

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

October 22, 2024

[REDACTED], ADMINISTRATOR
EC OPCO READING LLC

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/19/2024, 09/25/2024 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 EXETER **License #:** 22716 **License Expiration:** 07/11/2025

Address: 9 COLIN COURT, READING, PA 19606

County: BERKS **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: EC OPCO READING LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 12/17/2017	Issued By: L&I
Type: Other	Date: 10/27/2023	Issued By: Other

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 85 **Waking Staff:** 64

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 09/25/2024

Inspection Dates and Department Representative

09/19/2024 - On-Site: [REDACTED]

09/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 57

Secured Dementia Care Unit

In Home: Yes **Area:** 400 hallway **Capacity:** 25 **Residents Served:** 20

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28	Have Physical Disability: 3

Inspections / Reviews

09/19/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/13/2024

Inspections / Reviews (*continued*)

10/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2024

10/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A was hired on [REDACTED]. The home did not have documentation that staff person A has a GED or high school diploma. Staff person A provides direct care.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

Action:

Immediately (9/19/24- Day 1 of inspection)- Staff person A had documentation of a high school diploma. However, it was not accepted, because it is from a non-U.S. country.

9/27/24- A waiver request was submitted to Bureau of Human Services Licensing due to the non-U.S. high school diploma- this request is still pending approval.

9/27/24- Upon BHSL technical assistance, employee temporarily not providing unsupervised ADL's as a direct care staff.

10/8/24- All direct care staff person's documentation of a U.S. high school diploma or GED status was audited. All other direct care staff confirmed to have a U.S. high school diploma or GED. (Audit attached).

Training:

10/2/24- All managers were trained that direct care staff require a U.S. high school diploma, waiver request for a non-U.S. diploma (which requires the non-U.S. transcript), a GED, or an active CNA license according to the regulatory compliance guide's description of regulation 54.a.2. (see attached sign-in sheet).

On-Going:

The community will only hire direct care staff with required documentation. This will be confirmed by the Executive Director prior to every hire.

Monthly- Executive Director will report findings to leadership team at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 10/22/2024)

103e Left Overs

2. 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

On 9/19/2024, the refrigerators in the 200 commons and 300 commons area had the following unlabeled and undated items in it: a covered cup with unknown liquid in it, and a bag with creamy white substance.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

103.e.

Action:

Immediately (9/19/24- Day 1 of inspection)- Executive Director threw out unlabeled food in both 200 & 300 refrigerators.

103e - Left Overs (continued)

Labeling materials with sign have been placed for residents and families to label and date all personal food items. (Picture attached).

Training:

10/2/24: Communication was sent by Executive Director to resident families requesting that they label and date all personal food that is kept in the common area refrigerator (email attached).

10/8/24- Executive Director educated Director of Culinary Experience and Culinary Assistants on regulation 103.e. expectations and standard practices. (sign-in sheet attached).

10/16/24- The Executive Director will educate frontline staff at our staff meeting on regulation 103.e.

On-Going:

Daily (through the end of December 2024)- Culinary Assistant will check to ensure all leftovers are labeled and dated (and thrown out if old). If any discrepancies are found, staff have been trained to recheck if any concerns are found.

Monthly- Director of Culinary Experience will report findings to leadership team at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented () - 10/22/2024)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/25/2024, the ice cream freezer temperature was 15 degrees.

Plan of Correction

Accept () - 10/16/2024)

Action:

Immediately (9/25- Day 2 of Inspection)- Director of Culinary Experience received clarification of directions he was previously given from ice cream vendor on temperature and adjusted freezer temperature to below 0 degrees Fahrenheit according to regulation 103.f.

Training:

10/8/24- Dining department educated on expectations regarding regulation 103.f. and standard practices. (sign-in sheet attached)

On-Going:

Daily (through the end of December 2024)- Culinary Assistant will check to ensure freezer temperature is at or below 0 degrees Fahrenheit daily. If any discrepancies are found, staff have been trained to recheck if any concerns are found and report continued issue, if applicable.

Monthly- Director of Culinary Experience will report findings at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented () - 10/22/2024)

121a - Unobstructed Egress

4. 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

On 9/19/2024, a walker was observed in front of the emergency exit to the courtyard, blocking immediate egress in the event of an emergency.

The exit door located in the 200 hallway would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept [redacted] - 10/16/2024)

Action:

Immediately (9/19/24- Day 1 of inspection)- The dementia resident's rollator walker was moved by the Executive Director closer to the resident and out of the way of the egress door.

Immediately (9/19/24- Day 1 of inspection)- The 200 hallway exit door was adjusted and confirmed by the inspector to open according to BHSL standards.

Training:

Immediately (9/19/24- Day 1 of inspection)- The Executive Director and Maintenance Director were educated by the BHSL licensing representative on expectations for opening doors.

10/2/24- The Executive Director educated the management team on regulation 121.a.

10/16/24- The Executive Director will educate frontline staff at our staff meeting on regulation 121.a.

On-Going:

Weekly (through the end of December 2024)- The Maintenance Director checks all exit doors for ease of opening and will address any issues at the time, if found. Records will be maintained in our preventative software system (TELS).

Monthly- The Maintenance Director will report findings at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [redacted] - 10/22/2024)

187b - Date/Time of Medication Admin.

5. 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

On [redacted], Staff B and Staff C were completing a narcotic count on Cart 200. The narcotic count was off for Resident #2's liquid morphine syringes. After Staff C investigated the problem, it was discovered that a dose of prn morphine was administered to the resident on [redacted] but was not documented on the MAR.

Plan of Correction

Accept [redacted] - 10/16/2024)

Action:

Immediately (9/25/24- Day 2 of Inspection)- Staff C was contacted and confirmed [redacted] administered medication to the resident. This was documented in the resident's electronic health record when this was discovered.

Training:

9/25/24- Staff C was given verbal reminder of procedures, which she agreed to follow.

9/18/24- The Director of Nursing educated all Medication Technicians on proper medication administration procedures (see attached).

187b - Date/Time of Medication Admin. (continued)

10/8/24- Staff C was given written counseling due to not following procedures (see attached).

10/8/24- Director of Nursing (Medication Administration Course Trainer) completed Medication Observation with no concerns (see attached).

On-Going:

Narcotic counts are completed electronically at shift change and staff will notify Director of Nursing if a discrepancy is found.

Weekly (until next medication observation in January 2025)- Medication Administration Records that have controlled PRN medications and are completed by Staff Person B will be audited by the Director of Nursing to ensure that controlled PRN medications are documented properly.

Monthly- Director of Nursing will report findings at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented (█) - 10/22/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

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 #1 uses a Halo Safety Ring. The Resident Assessment and Support Plan dated █ does not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, the specific device to be used, and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 10/16/2024)

Action:

Immediately (9/19/24- Day 1 of inspection)- Executive Director found that documentation had been completed on Resident #1's previous RASP.

Immediately (9/19/24- Day 1 of inspection)- Director of Nursing updated Resident #1's RASP to include required documentation and showed it to licensing representative.

9/20/24- Executive Director audited the RASPs of all additional resident's who have a HALO. All were found with proper documentation.

Training:

9/19/24- Day 1 of inspection- Director of Nursing was reminded by Executive Director to carry over documentation from previous RASP.

10/2/24- Executive Director in-serviced all managers on Regulation 227.d. and best practices to continue compliance by documenting on RASPs.

On-Going:

Monthly- All Halo Safety Ring documentation will be audited by Director of Nursing and findings reported at Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

227d - Support Plan Medical/Dental (continued)

Implemented () - 10/22/2024)

233c - Key-Locking Devices

7. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 9/19/2024, the gate in the courtyard had a electronic locking device. The directions (code) to operate that device were not present.

Plan of Correction

Accept () - 10/16/2024)

Action:

Immediate (9/19- Day 1 of Inspection)- Directions to operate the device were re-applied during the time of inspection (picture attached).

Training:

10/2/24- Leadership team was trained on regulation 233.c. and how to resolve if directions are found to not be in place.

On-Going:

Weekly (through end of December 2024)- Executive Director and/or Maintenance Director will ensure directions remain at all electronic locking devices during walk-throughs. Records will be maintained in our preventative software system (TELS).

Monthly- Maintenance Director will report findings during Quality Assurance meetings, beginning October 2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented () - 10/22/2024)