

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

December 17, 2024

[REDACTED]  
EC OPCO LAKEMONT FARMS LLC  
[REDACTED]

RE: CELEBRATION VILLA OF LAKEMONT  
FARMS  
3275 WASHINGTON PIKE  
BRIDGEVILLE, PA, 15017  
LICENSE/COC#: 45081

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2024 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 LAKEMONT FARMS      **License #:** 45081      **License Expiration:** 05/05/2025  
**Address:** 3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** EC OPCO LAKEMONT FARMS LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 03/17/1999      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 121      **Waking Staff:** 91

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident, Fine      **Exit Conference Date:** 11/14/2024

**Inspection Dates and Department Representative**

11/14/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 140      **Residents Served:** 77  
**Secured Dementia Care Unit**  
**In Home:** Yes      **Area:** 1st Floor      **Capacity:** 30      **Residents Served:** 20  
**Hospice**  
**Current Residents:** 8  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 77  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 44      **Have Physical Disability:** 0

**Inspections / Reviews**

11/14/2024 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/05/2024

12/16/2024 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 12/16/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

12/17/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Residents [redacted] and [redacted] are diagnosed with [redacted] and reside on the [redacted]. Resident [redacted] has a history of being sexually aggressive towards other residents and a visitor on at least 5 instances since 9/23/24. On [redacted], at approximately 2:30 p.m., staff person A observed resident [redacted] put [redacted] hand up resident #'s shirt and down [redacted] pants. The home failed to adequately supervise resident [redacted] in order to protect [redacted] residents and visitors from resident [redacted] repeated sexual behaviors.

Repeat Violation: 7/22/24 et al and 4/25/24 et.al

Plan of Correction

Accept [redacted] - 12/12/2024)

ACTIONS:

On [redacted], staff member A immediately intervened, separating residents [redacted] and [redacted]. Families of both residents were contacted along with APS. DHS reportable completed.

On [redacted], [redacted], and [redacted], the resident's primary care provider (PCP) was informed of concerns, and medication changes were recommended. On [redacted], the community attempted to have the resident involuntarily committed (302) at a local hospital, but the request was not accepted, and the resident was returned to the community. On the same day, a family member had the resident admitted to a different hospital under medical care. The resident's medications were adjusted, and they were discharged back to the community on [redacted]. Another medication adjustment was made on [redacted]. A 30-day notice was issued to the resident and family on [redacted] and the resident was discharged by their family on [redacted].

DHS inspectors on site on [redacted], [redacted], and [redacted], reviewing all prior incidents and steps taken prior to this incident with no further recommendations provided to the community.

TRAINING:

Starting on September 19, 2024 training of regulation 42.b began and continued in October and November for all staff members, which included sexual abuse and how to manage sexual behaviors in residents with [redacted]. The administrator has contacted area Ombudsman to conduct a training for all staff on regulation 2600.42b. Training date will be scheduled as soon as possible, facility is currently awaiting confirmation on the training date. Education shall be kept in accordance with Regulation 2600.65(i).

ONGOING:

Upon the hire of all new direct care team members training of 42.b will be provided by the Administrator or designee.

Administrator has contacted LTC Rise to request a training on [redacted] behaviors targeting sexual aggression, this training is targeted to be completed by January 15, 2025.

The administrator or an appointed designee will complete three private resident interviews a week for the next three months to ensure compliance with Regulation 2600.42(b). All interview questionnaire documentation will be

**42b Abuse (continued)**

*maintained in the administrator's office. Interviews began on 11/18/2024.*

*This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings by the Administrator which began in November 2024 for 6 months. Documentation to be kept in the administrator's office.*

**Licensee's Proposed Overall Completion Date: 01/15/2025**

**Implemented [REDACTED] - 12/16/2024)**