



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 19, 2025

[REDACTED]
EC OPCO Lakemont Farms LLC
[REDACTED]

RE: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville, Pennsylvania 15017
License: 45081

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on August 1, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 45081) dated April 28, 2025 to April 28, 2026, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from September 19, 2025 to March 19, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *CELEBRATION VILLA OF LAKEMONT FARMS* License #: *45081* License Expiration: *04/28/2026*
Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/17/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/01/2025*

Inspection Dates and Department Representative

08/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower Level* Capacity: *30* Residents Served: *24*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *1*

Inspections / Reviews

08/01/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2025*

Inspections / Reviews *(continued)*

09/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/12/2025

09/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

1. 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

Resident #1, who had been diagnosed with senile degeneration of the brain, was receiving hospice services and resided in the Secured Dementia Care Unit (SDCU) of the home. On June 27, 2025, between approximately 5:25 a.m. and 5:37 a.m., Staff Persons A and B engaged in physical and emotional abuse of the resident for a duration of at least 12 minutes, as detailed below.

At 5:25 a.m., Resident #1 was seated upright on a couch in the room of Residents #2 and #3. [REDACTED] was unclothed from the waist down. Resident #2 was seated upright in a recliner adjacent to the couch, and Resident #3 was in bed. Both Residents #2 and #3 were present throughout the incident with Resident #1.

At approximately 5:29 a.m., Staff Person A entered the room, positioned a wheelchair in front of Resident #1, and struck [REDACTED] on the right side of the face. Staff Person A continued the abuse for several minutes, grabbing Resident #1's hand, shaking [REDACTED] back and forth, and repeatedly making lunging movements toward [REDACTED] face and body in an antagonizing manner. Resident #1 attempted several times to cover [REDACTED] exposed lower body with clothing items, but each time, Staff Person A aggressively removed them. At approximately 5:33 a.m., Staff Person A struck Resident #1 on the right side of the face again before leaving the room.

At approximately 5:34 a.m., Staff Person B entered the room alone, approached Resident #1, and grabbed both of [REDACTED] wrists. Staff Person B forcibly pulled the resident from the couch, dragged [REDACTED] approximately 10 feet across the carpeted floor, and then stood over [REDACTED] while [REDACTED] remained exposed and punched at the air. Staff Person B then lifted Resident #1 from the floor, pushed [REDACTED] into a wheelchair, and wheeled [REDACTED] out of the room.

Both Staff Persons A and B were subsequently arrested, and criminal charges are pending. Resident #1 passed away several weeks later.

Plan of Correction**Directed [REDACTED] - 09/08/2025)****ACTION:**

On July 1, 2025, Staff Persons A and B were immediately [REDACTED] pending investigation.

On July 1, 2025, [REDACTED] of Resident #1 was notified, along with AAA, DHS, Hospice, PCP office and South Fayette Police Department by the Administrator and Director of Nursing.

On July 1, 2025, Staff Persons A and B were [REDACTED].

On July 1, 2025, after notification of the incident resident #1 was assessed by the Director of Nursing for injuries. No injuries were identified.

TRAINING:

Starting on 7/15/25 training of regulation 2600.42.b was provided to all team members and will be completed on 8/29/25 by the Administrator. Documentation of the staff training will be kept in accordance with 2600.65i in the Administrator's office.

ONGOING:

After completion of this training to all direct care staff on 8/29/25, the Administrator will review the requirements in the monthly staff meeting starting 9/4/25 for the next three months, and annually as required and upon the hire of

42b - Abuse (continued)

all new team members. Documentation of the staff training shall be kept in accordance with 2600.65i. The Administrator will monitor this area.

The Administrator will be reviewing the OAPSA along with how staff are training on abuse with residents at their next resident council meeting on 8/26/25. Documentation of the resident council meeting will be kept.

The Administrator, Memory Care Coordinator or Administrative Assistant will complete five private resident interviews a week for the next three months and three a month for the following three months to ensure compliance with Regulation 2600,42(b). If a resident is unable to participate in the interview, their power of attorney will be contacted to complete the interview. This will include an interview questionnaire that is used in all interviews (see attached). All interview questionnaire documentation will be maintained in the administrator's office. Interviews will start 8/25/25. The Administrator will monitor that the interviews are being completed by reviewing the audit record weekly for 6 months. Audit documentation will be kept.

An overview of the interview answers will be discussed with the leadership team at monthly Quality Assurance meetings starting on 8/25/25. The resident's name will not be disclosed during the Quality Assurance meetings. Quality Assurance meeting documentation will be kept.

DIRECTED: Within 7 days of receipt of the plan of correction - The administrator will ensure that video from the Safely You fall prevention program is reviewed by management staff within 24 hours of the alert notification for residents who reside in the home's Secured Dementia Care Unit, (SDCU) to ensure prompt action. Documentation will be kept. Review of video from residents who reside in the personal care section of the home shall be reviewed within at least 7 days of receipt of the alert. -- [REDACTED] 9/8/25

Proposed Overall Completion Date: 08/29/2025

Directed Completion Date: 08/29/2025

Not Implemented [REDACTED] - 09/15/2025)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

Description of Violation

Resident #1, who had been diagnosed with senile degeneration of the brain, was receiving hospice services and resided in the Secured Dementia Care Unit (SDCU) of the home.

On June 27, 2025, for a period of at least 12 minutes, Staff Persons A and B subjected Resident #1 to continuous abuse intended to provoke anxiety, fear, and physical compliance. Staff person A repeatedly restrained the resident's arms, while staff person B dragged the resident off a couch, across a carpeted floor, and forced [REDACTED] into a wheelchair.

Plan of Correction**Directed [REDACTED] - 09/08/2025)****ACTION:**

On July 1, 2025, Staff Persons A and B were immediately [REDACTED] pending investigation.

On July 1, 2025, [REDACTED] of Resident #1 was notified, along with AAA, DHS, Hospice, PCP's office and South Fayette Police Department by the Administrator and Director of Nursing.

On July 1, 2025, Staff Persons A and B were [REDACTED]

On July 1, 2025, after notification of the incident resident #1 was assessed by the Director of Nursing for injuries. No injuries were identified.

TRAINING:

Starting on 7/15/25 training of regulation 2600.202 is being provided to all team members and will be completed on 8/29/25 by the Administrator. Documentation of the staff training shall be kept in accordance with 2600.65i in the Administrator's office.

ONGOING:

After completion of this training to all staff, the Administrator will review the prohibitions requirements in the monthly staff meeting for the next three months. Documentation of the staff training shall be kept in accordance with 2600.65i.

The Administrator, Memory Care Coordinator or Administrative Assistant will complete five private resident interviews a week for the next three months and three for the following 3 months to ensure compliance with Regulation 2600.202. This will include an interview questionnaire that is used in all interviews (see attached). All interview questionnaire documentation will be maintained in the administrator's office. Interviews will start August 25, 2025. The Administrator will monitor that the interviews are being done by reviewing the questionnaires weekly. Documentation will be kept. Unannounced visits to the off shifts by a member of leadership will be done weekly for 4 weeks then monthly to monitor and to ensure no mistreatment is occurring starting 8/27/2025. Documentation of unannounced visits will be kept. The Administrator will schedule the leadership team members and monitor findings.

An overview of the interview answers will be discussed with the leadership team monthly for six months. Quality Assurance meetings starting on 8/25/25. The resident's name will not be disclosed during the Quality Assurance meetings. Quality Assurance meeting documentation will be kept.

DIRECTED: *Within 7 days of receipt of the plan of correction - The administrator will ensure that video from the*

202 - Prohibitions (continued)

Safely You fall prevention program is reviewed by management staff within 24 hours of the alert notification for residents who reside in the home's Secured Dementia Care Unit, (SDCU) to ensure prompt action. Documentation will be kept. Review of video from residents who reside in the personal care section of the home shall be reviewed within at least 7 days of receipt of the alert. -- [REDACTED] 9/8/25

Not Implemented [REDACTED] D - 09/15/2025)