

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

May 6, 2025

[REDACTED]
EC OPCO LAKEMONT FARMS LLC
[REDACTED]

RE: CELEBRATION VILLA OF LAKEMONT
FARMS
3275 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45081

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2025, 04/10/2025 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 LAKEMONT FARMS License #: 45081 License Expiration: 05/05/2025
 Address: 3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: EC OPCO LAKEMONT FARMS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/17/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 101 Waking Staff: 76

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 04/10/2025

Inspection Dates and Department Representative

03/28/2025 - On-Site: [REDACTED]
 04/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 140 Residents Served: 63

Secured Dementia Care Unit
 In Home: Yes Area: Along the Journey Capacity: 30 Residents Served: 17

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

03/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2025

04/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/05/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/05/2025

Inspections / Reviews *(continued)*

05/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

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]'s support plan, dated [REDACTED], indicated that the resident required assistance with toileting and that "direct care staff will provide physical assistance to resident [REDACTED] while toileting. Resident [REDACTED] is able to use call bell when [REDACTED] needs to be toileted." Additionally, the support plan for bladder management needs indicated "Direct care staff will assist with incontinence episodes. Direct care staff will provide routine checks during the nightshift to check for nighttime incontinence episodes that require assistance." However, sometime during the week of [REDACTED] through [REDACTED] at approximately 5:15 a.m., resident [REDACTED] was found on the floor of the private bathroom of resident room [REDACTED] and staff interviews and indicated the resident's emergency notification system was activated for approximately four hours prior to being found.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

ACTION: No negative outcome to the resident.

TRAINING: Direct care staff will be trained on routine rounding by 5/1/2025 by the Director of Nursing, Resident Care Coordinator or designated person. Documentation will be kept in the Administrators office of the accordance with 2600.65i.

ONGOING: Direct care staff will be required to document their routine nightly rounds starting 5/2/2025 for a period of 30 days. Documentation shall be kept in the Administrator's Office. Call bell response times will be monitored daily for 30 days.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented [REDACTED] - 05/06/2025)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.

65d Initial Direct Care Training (*continued*)

- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

On [REDACTED] and [REDACTED] staff and resident interviews indicated that resident [REDACTED] is being provided direct care services related to activities of daily living to include ambulation, toileting, and transferring in/out of bed on daily basis to resident [REDACTED]. Resident [REDACTED] has not completed the required training to provide direct care services and is not a qualified substitute personnel or trained volunteer.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

ACTION: Administrator and Resident Care Coordinator met with resident [REDACTED] to review that no direct care will be provided by [REDACTED] to any resident. A review of conversation was added in a progress note in the resident's record. The responsible parties for both residents [REDACTED] and resident [REDACTED] were made aware of this situation and the home's response.

TRAINING: Direct care staff was provided with communication that resident [REDACTED] is not permitted to provide care to any other resident by the Administrator. Documentation of the staff training shall be kept in accordance with 2600.65i.

ONGOING: Administration along with the direct care team will monitor that resident [REDACTED] is not providing care. Resident [REDACTED] family has been made aware, to assist in the on going compliance.

Licensee's Proposed Overall Completion Date: 04/26/2025

Implemented [REDACTED] - 05/06/2025)

185a - Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's policy for medication administration indicated "A narcotic count is to be completed and signed by two qualified staff prior to accepting responsibility of the medication cart keys." However, on [REDACTED] at approximately 3:00 p.m., direct care staff person A did not count the narcotics or exchange medication cart keys with direct care staff person B, the narcotics were not counted or signed, and the keys were placed in the wellness office without being exchanged with or accepted by a qualified staff person.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

ACTION: The Resident Care Coordinator and on coming Med Tech counted the medication cart on 3/28/25, resulting in a correct count. The involved staff members are no longer employed.

TRAINING: All Medication Trained staff will be retrained by 5/2/2025 by the Director of Nursing or Resident Care Coordinator on the home's policy on routine Narcotic counts and on regulation 2600.185a

ONGOING: Beginning 4/25/2025 a report will be run by the Director of Nursing, Resident Care Coordinator or designated person of the controlled substance count 3 times per week for 30 days to ensure continued compliance.

185a *Implement Storage Procedures (continued)*

Documentation shall be kept in the Administrator's Office and reviewed at the home's next Quality Assurance Review.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented [REDACTED] - 05/06/2025)