

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

December 4, 2024

[REDACTED], ADMINISTRATOR
EC OPCO LOYALSOCK LLC

RE: CELEBRATION VILLA OF LOYALSOCK
2985 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22719

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/24/2024 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 LOYALSOCK **License #:** 22719 **License Expiration:** 07/03/2025

Address: 2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754

County: LYCOMING **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: EC OPCO LOYALSOCK LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/22/1999 **Issued By:** Lycoming County

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 51 **Waking Staff:** 38

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 10/24/2024

Inspection Dates and Department Representative

10/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 48

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:** 48

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

Have Mobility Need: 3 **Have Physical Disability:** 1

Inspections / Reviews

10/24/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/25/2024

12/03/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/04/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/06/2024

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms 13 and 120 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept (████ - 12/03/2024)

ACTION: On 10/24/2024, touch lights were mounted to the wall next to the beds in rooms 13 and 120. On 10/25/2024, each resident room was checked for compliance. The room audit was completed by the Administrator and the Maintenance Director, and will be kept in the Plan of Correction binder.

TRAINING: On 10/25/2024, the leadership team was retrained on state regulation 2600.101.(j). The week of 10/28/2024, general staff was retrained on state regulation 2600.101.(j). The trainings were completed by the Administrator. Any new staff will be trained on this regulation. Training to be kept in Plan of Correction binder.

ONGOING: Starting 10/24/2024, the monthly room checks will include the lamp not just being on the nightstand, but ensuring it is reachable from the bed. If the lamp is not able to be turned on from the resident's bed, a touch light will be mounted on the wall next to the bed. Room checks will be conducted by the leadership team. Lamp placement will be reviewed monthly at the Quality Assurance Meeting, starting in November 2024 and audits will be kept in the Plan of Correction binder.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████ - 12/04/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1s most recent Documentation of Medical Evaluation was completed on ██████. However, the DME was not signed by a physician.

Plan of Correction

Accept (████ - 12/03/2024)

ACTION: On 10/25/2024, all resident DME forms were audited for completion to ensure no blank spaces. The audit was completed by the Administrator and the Director of Nursing, and will be kept in the Plan of Correction binder.

TRAINING: On 10/25/2024, the Director of Nursing and Resident Care Coordinator were retrained on state regulation 2600.141.(b). The training was completed by the Administrator. Training to be kept in Plan of Correction binder.

ONGOING: Starting 10/24/2024, all DME forms will be reviewed by the Administrator, to ensure thorough completion, prior to being filed. DME completion will be reviewed monthly at the Quality Assurance Meeting, starting in November 2024 and audits will be kept in Plan of Correction binder.

141b1 Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 12/04/2024

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]. The resident's assessment portion of the Resident Assessment and Support Plan was completed on [REDACTED], prior to the date of admission.

Plan of Correction

Accept () - 12/03/2024

ACTION: On 10/25/2024, all current resident's assessment portions of the RASP were audited for accuracy/completion. The audit was completed by the Administrator and the Director of Nursing and will be kept in the Plan of Correction binder.

TRAINING: On 10/25/2024, the Director of Nursing and Resident Care Coordinator were retrained on state regulation 2600.225.(a). The training was completed by the Administrator. Training to be kept in Plan of Correction binder.

ONGOING: Starting 10/24/2024, all RASP will be completed after a resident is physically admitted to the community. If the RASP is worked on prior to resident admission, the resident's signature will include a date to show that the RASP was finalized on date of admission or later. The Administrator will review each RASP for accuracy prior to filing in resident record. RASP completion will be reviewed monthly at the Quality Assurance Meeting, starting in November 2024 and audits will be kept in Plan of Correction binder.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 12/04/2024