

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

January 31, 2025

[REDACTED]
EC OPCO SHIPPENSBURG LLC

[REDACTED]
ECLIPSE SR LIV ATTN LICENSING
[REDACTED]

RE: CELEBRATION VILLA OF
SHIPPENSBURG
129 WALNUT BOTTOM ROAD
SHIPPENSBURG, PA, 17257
LICENSE/COC#: 33375

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/18/2024 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 SHIPPENSBURG License #: 33375 License Expiration: 05/30/2025
 Address: 129 WALNUT BOTTOM ROAD, SHIPPENSBURG, PA 17257
 County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-1 Date: 07/01/1999 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 62 Residents Served: 51
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

12/18/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2025

01/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/27/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/24/2025

Inspections / Reviews *(continued)*

01/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Staff Member B was assisting Staff Member A to change Resident [redacted] for bed. Staff Member B began making comments, [redacted] in nature to Resident [redacted]. Staff Member B asked Resident [redacted] if they get [redacted] when looking at Staff Member A. Staff Member B asked Resident [redacted] if they [redacted] while constantly using the [redacted] word when speaking to the resident. Staff Member C stated they were standing outside of Resident [redacted] room passing medications at the time, and overheard Staff Member B making the statements. The home did not report this incident to the department until [redacted]

Plan of Correction

Accept [redacted] - 01/14/2025)

Action: Staff member B was suspended immediately as soon as we were made aware of incident. Investigation substantiated; staff member B's employment was terminated on [redacted]

Training: Education provided by ED/DON/ADON to all staff regarding reporting questionable incidents immediately to your manager. Staff education began 11/21/2024 regarding regulation 16(c).

On-going: Education on-going. ED/DON/ADON will review in monthly staff meeting(s). Will review during QA beginning with January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 01/30/2025)

42b - Abuse

2. 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

On [redacted] Member B was assisting Staff Member A to change Resident [redacted] for bed. Staff Member B began making comments, [redacted] in nature to Resident [redacted]. Staff Member B asked Resident [redacted] if they get [redacted] when looking at Staff Member A. Staff Member B asked Resident [redacted] if they [redacted], while constantly using the [redacted] word when speaking to the resident. Staff Member A then asked Staff Member B to stop saying these things; however, Staff Member B continued to speak to Resident [redacted] in this manner. Staff Member C stated they were standing outside of Resident [redacted] room passing medications at the time, and overheard Staff Member B making the statements.

On [redacted], Staff Member D and Staff Member E witnessed Resident [redacted] with Resident [redacted] in the hallway by room [redacted]. Resident [redacted] had both of their hands on Resident [redacted] upper arms pushing Resident [redacted] against the wall and door frame. Staff Members redirected Resident [redacted] several times before Resident [redacted] released Resident [redacted]. Pennsylvania state police were contacted, arrived at the home and took statements.

On [redacted] at 1:30pm, Staff Member F witnessed the following altercation: Resident [redacted] told Resident [redacted] to move

42b - Abuse (continued)

their hat from the table in the dining room. Resident [redacted] swore at Resident [redacted] and did not move their hat. Resident [redacted] stood up and moved Resident [redacted] hat. Resident [redacted] grabbed Resident [redacted] arm, bit, and clawed Resident [redacted]. Resident [redacted] punched and struck Resident [redacted] in the head and Resident [redacted] took their fist and hit Resident [redacted] on the top of Resident [redacted] head.

Plan of Correction

Accept ([redacted] - 01/14/2025)

Action:

1. Staff member B was suspended immediately pending investigation upon report of incident. Investigation substantiated; staff member B's employment was terminated [redacted].
2. Residents were separated immediately. Resident [redacted] was placed on alert charting and facility staff instructed to perform extra checks on this resident.
3. Residents were separated immediately. Resident [redacted] agreed to move to a different dining room table.
4. Referral made to PGS (Psychogeriatric Services) on 12/23/2024. Resident [redacted] was admitted to the Hospital [redacted]. Will refer again upon return.

Training: Education provided by ED/DON/ADON to all staff 11/21/2024 and on-going regarding behaviors and how to deal with resident who are experiencing different behaviors. Message left for Local Ombudsman on 1/7/2025 by the ED to schedule a training on how to handle behaviors in geriatrics. Megan Herwig, MT-BC, Director of Resident Engagement for Priority Life Care will be conducting a Dementia training on 1/15/2025 for all staff.

On-going: Education on-going. ED/DON/ADON will review during monthly staff meeting(s). Will review during monthly QA beginning with January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 01/30/2025)

141a - Medical Evaluation

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] was admitted to the home [redacted], the medical evaluation was completed [redacted]. The medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Resident [redacted] was admitted to the home [redacted], the medical evaluation was completed [redacted]. The medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept ([redacted] - 01/14/2025)

Action: ED provided education to DON and ADON 12/30/2024 on regulation 2600.141(a)

Training: ED provided education to DON and ADON 12/30/2024 on regulation 2600.141(a)

On-going: ED will check evaluation dates of new admissions immediately upon new admission. Will review during

141a Medical Evaluation (continued)

QA beginning with January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 01/30/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:02am a jar of [redacted] prescribed to Resident [redacted] apply topically to [redacted] [redacted] twice daily, [redacted], was observed, unlocked, unattended, and accessible sitting on the window ledge in the west hall of the home.

Plan of Correction

Accept [redacted] - 01/14/2025)

Action: Aquaphor was removed from window ledge immediately and given to ED. On 1/2/2025 ED completed a walk through audit of facility and rooms (no items found)

Training: Education provided by ED/DON/ADON on 1/6/2025 and on going to all staff regarding regulation 2600.183(b).

On going: Education on going. ED/DON/ADON will review in monthly staff meeting(s). Will review during monthly QA meeting beginning in January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 01/30/2025)

183d - Prescription Current

5. 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], at 10:02am a jar of [redacted] prescribed to Resident [redacted], was sitting on the window ledge in the west hall of the home; however, the medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 01/14/2025)

Action: [redacted] was removed from window ledge immediately and given to ED. On 1/2/2025 ED completed a walk through audit of facility and rooms (no items found)

Training: Education provided by ED/DON/ADON on 1/6/2025 and on going to all staff regarding regulation 2600.183(d)

On going: Education on going. ED/DON/ADON will review in monthly staff meeting(s). Will review during monthly QA meeting beginning in January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

183d - Prescription Current *(continued)*

Implemented [redacted] - 01/30/2025)

224a - Preadmission Screen Form

6. 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.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept ([redacted] 01/14/2025)

Action: ED/DON/ADON educated by RDO 12/30/2024 on regulation 2600.224(a)

Training: ED/DON/ADON educated by RDO 12/30/2024 on regulation 2600.224(a)

On-going: ED will review all pre-screens for new admissions beginning immediately. Will review during monthly QA meeting beginning during January meeting.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] 01/30/2025)