

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

December 9, 2024

[REDACTED]  
EC OPCO DILLSBURG LLC

[REDACTED]  
ECLIPSE SR LIV ATTN LICENSING  
[REDACTED]

RE: CELEBRATION VILLA OF DILLSBURG  
153 LOGAN ROAD  
DILLSBURG, PA, 17019  
LICENSE/COC#: 33379

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2024, 10/30/2024 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 DILLSBURG License #: 33379 License Expiration: 01/16/2025  
 Address: 153 LOGAN ROAD, DILLSBURG, PA 17019  
 County: YORK Region: CENTRAL

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: EC OPCO DILLSBURG LLC  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 11/05/1998 Issued By: Labor & Industry

**Staffing Hours**

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

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal Exit Conference Date: 10/30/2024

**Inspection Dates and Department Representative**

10/29/2024 - On-Site [Redacted]  
 10/30/2024 - On-Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 80 Residents Served: 53  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 19 Have Physical Disability: 0

**Inspections / Reviews**

10/29/2024 Full  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/11/2024

11/12/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 12/06/2024  
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 12/06/2024

Inspections / Reviews *(continued)*

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:10 AM and again at approximately 11:30 AM, a pungent odor of urine was detected in the common bathroom located in the lobby near the reception desk.

Plan of Correction

Accepted [REDACTED] - 11/12/2024)

Upon discovery, the bathroom was immediately cleaned by the housekeeping staff. By 11/15/24, the Maintenance Director will remove the current toilet, clean the area thoroughly, recaulk the area and reinstall the current toilet. All Department Managers and staff will be educated in writing on this regulation by the Administrator by 11/30/2024. Ongoing, the Maintenance Director, Administrative Assistant or Executive Director will complete random daily checks for one month to ensure the bathroom is clean and free from odors. Results will be reviewed at November 2024 QA meeting.

Proposed Overall Completion Date: 11/30/2024

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

Implemented [REDACTED] - 12/09/2024)

103d - Storing Food Off Floor

2. Requirements

2600.  
103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] at approximately 9:35 AM, cases of Campbells tomato juice, lemon juice, a box of bread and a box of Nestle coffee mate were stored on the floor of the dry food storage area in the main kitchen.

Plan of Correction

Accepted [REDACTED] - 11/12/2024)

Immediately, the boxes and juice were moved to the adjacent shelves and off the floor. The Management staff and dining associates will be educated in writing on this regulation by the Administrator by 11/15/2024. Ongoing, the Dining Director, Executive Director, or Cook will complete and document daily checks in the kitchen to ensure there are no boxes or other supply items stored on the floor. Results will be reviewed at the November 2024 QA meeting.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 12/09/2024)

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 [REDACTED] at 9:36 AM, the temperature in the 200-hall kitchenette freezer was 2

103f - Refrigerator/Freezer Temps (continued)

degrees Fahrenheit, and at 2:00 PM, it was 3 degrees Fahrenheit.

Repeated Violation - 10/31/23, et al

Plan of Correction

Accept [redacted] - 11/12/2024)

On 10/29/2024, the kitchenette freezer was inspected by the maintenance director and no issues were noted that required repairs. On 10/29/2024, the Administrator rearranged food items in the freezer to allow the air to circulate more freely and the temperature control was adjusted down. The temperature at approx. 8:30am on 10/30/2024 as read by the Executive Director was -2F. All department managers and associates will be provided written education on the regulation by 11/30/2024. The temperature of the freezer will be recorded and results reviewed daily by the Maintenance Director and/or Executive Director. Results will be reviewed at the November QA meeting

Proposed Overall Completion Date: 11/30/2024

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

Implemented [redacted] - 12/09/2024)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and sent to the local emergency management agency (EMA) since 1/28/21.

Plan of Correction

Accept [redacted] - 11/12/2024)

On 10/29/2024, the Emergency Procedures were sent to York Couty Office of Emergency Management via email by the Executive Director. All department managers will be verbally educated on this regulation by the Executive Director by 11/15/2024. Ongoing, the Plan will be reviewed annually and sent to the York Couty Office for Emergency Management yearly. This will be verified during the monthly QA meetings to ensure compliance.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 12/09/2024)

132d - Evacuation

5. 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.

132d - Evacuation (continued)

**Description of Violation**

The home maximum safe evacuation time specified in writing within the past year by a fire safety expert is 15 minutes. The home exceeded this evacuation time during the following drill conducted on 9/27/24 at 12:21 AM with an evacuation time of 15 minutes and 8 seconds.

**Plan of Correction**

Accept ( ) - 11/12/2024)

By 11/15/2024, the staff participating in the September 2024 drill will be interviewed to determine if there were any issues or factors that might have had an effect on the time. By 11/8/2024, the Executive Director will review recorded times for all 2024 fire drills and review results at the November 2024 QA Meeting. Any drills that exceed the time specified by the fire safety expert will be re-conducted. All staff will be provided education either verbally or in writing on the Fire Safety Expert evacuation time designation, this associated regulation and the communities fire procedure by 11/30/2024.

Proposed Overall Completion Date: 11/30/2024

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

Implemented ( ) - 12/09/2024)

183d - Prescription Current

**6. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [redacted] prescribed for Resident [redacted] was in the home's medication cart; however, this medication was discontinued on 10/24/24.

**Plan of Correction**

Accept ( ) - 11/12/2024)

Immediately upon discovery, the discontinued medication was removed from the cart and discarded. By 11/15/2024, the nursing staff will be provided education from the Director of Nursing or Assistant Director of Nursing on this regulation as well as the procedure that when a medication is discontinued, it must be removed from the medication cart immediately. On going, the Director of Nursing or Assistant Director of Nursing will complete a weekly medication cart audit to ensure discontinued medications are removed and medications are in compliance with physician orders. Weekly medication cart audit results will be reviewed at monthly QA meetings.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ( ) - 12/09/2024)

224a - Preadmission Screen Form

**7. 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.

## 224a - Preadmission Screen Form (continued)

**Description of Violation**

Resident [REDACTED] was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED] and does not include a determination that the needs of the resident can be met by the services provided by the home or if resident can safely use poisonous materials.

**Plan of Correction****Accept [REDACTED] - 11/12/2024)**

An audit of all current resident files will be completed by 11/8/2024 by the Executive Director or Administrative Assistant. Results will be documented. All managers will be verbally educated on this regulation by 11/15/2024 by the Executive Director. On going, the Director of Nursing or Executive Director will review all admission paperwork prior to admission to ensure the prescreen is completed and filed appropriately.

**Licensee's Proposed Overall Completion Date: 11/15/2024****Implemented ([REDACTED] 12/09/2024)**