

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

April 13, 2026

[REDACTED]
EC OPCO SC LLC

[REDACTED]
CHRISTIAN CUMMINGS
[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 02/05/2026, 02/06/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CELEBRATION VILLA OF NITTANY VALLEY **License #:** 23374 **License Expiration:** 07/03/2026
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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 75 **Waking Staff:** 56

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/06/2026

Inspection Dates and Department Representative

02/05/2026 - On-Site: [REDACTED]
02/06/2026 - Off-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:** SDCU **Capacity:** 20 **Residents Served:** 16
Hospice
Current Residents: 6
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: 25 **Have Physical Disability:** 0

Inspections / Reviews

02/05/2026 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/12/2026

03/23/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 04/10/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2026

Inspections / Reviews *(continued)*

04/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2026

04/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The facilities Fire Suppression System (Sprinkler System) became inoperable on [REDACTED]. It was 'red tagged' or non-compliant for city, state, and fire insurance inspection by Cintas [REDACTED]. This has not been reported to the Department as of [REDACTED].

The facility experienced a power outage from [REDACTED] through [REDACTED]. This has not been reported to the Department as of [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/23/2026)

ACTION: Upon discovery that the former Executive Director never reported the sprinkler system was down to the Department, an initial incident report was sent to the department on 2/6/26. On 2/20/26 and 2/27/26 an update and a final report were sent in to the department.

TRAINING: On 3/5/2026, The Interim Executive Director provided training on regulation 2600.16c to all leadership team members, this included the Director of Nursing, Administrative Assistant, Director of Dietary, Director of Maintenance, Life Enrichment Director, Sales Director and Memory Care Director, a training record kept in accordance with 2600.65i.

ONGOING: Beginning 3/1/2026, a monthly audit of all state reportable incidents will be completed by the Interim Executive Director to ensure timeliness, accuracy and proper follow up documentation. Documentation will be reviewed with the leadership team by the Interim Executive Director beginning 3/25/2026 in monthly Quality Assurance meetings for three months.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/13/2026)

130h Inoperable Smoke Detector

4. Requirements

2600.

130.h. The home’s emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The facilities Fire Watch Procedures indicates if the automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the building will be evacuated, or an approved fire watch shall be provided until the sprinkler system has been returned to service [REDACTED] the facilities sprinkler system was red tagged for being non-compliant for city, state and fire insurance inspection by Cintas. The facility did not initiate a fire watch until [REDACTED], when codes enforcement required them to. The sprinkler system has been inoperative since [REDACTED].

Plan of Correction

Accept [REDACTED] 03/23/2026)

ACTION: In June 2025 fire watch was initiated by the former Executive Director. Prior to the inspection that

130h Inoperable Smoke Detector (continued)

Executive Director's employment ended with the home, the fire watch binder that had been in place was in possession. Regardless of attempts to retrieve the binder that contained the fire watch logs the home was not able to obtain them.

On 2/2/2026, the Regional Director of Operations initiated a fire watch for the community with documentation kept. On 2/20/26, the sprinkler company completed the work on the community sprinkler system, bringing it back to fully functioning; fire watch no longer needed once the sprinkler system was repaired.

TRAINING: On 3/5/2026, the Interim Executive Director provided training on regulation 2600.130h to the community Maintenance Director as it relates to fire watch with documentation kept in accordance with regulation 2600.65i. During the mandatory staff meetings on 3/12/2026 and 3/13/2026, the Maintenance Director will provide training on regulation 2600.130h to all staff with documentation kept in accordance with regulation 2600.65i.

ONGOING: Beginning 3/1/2026, if the automatic sprinkler system is out of service for more that 4 hours in a 24 hour period, an approved fire watch shall be provided until the sprinkler system has been returned to service. The sprinkler system will be tested quarterly by the contracted sprinkler vendor. Documentation will be reviewed with the leadership team by the Interim Executive Director beginning 3/25/2026 in monthly Quality Assurance meetings for three months.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented 04/13/2026

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills on at 4:00 a.m. and on at 11:03 p.m. do not indicate an evacuation time.

The fire drill logs indicate there was a fire drill on at 11:35 a.m. and on at 5:30 a.m. but the monitoring report from Convoy does not show the system was placed on test or an alarm was activated. The fire drill logs are inaccurately documented.

Plan of Correction

Accept - 03/23/2026

ACTION: The home's fire alarm monitoring company is Johnson's Controls. Per the state fire drill log a fire drill was conducted on 5/16/25 at 11:35am and the report from Johnson's confirms that the alarm was placed on test on 5/16/25 at 11:23am.

Per Johnson Controls documentation, the alarm was placed on test and a drill was conducted at approximately 11:49am on 7/2/25. The former Maintenance Director failed to record the correct date and time on the fire drill log.

TRAINING: On 3/5/2026, the Interim Executive Director provided training to the Maintenance Director on regulation 2600.132c in relation to appropriately documenting fire drills. Documentation of training will be kept in accordance with regulation 2600.65i.

132c - Fire Drill Records (continued)

ONGOING: Beginning 3/1/2026, the Interim Executive Director will complete an audit of the fire drill log monthly for three months with documentation kept. An overview of the audit findings will be completed by the Interim Executive Director with the Maintenance Director at the Quality Assurance meetings for three months beginning 3/25/2026.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/13/2026)

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the Fire & Life Safety Solutions inspection letter dated [REDACTED] if there is any modifications to the fire protection system, it should be reported to the Fire Safety Expert to ensure the correct calculation of the evacuation time. The facility experienced a power outage from [REDACTED] through [REDACTED] at which time the facility's Fire Suppression System (sprinkler system) became inoperable, and this was not reported to the Fire Safety Expert, making the evacuation time of 15 minutes void, according to the letter. The following fire drills exceeded 2 minutes and 30 seconds.

- [REDACTED]

Plan of Correction

Accept ([REDACTED] 03/23/2026)

ACTION: On 2/17/2026, an NFPA Certified Fire Inspector came to the community to conduct the annual fire safety evacuation. The annual evacuation was conducted in accordance with life safety provisions, and the Fire Inspector certified that the community has 15 minutes to evacuate in entirety. Documentation was completed and provided to the community's Maintenance Director.

TRAINING: On 3/5/2026, the Interim Executive Director provided training to the leadership team, this included the Director of Nursing, Administrative Assistant, Director of Dietary, Director of Maintenance, Life Enrichment Director, Sales Director and Memory Care Director, on regulation 2600.132d. Documentation of training will be kept in accordance with 2600.65i.

ONGOING: Beginning 3/1/2026, the Interim Executive Director will monitor evacuation record times monthly to ensure compliance with the fire drill evacuation times provided by the Fire Safety Expert on 2/17/2026.

Documentation of findings will be kept and reviewed by the Interim Executive Director with the leadership team beginning 3/25/2026 for three months at the monthly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 03/25/2026

132d - Evacuation (*continued*)

Implemented [REDACTED] - 04/13/2026)