

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

January 15, 2025

[REDACTED]  
EC OPCO REEDSVILLE LLC  
[REDACTED]

ECLIPSE SR LIV ATTN LICENSING  
[REDACTED]

RE: CELEBRATION VILLA OF REEDSVILLE  
55 CARRIAGE HOUSE LANE  
REEDSVILLE, PA, 17084  
LICENSE/COC#: 33378

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2024, 11/20/2024 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 REEDSVILLE License #: 33378 License Expiration: 08/01/2025  
 Address: 55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084  
 County: MIFFLIN Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: EC OPCO REEDSVILLE LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/13/2018 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/20/2024

**Inspection Dates and Department Representative**

11/19/2024 - On-Site: [REDACTED]  
 11/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 72 Residents Served: 37  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 12 Have Physical Disability: 0

**Inspections / Reviews**

11/19/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2024

12/10/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/17/2024

Inspections / Reviews *(continued)*

12/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/10/2025

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], upon entry to the home, the door to the nurse's office was propped open, no staff were present in the office or area. The resident records are stored on shelves in the office, in plain sight and accessible.

Plan of Correction

Accept [REDACTED] - 12/17/2024)

2660.17 record confidentiality

Immediate – On 11/19/24 during survey nursing door was immediately closed by ED.

Training- All staff were trained on Reg 17 by 11/22/2024 on confidentiality by ED.

Ongoing- Effective 11/21/2024 management will do a walk-through of the community daily, to ensure resident records shall be kept confidential for 2 months, then weekly for 6 months. Audit to be kept.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/15/2025)

63a - First Aid/CPR Training

2. 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] and [REDACTED], from 10 PM to 6 AM, there were no staff persons present in the home who are certified in CPR and First Aid.

Plan of Correction

Accept [REDACTED] - 12/17/2024)

63A- First Aid/CPR

Immediately: On 11 /20/24 an audit of all staff CPR/first aide training was completed, by AA. On 11/20/2024 10pm-6am staff were first aid trained, by Regional Director of Clinical Services, (CPR/First Aid/AED Trainer).

Training- On 12/11/24 Management was trained on Regulation 63A by , RDO. Staff were trained on Regulation 2600.63a, by ED and DON.

Ongoing- Effective 11/20/2024 all new staff will be trained within their first 6 months, and all future training will include First Aid/AED/ CPR. An audit will be done monthly by ED or DON or AA to ensure that all staff have CPR/First Aid. Audit to be kept.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 01/15/2025)

132c - Fire Drill Records

3. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted on [redacted] and [redacted] do not list the exit route(s) used for the drills.

Plan of Correction

Accept [redacted] - 12/17/2024)

132C- Fire Drill Record

Immediate – ED reviewed 2024 Fire Drill Records for accuracy on 11/20/2024.

Training- The Maintenance Director will be trained on the Fire Drill Log by VP of Ops on 11/20/2024.

Ongoing- Effective 11/20/2024 all fire drill and fire drill logs will be reviewed by Executive Director, to ensure that data collected during the fire drill is accurate and documented correctly. Fire drill log will be reviewed at QA monthly until 6/30/2025.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/15/2025)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drill records for fire drills held during the sleeping hours on [redacted] at 11:13 PM and [redacted] at 3:15 AM show 3 staff persons participating in the drill. However, there are only 2 staff persons working in the home during the overnight hours.

Plan of Correction

Accept [redacted] - 12/17/2024)

Immediate – ED reviewed the Fire Drill Records for accuracy of amount of people participating in the Drill. The Fire drill record was updated by Director of Maintenance on 11/20/2024.

Training- The Maintenance Director was trained on how to properly document who is participating in the fire drill by VP of Ops on 11/20/2024.

Ongoing Effective 11/20/2024 all fire drill logs will be reviewed by Executive Director, to ensure that data collected during the fire drill is accurate and documented correctly. Fire drill log will be reviewed at QA monthly until 6/30/2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/15/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187d Follow Prescriber's Orders (continued)

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] per a sliding scale. On [redacted] the noontime blood sugar reading was [redacted] which calls for [redacted] of [redacted] to be administered per the sliding scale. However, [redacted] were administered.

Resident [redacted] was prescribed [redacted], which the physician ordered to be discontinued on [redacted]. This medication was administered on [redacted]

The medications [redacted], and [redacted] were prescribed by the hospice agency for Resident [redacted] on [redacted], to be administered PRN. These medications were not made available to the resident or added to the resident's medication record until [redacted] with the first administration to the resident on [redacted]

Plan of Correction

Accept [redacted] - 12/17/2024)

187D Prescriber Not following.

Immediately Resident [redacted], at time of survey no longer resided at community. Resident [redacted] On 11/20/24 POA and Physician were notified, by Director of Nursing. Medication error was reported to DHS by DON on 11/20/24.

Training: On 11/20/2024 Executive Director, Director of Nursing, and Assist Director of Nursing were educated on regulation 2600.187d, by Regional Director of Clinical Services. On 12/11/24 all med trained staff were educated on regulation 2600.187d, by the Director of Nursing. On 12/11/24 all medication trained staff were reeducated on 5 rights of Medication administration, by the DON.

Ongoing: Effective 11/20/2024 all medication orders will be reviewed and approved by the Director of Nursing/Assistant Director of Nursing daily, to ensure prescribers orders are being followed. Effective 11/29/2024 weekly med cart audits to be performed by DON/ADON. Med Cart Audits to be reviewed at Monthly QA. Med Cart Audits to be kept.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] 01/15/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The RASP (resident assessment and support plan) for Resident [redacted], dated [redacted] was not updated to reflect the hospice care services that began on [redacted]

Plan of Correction

Accept [redacted] 12/17/2024)

225c additional assessment

Immediate Resident [redacted] did not reside in the community at time of inspection.

Training On 11/21/2024 the Executive Director, DON, ADON was reeducated on regulation 2600.225c, by Regional Director of Clinical Services.

Ongoing Effective 11/21/2024 all resident assessments will be completed annually, or if the resident has a

225c - Additional Assessment (continued)

significant change prior to annual assessment, assessments to be tracked on tickler file by DON/ADON. Documentation to be kept. An Audit of current resident assessments will be started on 12/10/2024 and completed by 12/31/2024. Audit will be kept.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/15/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 12/17/2024)

227G- Support Plan not signed

Immediate-Resident [redacted] did not reside at the community at the time of inspection.

Training- On 11/21/2024 ED, DON, ADON AA, were educated on regulation 2600.227g, Regional Director of Clinical Services.

Ongoing- Effective 11/21/2024, all RASPS will be reviewed by the Executive Director, or the AA for signatures prior to being filed. An Audit of current resident assessments will be started on 12/10/2024 and completed by 12/31/2024.

Audit will be kept.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/15/2025)