

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

April 9, 2025

[REDACTED]
EC OPCO SC LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF NITTANY
VALLEY
150 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23374

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2025 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 NITTANY VALLEY License #: 23374 License Expiration: 07/03/2025
 Address: 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803
 County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 08/02/2010 Issued By: Centre County Region

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/05/2025

Inspection Dates and Department Representative

02/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 50

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 20 Residents Served: 15

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

02/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2025

03/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/18/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/18/2025

Inspections / Reviews *(continued)*

04/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. 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. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] Medical Evaluation dated [redacted] does not have the health status or cognition section completed.

Plan of Correction

Accept ([redacted] - 03/14/2025)

ACTION:

On [redacted] resident [redacted] Medical Evaluation dated [redacted] was updated and initialed by the Executive Director after reviewing with MD.

On February 5, 2025, the Executive Director audited all current Resident Files for compliance with Regulation 2600.141.a.

TRAINING:

The Regional Director of Clinical Services educated the Executive Director and Director of Nursing on February 5, 2025, on Regulation 2600.141.a. On March 6, 2025, the Executive Director will educate the Director of Sales and Marketing on Regulation 2600.141.a, to ensure proper completion with all new move ins. On March 6, 2025, the Director of Nursing will educate the Medical Director, Resident Care Coordinator, and Memory Care Coordinator on Regulation 2600.141.a.

ONGOING:

Effective February 5, 2025, files for new residents, annual assessments and sig changes will be audited for completeness and recorded with each assessment to ensure compliance of Regulation 2600.141.a. Documentation will be kept and reviewed weekly for 1 month, and monthly for 6 months. Documentation to be kept and reviewed at monthly Quality Assurance.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented ([redacted] - 04/09/2025)

227g -Support Plan Signatures

2. 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] Resident Assessment and Support Plan dated [redacted] is not signed by the assessor.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept (█) 03/14/2025)

ACTION:

On February 5, 2025, an audit was completed to ensure all signatures and dates are captured on the Support Plan as per Regulation 2600.227.g, by Executive Director and Director of Nursing.

On March 5, 2025, residents █ assessment was signed by the assessor.

TRAINING

The Regional Director of Clinical Operations educated the Executive Director and Director of Nursing on February 5, 2025, on Regulation 2600.227.g. On March 6, 2025, The Executive Director and the Director of Nursing will Educate the Resident Care Coordinator and Memory Care Coordinator on Regulation 2600.227.g.

ONGOING:

Effective February 5, 2025, all Support Plans completed will be reviewed by both the Executive Director and Director of Nursing to ensure compliance with Regulation 2600.227.g. Both the Executive Director and Director of Nursing will initial the document to indicate the review was complete prior to filing in residents chart. Documentation will be kept and reviewed weekly for 1 month, and monthly for 6 months. Documentation to be kept and reviewed at monthly Quality Assurance.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/09/2025)