

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

November 8, 2024

[REDACTED], ADMINISTRATOR  
EC OPCO SC LLC

RE: CELEBRATION VILLA OF NITTANY  
VALLEY  
150 FARMSTEAD LANE  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 23374

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2024 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 NITTANY VALLEY      **License #:** 23374      **License Expiration:** 07/03/2025

**Address:** 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803

**County:** CENTRE      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED] [REDACTED] [REDACTED]

**Legal Entity**

**Name:** EC OPCO SC LLC

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 08/02/2010      **Issued By:** Center County Region

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 68      **Waking Staff:** 51

**Inspection Information**

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

**Reason:** Renewal, Incident      **Exit Conference Date:** 09/10/2024

**Inspection Dates and Department Representative**

09/10/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 60      **Residents Served:** 43

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 1st floor      **Capacity:** 17      **Residents Served:** 15

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 43

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

**Have Mobility Need:** 25      **Have Physical Disability:** 0

**Inspections / Reviews**

**09/10/2024 Full**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/11/2024

**10/28/2024 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 11/01/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 11/01/2024

Inspections / Reviews *(continued)*

11/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home does not have a written policy regarding the use of voice-controlled electronic devices

Plan of Correction

Accept ( ) - 10/28/2024)

Action: On September 11, 2024, the device was removed from the Resident's room by a Family Member and staff conducted an audit on all the Resident Rooms within the Community to see if there were other voice controlled electronic devices. On October 10, 2024, the policy for the use of Voice-Controlled Electronic Devices was written by the Regional Director of Clinical Services.

Training: The Regional Director of Clinical Services educated the Executive Director on 10/10/2024. The Executive Director will educate all staff on Regulation 2600.42s, the Resident's Rights to Privacy and the written Policy regarding the use of Voice-Controlled Electronic Devices by 10/31/2024 and documentation will be kept. The Executive Director will provide notice of the Policy to all Resident's and their Families, by October 31, 2024.

Ongoing: Effective October 2024 the current residents will be given the option to use voice-controlled electronic devices. The written Policy will be reviewed at the October 2024 Resident Council Meeting by the Executive Director. Documentation will be kept. This regulation's findings will be reviewed with the Leadership Team during the monthly Quality Assurance Meetings, starting October 2024 for 6 months. Effective 2024, upon admission, the Executive Director will provide notice to new Resident's and their Families on the Policy for the use of Voice-Controlled Electronic Devices in the home. The resident rooms will be checked for the devices monthly starting in October 2024 for 3 months then in 6 months by the Maintenance Director and/or the Executive Director and documentation will be kept. Effective October 2024, new employees will be educated on the policy upon hire by the Executive Director and documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ( ) - 11/08/2024)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff member C was hired by the home on ( ) There is no documentation that Staff Member C completed the Department approved direct care training course.

Plan of Correction

Accept ( ) - 10/28/2024)

Action

65d - Initial Direct Care Training (continued)

: On September 14, 2024, which was Staff Member C's next scheduled workday, Staff Member C was removed from the Resident Assistance schedule. On September 16, 2024, the Executive Director audited the Direct Care Staff Files to ensure that all current employees have successfully completed and passed the Department-Approved Direct Care Training Course along with the competency test by viewing the Completion Certificate. Documentation will be kept.

**Training:** On September 17, 2024, the Executive Director was educated by the Regional Director of Clinical Services on Regulation 2600.65d. The Executive Director educated the Administrative Assistance on Regulation 2600.65d on September 17, 2024. The Executive Director is responsible for ensuring compliance with this regulation as well as ensuring its completion prior to the Direct Care Workers' introduction to the floor.

**Ongoing:** Effective October 1, 2024, all Staff will be required to successfully complete the Direct Care Workers Training prior to being introduced to the position which they are hired for. This regulation's findings will be reviewed with the Leadership Team during the monthly Quality Assurance Meetings, starting October 2024 for 6 months. Documentation to be kept.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 11/08/2024)

65g - Annual Training Content

3. 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:

Description of Violation

There is no documentation that Staff Member A hired █ had training on Resident Rights or The Older Adult Protective Services Act during the 2023 training year.

Plan of Correction

Accept (█) - 10/28/2024)

**Action:** On September 10, 2024, The Executive Director met with Staff Member A to discuss the missing Trainings. On October 8, 2024, an audit of all Staff was completed to ensure completion of Resident Rights or Older Adult Protective Services Act during the 2023 training year.

**Training:** On October 1, 2024, the Executive Director was re-educated on Regulation 2600.65g by the Regional Director of Clinical Services. On October 1, 2024, all staff were re-educated on Regulation 2600.65g by the Executive Director. Documentation to be kept.

**Ongoing:** Effective October 1, 2024, all training will be reviewed on a monthly basis by the Executive Director. This regulation findings will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting October 2024 for 6 months. Documentation to be kept.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 11/08/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

*There were 2 unlabeled bags of tater tots, 1 unlabeled bag of French fries, and 1 unlabeled bag of sweet potato fries in the standalone freezer outside of the kitchen. All of the frozen food was previously opened.*

Plan of Correction

Accept (█) - 10/28/2024)

**Action:** On September 11, 2024, the 2 unlabeled bags of Tator tots, 1 unlabeled bag of french fries, and 1 unlabeled bag of sweet potato fries that were in the standalone freezer outside the kitchen were disposed of by the Dietary Director. On September 27, 2024, an audit was completed by the Executive Director, the Maintenance Director, and the Dietary Director to ensure all food has been received and opened has been properly labeled and placed in their respective areas.

**Training:** On September 10, 2024, the Executive Director was re-educated on regulation 2600.103e by Regional Director of Operations. On September 11, 2024, the Executive Director provided an education on regulation 2600.103e to all Dietary Employees. Documentation to be kept.

**Ongoing:** On September 12, 2024, signage was placed throughout the kitchen as a reminder to proper label items as they are removed from their original packaging, by the Executive Director. Effective September 27, 2024, an audit of the kitchen to ensure that all food is labeled in accordance with Regulation 2600.103e, weekly x 4 weeks then, monthly by the Executive Director, Dietary

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 11/08/2024)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c Fire Drill Records (continued)

Description of Violation

The fire drill log for the fire drill conducted in August 2024 does not list the number of residents in the home at the time of the fire drill and only lists the number of residents evacuated during the fire drill.

Plan of Correction

Accept ( ) - 10/28/2024)

Action: On September 11, 2024, the fire drill log was updated with census to include the number of Residents in the Home at the time of the Fire drill. On September 11, 2024, all fire drill logs were reviewed by the Executive Director and Director of Maintenance / Housekeeping to ensure the number of Residents present in the Community at the time of the drill are listed. Documentation to be kept.

Training: On September 11, 2024, the Executive Director was educated by the Regional Director of Operations on Regulation 2300.132c. The Executive Director educated the Director of Maintenance / Housekeeping on the Regulation 2300.132c. Documentation to be kept.

Ongoing: Effective September 2024, the Executive Director and the Director of Maintenance / Housekeeping will review monthly after the fire drill to ensure the fire drill log reflects the number of Residents in the Home and only lists the number of Residents evacuated during the fire drill. Documentation to be kept.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ( ) - 11/08/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 receives [redacted] daily before meals based on a sliding scale. On [redacted], Resident #1 had a blood sugar reading of [redacted] requiring [redacted] of sliding scale insulin coverage. Per the resident's Medication Administration Record, the resident was administered [redacted] of insulin.

Plan of Correction

Accept ( ) - 10/28/2024)

Action: On September 10, 2024, a Reportable was completed immediately and submitted to DHS as per the instruction of Inspectors [redacted]. On September 10, 2024, notification was provided to the Resident, Resident's Family, and MD. On September 10, 2024, education was provided to the Staff Member who was responsible for the error by the Executive Director and Director of Nursing. On September 10, 2024, the Staff Member was also required to demonstrate the proper procedure for obtaining a blood sugar and verifying the order with the Executive Director.

Training

187d - Follow Prescriber's Orders (continued)

: On September 10, 2024, the Director of Nursing was educated on Regulation 2600.187d. On September 18, 2024, all Med Techs were educated on Regulation 2600.187d by the Executive Director and Director of Nursing. On September 18, 2024, Medication Technicians were required to demonstrate the proper procedures of obtaining blood sugar, verifying an order, and administering insulin during their next scheduled shift with the Executive Director. This was completed September 23,2024. Documentation to be kept.

**Ongoing:** Effective October 1, 2024, weekly Medication Cart Audits will be completed by the Executive Director and Director of Nursing, all glucometers will be reviewed during the Medication Cart Audits. Effective October 8, 2024, the Medication Records of current diabetics in the home will also be reviewed daily to ensure all orders are being followed as per the directions of the prescriber, by the Executive Director and/or Director of Nursing. Effective October 1, 2024, The Executive Director and/or Director of Nursing will also observe the Med Techs obtaining a blood sugar reading, verifying the order, and insulin administration weekly x 4 weeks for one month and then monthly. Documentation to be kept. The regulation findings will be reviewed with the Leadership Team at the Monthly Quality Assurance Meetings starting in October 2024, for 6 months.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented [redacted] - 11/08/2024)

234d - Support Plan Revision

7. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #2's most recent Resident Assessment Support Plan was completed on [redacted]. The resident's previous Resident Assessment Support Plan was completed on [redacted], more than one year previous.

Plan of Correction

Accept [redacted] - 10/28/2024)

**Action:** On September 18, 2024, the Executive Director and Director of Nursing performed an audit of all Resident's Charts to ensure the support plan be revised at least annually and as the Resident's condition changes. Tickler file created September 11, 2024, by Director of Nursing. Documentation to be kept.

**Training:** On September 11, 2024, the Executive Director was educated on Regulation 2600.234d by Regional Director of Clinical Operations. On September 11, 2024, the Executive Director educated the Director of Nursing on regulation 234d. Documentation to be kept.

**Ongoing:** Effective October 1, 2024, the Executive Director, Director of Nursing, and Memory Care Coordinator will review the tickler monthly and with any changes to Resident's Conditions to ensure that all Resident's support plans shall be revised at least annually and as the Resident's condition changes. Documentation to be kept. The regulation findings will be reviewed with the Leadership Team at the Monthly Quality Assurance Meetings starting in October 2024, for 6 months.

234d - Support Plan Revision (continued)

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented [REDACTED] - 11/08/2024)