

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

July 18, 2025

[REDACTED], OFFICER
EC OPCO CHIPPEWA LLC

RE: CELEBRATION VILLA OF CHIPPEWA
104 PAPPAN BUSINESS DRIVE
BEAVER FALLS, PA, 15010
LICENSE/COC#: 44901

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2025, 06/26/2025 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 CHIPPEWA* License #: *44901* License Expiration: *08/13/2025*
 Address: *104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EC OPCO CHIPPEWA LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/08/2011* Issued By: *Chippewa Twp*
 Type: *C-2 LP* Date: *05/20/1999* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/26/2025*

Inspection Dates and Department Representative

06/25/2025 - On-Site: [REDACTED]
 06/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *72*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Along the Journey* Capacity: Residents Served: *19*

Hospice
 Current Residents: *27*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

06/25/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2025*

Inspections / Reviews (*continued*)

07/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/24/2025

07/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 6/25/25, at approximately 10:40 a.m., the telephone numbers for emergency management and for personal care home complaint hotline were not posted nearby the telephone, with an outside line, in the secured dementia care unit kitchen.

Plan of Correction

Accept (█ - 07/16/2025)

ACTION: On 6/30/2025 while the inspectors were still in the building, the home's Memory Care Coordinator placed emergency numbers on the telephone and behind the phone on the wall.

TRAINING: On 6/30/2025 the home's concierge staff and management staff which includes the Executive Director, Maintenance Director, Director of Dining Services, Memory Care Coordinator, Resident Care Coordinator, Life Enrichment Director and Sales Director, received training on regulation 2600.91 The training was completed by the Executive Director. Documentation of the staff training shall be kept in accordance with 2600.91.

ONGOING: On 6/30/2025 the home's management staff which includes the Executive Director, Maintenance Director, Director of Dining Services, Memory Care Director, Resident Care Coordinator, Life Enrichment Director and Sales Director, started common area phone audits and resident room audits. These audits include but are not limited to ensuring emergency telephone numbers are in place. These audits are conducted a minimum of 2 times weekly for the next 30 days to ensure compliance with regulation 2600.91. A record of these audits will be kept in the administrator's office. A review of these audits will occur at the home's next monthly Quality Assurance Meeting starting on 7/16/2025. The Executive Director will monitor.

Extra emergency phone number tags were made and put in place at the front desk in the event a phone tag is damaged or removed and it will be replaced timely The Maintenance Director. The Concierge will monitor the area.

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented (█ - 07/18/2025)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/25/25, at approximately 11:40 a.m., an opened contain of chicken nuggets was unsealed in the double freezer of the main kitchen.

Plan of Correction

Accept (█ - 07/16/2025)

ACTION: During the inspection on 6/25/2025 the chicken nuggets identified were disposed of by the Dining Director.

TRAINING: On 6/30/2025 the home's housekeeping staff, cooks and management staff which includes the Executive Director, Maintenance Director, Director of Dining Services, Memory Care Coordinator, Resident Care Coordinator, Life Enrichment Director and Sales Director, received training on regulation 2600.103.g. by the Executive Director. A record of this training will be kept in the administrator's office.

ONGOING: On 6/30/2025 the home's management staff which includes the Executive Director, Maintenance Director, Director of Dining Services, Memory Care Director, Resident Care Coordinator, Life Enrichment

103g - Storing Food (continued)

Coordinator and Sales Director, started kitchenette audits. Audits include but are not limited to confirming compliance with regulation 2600.103.g. These audits are conducted a minimum of 3 times weekly for the next 30 days to ensure compliance with regulation 2600.103.g. A record of these audits will be kept in the administrator's office. A review of these audits will occur at the home's next monthly Quality Assurance Meeting starting on 7/16/2025. The Executive Director will Monitor.

Additionally, signage has been added to all kitchenette areas instructing anyone with access to seal and date all food items. The Dining Director will monitor these areas.

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented (█) - 07/18/2025

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 6/26/25, resident #1 was prescribed Levothyroxine 50mcg, 1 tablet by mouth daily; however, this medication was not administered on June 2, 2025 and June 3, 2025 as this medication was not available for administration.

REPEAT VIOLATION: 4/25/24 et al

Plan of Correction

Accept (█) - 07/16/2025

ACTION: Medications that were missed and unavailable were identified by the ADON and replaced prior to inspection.

Training: On 7/16/2025 all med trained staff were trained on regulation 2600.187d by the Executive Director. The training included ensuring ordered medications are stocked and administered per MD orders. Documentation of the staff training shall be kept in accordance with 2600.187d.

ONGOING:

Beginning 7/14/2025 a complete MAR to CART will be done for 5 residents in PC and 5 residents in MC weekly for the next 30 days. The audits will be conducted weekly by the Director of Nursing, Assistant Director of Nursing, or Resident Care Coordinator. Documentation of these audits will be kept in the Nursing office. A review of these audits will occur at the home's next monthly Quality Assurance Meeting starting on 7/16/2025. The Executive Director will monitor.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 07/18/2025