

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

June 3, 2026

[REDACTED], EXECUTIVE DIRECTOR
EC OPCO LEBANON PA LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF LEBANON
860 NORMAN DRIVE
LEBANON, PA, 17042
LICENSE/COC#: 33376

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2026, 04/22/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

| Facility Information | | |
|---|-------------------------|---------------------------------------|
| Name: CELEBRATION VILLA OF LEBANON | License #: 33376 | License Expiration: 08/01/2026 |
| Address: 860 NORMAN DRIVE, LEBANON, PA 17042 | | |
| County: LEBANON | Region: CENTRAL | |

| Administrator | | |
|-------------------------|--------------------------|--------------------------|
| Name: [REDACTED] | Phone: [REDACTED] | Email: [REDACTED] |

| Legal Entity | | |
|-------------------------------------|--------------------------|--|
| Name: EC OPCO LEBANON PA LLC | | |
| Address: [REDACTED] | | |
| Phone: [REDACTED] | Email: [REDACTED] | |

| Certificate(s) of Occupancy | | |
|-----------------------------|-------------------------|--------------------------------------|
| Type: C-2 LP | Date: 08/10/1999 | Issued By: Labor and Industry |

| Staffing Hours | | |
|----------------------------------|------------------------------|-------------------------|
| Resident Support Staff: 0 | Total Daily Staff: 76 | Waking Staff: 57 |

| Inspection Information | | |
|------------------------|---|----------------------|
| Type: Full | Notice: Unannounced | BHA Docket #: |
| Reason: Renewal | Exit Conference Date: 04/22/2026 | |

| Inspection Dates and Department Representative | |
|--|------------|
| 04/21/2026 - On-Site: | [REDACTED] |
| 04/22/2026 - On-Site: | [REDACTED] |

| Resident Demographic Data as of Inspection Dates | | | |
|--|--------------|--|--------------------------|
| General Information | | | |
| License Capacity: 65 | | Residents Served: 50 | |
| Secured Dementia Care Unit | | | |
| In Home: No | Area: | Capacity: | Residents Served: |
| Hospice | | | |
| Current Residents: 5 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 0 | | Are 60 Years of Age or Older: 50 | |
| Diagnosed with Mental Illness: 1 | | Diagnosed with Intellectual Disability: 0 | |
| Have Mobility Need: 26 | | Have Physical Disability: 1 | |

| Inspections / Reviews | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| 04/21/2026 Full | | |
| Lead Inspector: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 05/14/2026 |
| 05/07/2026 - POC Submission | | |
| Submitted By: [REDACTED] | Date Submitted: 05/26/2026 | |
| Reviewer: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 05/14/2026 |

Inspections / Reviews *(continued)*

05/08/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/26/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/25/2026

06/03/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/26/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

25b Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #1 was not signed by the resident.

Plan of Correction

Accept ([REDACTED]) - 05/07/2026

Immediate: On 4/23/2026, a notation was added to Resident 1's lease citing that [REDACTED] refused to sign the contract in entirety. On 4/23/2026, the interim Executive Director completed a full audit on all current resident contracts to verify that they were signed and dated. Any missing or incomplete contracts were corrected immediately with appropriate signatures and/or documentation. Documentation of the audit to be kept.

Training: On 4/23/2026, the Interim Director provided training to the leadership team that includes the Marketing Director, Director of Nursing, Resident Care Coordinator, Director of Maintenance and Dietary Director on regulation 2600.25b. Documentation of the training to be kept in accordance with regulation 2600.65i.

Ongoing: Beginning 4/23/2026, the Administrator or designee will audit 100% of new admissions weekly for 4 weeks then monthly for three months to ensure continued compliance. Documentation will be kept and compliance results will be reviewed in Quality Assurance meetings monthly for three months.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented ([REDACTED]) - 06/03/2026

63a First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/12/26, from 11:00 PM to 7:00 AM, approximately 42 residents were present in the home. During this time, 0 staff persons present in the home were certified in first aid/CPR.

Plan of Correction

Accept ([REDACTED]) - 05/08/2026

Immediate: On 4/21/2026 and 4/22/2026, the Director of Nursing and Interim Executive Director called the CPR trainer and left a message asking for the CPR and First Aid Cards from the January 2026 training to be sent to the community immediately. On 4/24/2026, the Director of Nursing reviewed the nursing schedules for the following 2 weeks, to ensure that each shift had the adequate amount of CPR trained team members per resident population.

Training: On 4/24/2026, the Interim Executive Director provided training to the Director of Nursing and Resident Care Coordinator on regulation 2600.63a with documentation kept in accordance with regulation 2600.65i.

Ongoing: Beginning 4/24/2026, the Director of Nursing and/or Resident Care Coordinator will review nursing schedules once weekly for four weeks to ensure that the appropriate amount of CPR trained staff are scheduled per resident census. Documentation of the schedule audit will be kept and reviewed by the Interim Executive Director at the next scheduled Quality Assurance Meeting on 5/25/2026. Beginning 5/1/2026, the Director of Nursing and/or Resident Care Coordinator will conduct an audit on all CPR and First Aid trainings once monthly for three months with documentation kept and reviewed by the Interim Executive Director and/or designated person at the monthly

63a - First Aid/CPR Training (continued)

Quality Assurance Meetings beginning 5/25/2026.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented () - 06/03/2026

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/22/26 at 9:18 AM, the hot water at the bathroom sink in bedroom 104 measured 124.3 degrees Fahrenheit.

On 4/22/26 at 9:32 AM, the hot water at the pantry sink by bedroom 115 measured 122.7 degrees Fahrenheit.

On 4/22/26 at 9:58 AM, the hot water at the bathroom sink in bedroom 126 measured 122.9 degrees Fahrenheit.

On 4/22/26 at 10:01 AM, the hot water at the pantry sink by bedroom 151 measured 122.5 degrees Fahrenheit.

Plan of Correction

Accept () - 05/07/2026

Immediate: On 4/22/2026, the Maintenance Director adjusted the water boiler temperature to bring temperatures to compliance. On 4/22/2026, the Maintenance Director reaudited the water temperatures in the affected rooms to ensure compliance.

Training: On 4/24/2026, the interim Executive Director provided training on regulation 2600.89B to the Maintenance Director with documentation kept in accordance with regulation 2600.65i.

Ongoing: Beginning 4/24/2026, the Maintenance Director will complete weekly audits for one month on water temperatures with documentation kept and reviewed by the Executive Director in the monthly quality assurance meeting scheduled for 5/25/2026.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented () - 06/03/2026

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Amantadine Cap 100 MG tablets, take 1 capsule by mouth every morning for TBI. The medication is labeled to take one capsule by mouth twice a day for TBI.

Plan of Correction

Accept () - 05/07/2026

Immediate: On 4/21/2026, upon discovery, the Resident Care Coordinator removed the Amantadine belonging to Resident 2, with the incorrect label and replaced it with a bottle that was correctly labeled to state the correct order directions.

Training: On 4/24/2026, the Interim Executive Director provided training to the Director of Nursing and Resident

184a - Resident's Meds Labeled (continued)

Care Coordinator on regulation 2600.184a. At the mandatory staff meeting scheduled for 5/7/2026, the Director of Nursing and Resident Care Coordinator will provide training on regulation 2600.184a to all medication techs. Documentation of trainings to be kept in accordance with regulation 2600.65i.

Ongoing: Beginning 4/24/2026, the Director of Nursing and/or Resident Care Coordinator will conduct an audit on medication carts once weekly for one month to ensure compliance with regulation 2600.184a, with documentation kept and reviewed by the Interim Executive Director in the monthly Quality Assurance meeting scheduled on 5/25/2026.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented (█) - 06/03/2026

190c - Record of Training

5. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record dated 10/19/25 for staff person A does not include the signatures and dates of the trainer and student when completed.

Plan of Correction

Accept (█) - 05/07/2026

Immediate: On 4/21/2026, the Director of Nursing (Train the Trainer) along with Staff Member A, signed the administration training record.

On 4/24/2026, the Director of Nursing completed an audit of medication training documents to ensure compliance with regulation 2600.190c with documentation kept.

Training: On 4/24/2026, the Interim Executive Director provided training to the Director of Nursing/train the trainer on regulation 2600.190c with documentation kept in accordance with regulation 2600.65i.

Ongoing: Beginning 5/1/2026, the Director of Nursing/Train the trainer will complete an audit of the medication training forms once weekly for one month with documentation kept and reviewed by the Interim Executive Director in the monthly Quality Assurance meeting scheduled 5/25/2026.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented (█) - 06/03/2026