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

October 21, 2024

[redacted], ADMINISTRATOR
EC OPCO ALTOONA LLC
[redacted]

RE: CELEBRATION VILLA OF ALTOONA
170 RED FOX DRIVE
DUNCANSVILLE, PA, 16635
LICENSE/COC#: 33373

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2024, 10/03/2024 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 ALTOONA* **License #**: *33373* **License Expiration**: *08/02/2025*

Address: *170 RED FOX DRIVE, DUNCANSVILLE, PA 16635*

County: *BLAIR* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EC OPCO ALTOONA LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/01/1997* **Issued By**: *DEPARTMENT OF LABOR AND INDUSTRY*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *10/03/2024*

Inspection Dates and Department Representative

10/02/2024 - On-Site: [redacted]

10/03/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *MEMORY CARE* **Capacity**: *17* **Residents Served**: *16*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

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

Have Mobility Need: *26* **Have Physical Disability**: *0*

Inspections / Reviews

10/02/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/18/2024*

Inspections / Reviews *(continued)*

10/15/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/15/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/25/2024*

10/21/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/15/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], from 11:00 PM to 7:00 AM, 46 residents were present in the home. During this time, there were no staff persons working in the home who were certified in first aid and CPR.

On [redacted], from 11:00 PM to 7:00 AM, 46 residents were present in the home. During this time, there were no staff persons working in the home who were certified in first aid and CPR.

On [redacted], from 11:00 PM to 7:00 AM, 46 residents were present in the home. During this time, there were no staff persons working in the home who were certified in first aid and CPR.

Plan of Correction ***Accept ([redacted]S - 10/15/2024)***

On 10/8/24 an audit of all current staff CPR status was completed by DON and ADON.
The community's ADON is a certified CPR/First Aid instructor and has scheduled all staff at Celebration Villa of Altoona for First Aid/CPR training. This training will take place in 5 sessions and will be completed by November 12, 2024, the training schedule is attached.
On 10/8/24 the Director of Nursing was educated on regulation 2600.63a, by Executive Director. On 10/8/24 all staff was educated on regulation 2600.63a, by Director of Nursing.
Effective 10/8/24 all future trainings CPR trainings will also include first aid training.
Effective 10/8/24 the community will keep a record of these trainings, along with the trainer's credentials. These records will be stored in the administrator's office.
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.

Licensee's Proposed Overall Completion Date: *11/12/2024*

Implemented ([redacted] - 10/21/2024)

132d - Evacuation

2. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on [redacted], the home exceeded their maximum evacuation time of 15 minutes, set by the certified fire safety expert.

132d - Evacuation *(continued)*

Plan of Correction ***Accept (- 10/15/2024)***

On [redacted] a fire drill was completed at [redacted] to ensure the residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.
On 10/4/24 the Executive Director was educated on regulation 2600. 132d by the Regional Director of Operations. All staff were provided training on exit times for fire drills on 10/8/24 at a staff meeting, by the Executive Director .All subsequent meetings within the 2024 calendar year have met the regulatory time frame. The Maintenance Director is responsible to ensure that all times are met. If a time is not met a second fire drill will take place within the same calendar month. The sign in sheet from the training is attached.
Effective October 2024 all fire drills for the next six months, the administrator will review the fire drill log to ensure that data collected during the drill is recorded accurately and that the designated time requirement was met.
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.

Licensee's Proposed Overall Completion Date: *10/18/2024*

Implemented (- 10/21/2024)

132h - Designated Meeting Place

3. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills , not all residents were evacuated from the building:

[redacted]

[redacted]

[redacted]

[redacted]

Plan of Correction ***Accept (- 10/15/2024)***

On 10/8/24 the census for 8/28/24, 5/23/24, 4/26/24, 3/29/24, was reviewed and fire dire log was updated to reflect current census during fire drill, by the Maintenance Director.
The Executive Director provided training and a policy update to the Maintenance Director on 10/8/24. The policy update is attached.
Effective October 2024 all fire drills for the next six months, will be reviewed by Executive Director to ensure that data collected during the drill is recorded accurately.
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.

Licensee's Proposed Overall Completion Date: *10/18/2024*

132h Designated Meeting Place *(continued)*

Implemented (- 10/21/2024)

141a 1 10 Medical Evaluation Information

4. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's most recent medical evaluation, dated , did not include boxes 8-10: body positioning and movement stimulation for residents (if appropriate), health status, and mobility assessment.

Plan of Correction ***Accept (- 10/15/2024)***

On 10/8/24 the Director of Nursing reviewed the document with the appropriate medical staff and the document has been updated. A copy of the document is attached.
On 10/8/24 an audit of all current resident was completed by DON to ensure that all resident evaluations are in compliance with regulation 2600. 141a.
On 10/8/24 the Administrator has reviewed this regulation with the Director of Nurse and Assistant Director of Nursing, a record of this training is attached and will be kept in the administrator's office.
Effective October, 2024, the Director of Nursing will be responsible for keeping a file audit sheet in her office and auditing all new files or updated DME paperwork in the audit sheet for the next three months. The administrator will review these audits as completed and a copy of these audits will be kept in the administrator's office.
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.

Licensee's Proposed Overall Completion Date: *10/11/2024*

Implemented - 10/21/2024)

224a Preadmission Screen Form

5. 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 #3's preadmission screening form, dated does not include a determination that the needs of the

224a - Preadmission Screen Form (continued)

resident can be met by the services provided by the home.

Plan of Correction ***Accept [redacted] - 10/15/2024)***

The Director of Nursing updated the preadmission screening form on 10/8/24. A copy of the updated form is attached.
On 10/9/24 an audit of all current residents was completed to ensure that the needs of the resident can be met by the services provided by the home, by the Director of Nursing.
On 10/9/24the Administrator has reviewed this regulation with the Director of Nurse and Assistant Director of Nursing, a record of this training is attached and will be kept in the administrator's office.
Effective October 2024, the Director of Nursing will be responsible for keeping an audit sheet for all new residents, and will be reviewed prior to move in to ensure compliance with regulation 2600.224a . The administrator will review these audits and keep a copy of the records in the administrator's office.
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.

Licensee's Proposed Overall Completion Date: *10/11/2024*

Implemented ([redacted] - 10/21/2024)

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

The assessment for resident #2, dated [redacted], does not indicate the resident's need for assistance with mobility. The assessment denotes the resident is independent with mobility and transfers.

Plan of Correction ***Accept [redacted] - 10/15/2024)***

On [redacted] Resident #2's assessment and service plan have been updated and verified for accuracy, by the Director of Nursing. A copy of the completed change form is attached.
On [redacted] and audit of all current residents support plans was completed by the Director of Nursing to reflect the current needs of the residents.
On 10/8/24 the Director of Nursing was educated on regulation 2600.227d, by the Executive Director.
Effective October 2024, the Director of Nursing will be responsible for ensuring the accuracy of all medical documentation for the nursing department. Effective October 2024, all resident changes will be reviewed and updated at stand up meeting, by the Director of Nursing.
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.

Licensee's Proposed Overall Completion Date: *10/11/2024*

Implemented ([redacted] - 10/21/2024)

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

The directions for operating the home's locking mechanism are not conspicuously posted outside the rear door from the courtyard, leading inside the Secure Dementia Care Unit (SDCU), nor are they posted at the exit gate leading to and from the courtyard utilized by the SDCU residents.

Plan of Correction ***Accept ([redacted] - 10/15/2024)***

The Maintenance Director has posted new signage outside the exterior door to the SDCU and has placed new signage on the exterior gate to the SCDU. Photos of the signage are attached. This was completed on 10/9/24.
On _10/9/24 _the administrator has trained the Memory Care Coordinator, Director of Nursing, Assistant Director of Nursing and the Maintenance Director on this regulation. A record of this training will be kept in the administrator's office.
Effective 10/9/24 the Maintenance Director will verify signage outside the exterior door to the SDCU, during morning rounds of the community during working hours.
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.

Licensee's Proposed Overall Completion Date: *10/11/2024*

Implemented [redacted] - 10/21/2024)