

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

December 18, 2024

[REDACTED]
EC OPCO LEWISBURG LLC

[REDACTED]
ECLIPSE SR LIV ATTN LICENSING
[REDACTED]

RE: CELEBRATION VILLA OF LEWISBURG
2421 OLD TURNPIKE ROAD
LEWISBURG, PA, 17837
LICENSE/COC#: 22720

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/26/2024 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 LEWISBURG **License #:** 22720 **License Expiration:** 03/08/2025

Address: 2421 OLD TURNPIKE ROAD, LEWISBURG, PA 17837

County: UNION **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: EC OPCO LEWISBURG LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/04/2024 **Issued By:** East Buffalo Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

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

Reason: Incident **Exit Conference Date:** 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 73 **Residents Served:** 49

Secured Dementia Care Unit

In Home: Yes **Area:** NA **Capacity:** 17 **Residents Served:** 12

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49

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

Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

11/26/2024 Partial

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

12/18/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/18/2024

Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

12/18/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2024

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

Resident [REDACTED] was heard screaming from bedroom at approximately 7:30pm on [REDACTED]. Staff member A heard the scream and responded to the room. Found staff member B "towering over resident [REDACTED] and resident was very upset and stated was scared.

Staff member C responded to the room after hearing the scream. Heard staff member B screaming at the resident [REDACTED]. Resident [REDACTED] stated that staff member B grabbed at me and put their hand around my neck.

Staff member D heard the scream from resident [REDACTED] room. Reported went into resident's [REDACTED] room and observed resident emotionally upset, and stating was afraid. Resident [REDACTED] gestured that staff member B had put their hands at resident's neck area.

Plan of Correction

Accept [REDACTED] - 12/18/2024)

ACTION:

On [REDACTED] Staff person A was immediately removed from the resident and the memory care unit. On [REDACTED] Memory Care Coordinator immediately investigated and questioned resident, via phone. On [REDACTED] the Director of Nursing and the Executive Director responded to the community. On [REDACTED] the Executive Director interviewed Staff Person A and placed Staff Person A on suspension pending investigation. On [REDACTED] DON conducted a full body assessment with nothing found.

On [REDACTED] the Alleged Incident was called and reported to Department of Human Services, along with incident report, by Executive Director and DON. AAA Adult Protective Services was contacted by Director of nursing, ACT 70 completed by Director of Nursing and submitted to AAA. documentation to be kept.

On [REDACTED], AAA responded and investigated the alleged incident.

On [REDACTED], Internal investigation was completed by Executive Director and Human resources. Results were unsubstantiated that any abuse had taken place.

On [REDACTED] the Executive Director and Regional Director of Operations submitted a Plan of supervision and training for Staff Person A, documentation to be kept. On [REDACTED], Plan of supervision was accepted by the department DHS and Staff Person A returned to work on [REDACTED] and is to follow documented supervision guidelines, documentation to be kept.

TRAINING:

On 12/6/2024, Staff Person A was retrained on resident rights, Elder Abuse policy and procedure, customer service, care giver conduct, improving communication skills to avoid pitfall and refusals, per conversation with DHS supervisor. Documentation submitted to the department on 12/7/2024, by Executive Director. Documentation to be kept.

On 12/6/2024 and 12/7/2024, all clinical staff were trained on good coworker relations and customer service, by ED/DON.

42b Abuse (continued)

On 1/22/2025 Adult Protective Services Supervisor for Union/Snyder County will conduct a resident rights and abuse training with community staff. Training documentation will be kept.

ONGOING:

Effective 12/18/2024 Executive Director, Director of Nursing and Memory Care Coordinator will in service all staff on resident rights, abuse, and reporting quarterly for 1 year. Documentation to be kept

Effective December 2024, Executive Director, Director of nursing and/or Memory Care Coordinator will complete 5 resident surveys each month through February 2025. documentation will be kept.

Licensee's Proposed Overall Completion Date: 01/22/2025

Implemented [REDACTED] - 12/18/2024)