

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

April 2, 2025

[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 02/13/2025 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 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: C-2 LP Date: 10/13/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/21/2025

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 40

Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 17 Residents Served: 11

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

02/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2025

03/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/31/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/18/2025

Inspections / Reviews (*continued*)

03/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2025

04/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] experienced a decline in health during the month of January 2025. According to staff statements and a report of need regarding the resident, resident [REDACTED] was frequently found in bed soiled in urine or caked with dried feces. Staff interviews also indicate that resident [REDACTED] was no longer going to the dining area for meals and therefore food trays were brought to their room; the report of need indicated food trays were stacking up in the resident's room and not being removed, and the resident was not always eating meals. It was determined that the home was not providing adequate personal hygiene care to the resident and was not monitoring the resident's need for feeding assistance until after an investigation was initiated by the area agency on aging.

According to staff interviews, resident [REDACTED] requires overnight bladder management checks that are not always taking place. Information received from a complaint indicated that on [REDACTED] the resident was found by a family member to have a urine soaked brief and mattress. Staff interviews confirm that resident [REDACTED] sheets and clothing need to be changed by 1st shift due to the resident being soiled overnight.

Plan of Correction

Accept [REDACTED] - 03/18/2025)

ACTION: On [REDACTED] residents [REDACTED] RASP was updated by Operations Specialist to reflect the current needs of the residents. Resident [REDACTED] is incontinent at night. Rasp has been updated, staff are aware resident needs full assistance with incontinence care.

Effective 2/17/25 the Executive Director, Director of Nursing, or Memory Care Coordinator will audit all current resident RASP to ensure the RASP reflects the needs of the resident, by 3/31/25.

TRAINING: On 3/7/25 Director of Nursing, and Memory Care Coordinator was educated on regulation 2600.23a, by Regional Director of Operations/Regional Director of Clinical Services.

On 3/7/2025 all staff was educated on regulation 2600.23a, by Regional Director of Operations and Regional Director of Clinical Services.

ONGOING: Effective 3/7/2025 Executive Director, Director of Nursing, or Memory Care Coordinator will review 4 RASP weekly for 3 months with staff to ensure the home is providing residents with ADL assistance as indicated on the residents assessment and support plan.

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

Implemented [REDACTED] 04/01/2025)

182c - Medication Administration

2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] and was later discharged from the home on [REDACTED]. According to

182c Medication Administration (continued)

information provided by a complainant, during that time the complainant found medications in the resident's room on 3 occasions when visiting the resident. The complainant was told that staff were handing resident [REDACTED] the medications at their door due to the resident not allowing staff to enter their room because of the resident's dog. The complainant reported finding medications on the resident's window sill on 3 different occasions.

Plan of Correction

Accept [REDACTED] - 03/11/2025)

ACTION: On 3/7/2025 an audit of all current residents rooms was completed by DON and Memory Care Coordinator to ensure all resident medications were administered and not left in the residents room.

TRAINING: On 3/7/2025 the Director of Nursing, and Memory Care Coordinator was educated on regulation 2660.182c by Regional Director of Operations/Regional Director of Clinical Services.

On 3/7/2025 all Med Trained Staff was educated on regulation 2660.182c by Director of Nursing or Memory Care Coordinator, Medication Train the Trainer.

ONGOING: Effective 3/7/2025 the Director of Nursing/Memory Care Coordinator will perform 4 room audits of random residents weekly for 3 months to ensure all medications were administered and not left behind.

Effective 3/7/2024 the Director of Nursing/Memory Care Coordinator will observe 2 Med Trained Staff weekly to ensure all medications were administered properly for 3 months. Then quarterly medication observations will be done.

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented [REDACTED] - 04/02/2025)

225c - Additional Assessment

3. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The resident assessment and support plan dated [REDACTED] for resident [REDACTED] was not updated timely to reflect that the resident's decline in health during the month of January 2025 that resulted in the resident requiring more frequent toileting checks and assistance with feeding and monitoring of the resident's appetite. The annual support plan dated [REDACTED] for resident [REDACTED] was not completed until after a report of need was investigated regarding concerns that the resident's personal hygiene needs were not being met and the resident was not eating meals.

Resident [REDACTED] most current assessment was completed on [REDACTED]. The home did not complete an annual support plan for resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/11/2025)

ACTION: Effective 2/17/25 the Executive Director, Director of Nursing, or Memory Care Coordinator will audit all

225c - Additional Assessment (continued)

current resident RASP to ensure the RASP reflects the needs of the resident, by 3/31/25.

TRAINING: On 3/7/2025 the Director of Nursing/Memory Care Coordinator was educated on 2600.225c by Regional Director of Operations. On 3/7/25 all current staff was educated on regulation 2600.225c by Director of Nursing/Memory Care. Documentation to be kept.

ONGOING: Effective 2/13/2025 all resident assessments will be completed annually, or if the resident significantly changes prior to annual assessment, assessments to be tracked on tickler file by Director of Nursing/Memory Care Coordinator, documentation to be kept. This will be ongoing tracking.

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

Implemented [REDACTED] 04/01/2025)

227g -Support Plan Signatures

4. Requirements

2600.

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

Description of Violation

The support plan dated [REDACTED] for resident [REDACTED] was not signed by the staff person who completed the form.

Plan of Correction

Accept ([REDACTED] - 03/11/2025)

ACTION: Resident [REDACTED] support plan dated 11/30/2024, no longer resides at the community.

Effective 2/17/25 the Executive Director, Director of Nursing, or Memory Care Coordinator will audit all current resident RASP to ensure that the individuals that participated in the development of the support plan signed and dated completed support plan, by 3/31/25.

TRAINING: On 3/7/25 the Director of Nursing/Memory Care Coordinator who is responsible for generating all RASP was educated on regulation 2600.227g by Regional Director of Operations/Regional Director of Clinical Services. Documentation to be kept.

ONGOING: Effective 2/13/2025 the Executive Director will review all new support plans to ensure that all participants in the development of the plan have signed and dated it, prior to filing the support plan in the chart. This will be ongoing.

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

Implemented [REDACTED] 04/01/2025)