding the medication errors.

Resident #2 did not receive the prescribed medication Mirabegron tab 25mg ER given daily at 6am from 7-4-24 to 7-6-24. The home did not submit an incident report to the Department regarding the medication error.

Repeat Violation: 9/20/23

Plan of Correction

Accept [redacted] - 08/21/2024)

Immediate Action: Incident report for Resident #1 and Resident #2 was submitted on 7/30/2024 by the Director of Nursing.

Training: On 7/30/2024 the Regional Director of Clinical Services trained Director of Nursing and Care Coordinator on regulation 2600.16.c. Director of Nursing will train Medication Technicians by 8-1-2024 on regulation 2600.16.c and the importance of informing the Director of Nursing or Care Coordinator of any medications that are not available.

Ongoing: Medication technicians will report low supply of medications to the Director of Nursing and/or the Care Coordinator. The Director of Nursing or Care Coordinator will review the medication report weekly. The Director of Nursing and/or Care Coordinator will discuss this area along with the Executive Director during monthly quality assurance meetings starting August 2024 for the next 5 months.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [redacted] - 08/21/2024)

121a - Unobstructed Egress

2. 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

The gate to the home’s proposed secured dementia care unit courtyard, which exits to the back area of the home, was locked upon completing the initial walkthrough of the unit.

Repeat Violation: 2/7/24

121a - Unobstructed Egress (continued)

Plan of Correction

Accepted [redacted] - 08/21/2024)

Immediate Action: The gate was unlocked by the Maintenance Director and remains open to provide egress out of the courtyard as of 7/30/2024.

Training: The Maintenance director was trained on regulation 2600.121.a by the Executive Director on 7/30/2024.

Ongoing: The gate is checked during daily rounds to be sure it is unlocked and will remain unlocked until the memory care unit is approved.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [redacted] - 08/21/2024)

123c - Evacuation Diagrams

3. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home created a new gated courtyard located between the outside of resident rooms [redacted]. The home's emergency evacuation diagram did not include the newly created exit to the home's proposed secured dementia care unit courtyard.

Plan of Correction

Accepted [redacted] - 08/21/2024)

Immediate Action: On 7/30/2024 the Regional Director of Operations updated the evacuation diagram with additional exit and courtyard. This was sent to the fire department and emergency management with that change. These diagrams were hung in the appropriate areas of the community.

Training: The Maintenance Director was educated on regulation 2600.123.c by the Executive Director on 7/30/2024.

Ongoing: The updated diagrams will remain in the community and will be updated with any further changes. The Executive Director will monitor this area.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [redacted] - 08/21/2024)

133.1 - Exit Signs

4. 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

The home's proposed memory care unit has an exit that leads to an enclosed courtyard with a gate which opens into the back area of the home. The home indicated the exit would be used in the event of a fire if the residents were in the courtyard at the time a fire broke out. No exit sign was posted.

133.1 - Exit Signs (continued)

Repeat Violation: 2/7/24

Plan of Correction

Accept [REDACTED] - 08/21/2024)

Immediate Action: The exit sign was placed over the exit in the proposed memory care unit to the courtyard on 7/30/2024 by Executive Director.

Training: The Maintenance Director was educated on regulation 2600.133.1 by the Executive Director on 7/30/2024.

Ongoing: The exit signs are checked each month by the Maintenance Director, and this will be discussed at the monthly QA meeting starting August 2024.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [REDACTED] - 08/21/2024)

187c - Refusal of Medication

5. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 7-12-24 resident #1 medication administration record documents resident refused AM meds Eliquis, Escitalopram, Lisinipril and Metoprol. The home was unable to provide documentation that the resident's physician was informed of the refusal.

Plan of Correction

Accept [REDACTED] - 08/21/2024)

Immediate Action: On 7/31/2024 the Director of nursing notified the resident, POA and the Physican. An audit was conducted to look for additional residents with medications and administration parameters. The incident report was sent to the Department.

Training: The Director of Nursing and Care Coordinator was educated on regulation 2600.187.c by the Regional Director of Clinical Services on 7/30/2024. Director of Nursing and Care Coordinator trained medication technicians on regulation 2600.187.c on 8/1/2024. Re-educated medication technicians on this regulation and reporting to the physician immediately. Re-educated medication technicians on proper medication documentation and physician notification form.

Ongoing: The Director of Nursing or Care Coordinator will access the report of resident refusals weekly and ensure documentation has been sent to the physician. This will be discussed at morning meetings to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [REDACTED] - 08/21/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 has the following parameter for Metoprol SUC Tab 50mg ER. Take 1 tab by mouth every morning at 9am. The medication is to be held if pulse is less than 55 or blood pressure is less than 100.

The following errors were discovered when reviewing the resident's medication administration record:

On 7-6-24 resident # 's pulse was documented on MAR as 56 but medication was held at 9am.

On 7-18-24 resident # 's pulse was documented on MAR as 54 but medication was administered at 9am.

On 6-23-24 resident # 's pulse was documented on MAR as 56 but medication was not administered at 9am.

On 6-28-24 resident # 's pulse was documented on MAR as 56 but medication was not administered at 9am.

On 7-16-24 at 9pm the medication administration record for resident #1 documents the resident was out of the medication Atorvastatin, Eliquis, and Melatonin. The resident did not receive these medication on 7/16/24.

Resident #2's medication administration record documents the resident did not receive medication Mirabegron tab 25mg ER given daily at 6am from 7-4-24 to 7-6-24. The home did not have the medication on hand.

Repeat Violation: 2/7/24, 9/20/23

Plan of Correction

Accept [REDACTED] /21/2024)

Immediate Action: On 7/31/2024 the Director of Nursing contacted the provider and discussed the Metoprol ER which is an extended-release medication. The provider discontinued the parameters as there was no need for this on an extended-release medication. Resident #2's medication was received on 7/6/2024 and resumed administration.

Training: The Medication Technicians were trained on regulation 2600.187.d on 8/1/2024 and the importance of following parameters on medications by the Director of Nursing. They were instructed to contact the Director of Nursing or Resident Care Coordinator for directions if medications are not available. Re-educated medication technicians on proper medication documentation and physician notification form.

Ongoing: The Director of Nursing and/or Care Coordinator will review the Medication Administration Records to examine for any issues. If medications are missing the prescriber will be contacted for directions and the pharmacy will be contacted immediately to get a supply delivered to the community. This will be discussed during morning meetings.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [REDACTED] - 08/21/2024)

188b - Medication Error Reporting

7. Requirements

2600.

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

Description of Violation

Resident #1 did not receive the prescribed atorvastatin, eliquis and melatonin on 7/16/24 at 9pm. The home did notify the prescriber regarding the medication error.

Resident #2 did not receive the prescribed medication Mirabegron tab 25mg ER given daily at 6am from 7-4-24 to 7-6-24. The home did notify the prescriber regarding the medication error.

Repeat Violation: 9/20/23

Plan of Correction

Accept [redacted] - 08/21/2024)

Immediate Action: On 7/31/2024, Resident #1’s prescriber, resident and resident’s designated person were informed of the medication errors.

Training: The Director of Nursing, Care Coordinator and Medication Technicians were trained on regulation 2600.188.b by the Executive Director on 8/1/2024.

Ongoing: The Director of Nursing and/or Care Coordinator will review resident Medication Administration Records weekly. Medication Technicians are to report any medications not available to the Director of Nursing or Care Coordinator immediately.

Licensee's Proposed Overall Completion Date: 08/19/2024

Bypass Document Submission

Implemented [redacted] 08/21/2024)