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

July 10, 2026

[redacted]
EC OPCO SHIPPENSBURG LLC
129 WALNUT BOTTOM ROAD
ECLIPSE SR LIV ATTN LICENSING
SHIPPENSBURG, PA, 17257

RE: CELEBRATION VILLA OF SHIPPENSBURG
129 WALNUT BOTTOM ROAD
SHIPPENSBURG, PA, 17257
LICENSE/COC#: 33375

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026, 05/08/2026 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 SHIPPENSBURG* **License #**: *33375* **License Expiration**: *05/30/2027*

Address: *129 WALNUT BOTTOM ROAD, SHIPPENSBURG, PA 17257*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EC OPCO SHIPPENSBURG LLC*

Address: *129 WALNUT BOTTOM ROAD, ECLIPSE SR LIV ATTN LICENSING, SHIPPENSBURG, PA, 17257*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *07/01/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *67* **Waking Staff**: *50*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/08/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site: [redacted]

05/08/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *62* **Residents Served**: *48*

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**: *48*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

05/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/11/2026*

06/12/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/18/2026*

Inspections / Reviews *(continued)*

06/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/10/2026*

07/10/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Per staff interviews, the following incidents occurred in the home; however, exact dates could not be determined.

Staff member witnessed Resident #1 and Resident #2, lying in Resident #1's bed. Resident #1 [redacted] *and Resident #2* [redacted] *The staff member who witnessed the incident could not confirm if any sexual activity occurred between the two residents or not; however, this allegation of abuse was not reported to AAA.*

Staff member witnessed "a few months ago", "between 10PM and 1AM", Resident #1 and Resident #2, lying in Resident #1's bed. Resident #2 [redacted] *. This allegation of abuse was not reported to AAA.*

Plan of Correction ***Accept ([redacted] - 06/18/2026)***

Action:
• Beginning 6/2/2026, Executive Director, Director of Nursing, and Resident Care Coordinator began reviewing nurses' notes during clinical meeting
Training:
• On 6/2/2026 Executive Director provided education to Director of Nursing and Resident Care Coordinator on regulation 2600.15a
• On 6/2/2026, Executive Director, Director of Nursing, and Resident Care Coordinator provided education to all staff on regulation 2600.15a
On-going:
• Beginning 6/2/2026, the Executive Director, Director of Nursing, and/or Resident Care Coordinator will provide education on regulation 2600.15a to all staff in monthly mandatory meetings, monthly for 3 months

Update: 6/12/2026
o On 6/12/2026, the Executive Director called a verbal and written report of potential abuse to AAA for 2 incidents found during 5/7-5/8/26 annual survey; 10/21/2025, 12/1/2025
o Nurse's notes will be reviewed daily by Director of Nursing and Resident Care Coordinator to ensure allegations are reported timely

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 07/10/2026)

16c Written Incident Report

2. Requirements

2600.

16c Written Incident Report *(continued)*

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

Per staff interviews, the following incidents occurred in the home; however, exact dates could not be determined.

Staff member witnessed Resident #1 and Resident #2, lying in Resident #1's bed. Resident #1 [redacted] *and Resident #2* [redacted]. *The staff member who witnessed the incident could not confirm if any sexual activity occurred between the two residents or not; however, this allegation of abuse was not reported to the Department.*

Staff member witnessed "a few months ago", "between 10PM and 1AM", Resident #1 and Resident #2, lying in Resident #1's bed. Resident #2 [redacted] *This allegation of abuse was not reported to the Department.*

Repeated Violation 12/18/24

Plan of Correction ***Accept ([redacted] - 06/18/2026)***

Action:
• Beginning 5/11/2026, Executive Director, Director of Nursing, and Resident Care Coordinator began reviewing nurses' notes during clinical meeting
Training:
• On 6/2/2026 Regional Director of Operations provided education to Executive Director, Director of Nursing, and Resident Care Coordinator on regulation 2600.16c
• On 6/2/2026, Executive Director provided education to all staff on regulation 2600.16c
Ongoing:
• Beginning June 2026, the Executive Director, Director of Nursing, and/or Resident Care Coordinator will provide education on regulation 2600.16c to all staff during monthly mandatory meetings, monthly for 3 months

Update: 6/12/2026
o On 6/12/2026, the Executive Director submitted Reportable document of potential abuse to Department of Human Services for 2 incidents found during 5/7 5/8/26 annual survey; 10/21/2025, 12/1/2025
o Nurse's notes will be reviewed daily by Director of Nursing and Resident Care Coordinator to ensure allegations are reported timely

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 07/10/2026)

28e - Death of a Resident

3. Requirements

2600.

28e - Death of a Resident *(continued)*

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3 passed away on [redacted] Resident #3's personal belongings were removed on from [redacted] room on [redacted] however, Resident #3 was charged for room and board until [redacted]

Plan of Correction ***Accept ([redacted] - 06/12/2026)***

Action:

• Resident #3 was issued refund check

o Refund amount: $3950.00

o Refund dates: [redacted]

o Refund request date: 6/11/2026; to be processed 6/12/2026

Training:

• On 6/2/2026, Regional Director of Operations provided education to Executive Director on regulation 2600.28e

Ongoing:

• Documentation of issuance and distribution of the revocation notice will be maintained on file as evidence of corrective action --- to be completed by 7/10/2026

• PLC Corporate Office will draft and issue a formal written notice to all residents and responsible parties advising that the "Addendum to Resident Agreement - Notice of Charges," have been removed --- to be completed by 7/10/2026

• PLC Corporate Office will revise the Resident Agreement to ensure that language related to the death of a resident is updated to accurately reflect current Department of Human Services regulations --- to be completed by 7/10/2026

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/10/2026)

42b - Abuse

4. 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 is diagnosed with [redacted]. The resident's medical evaluation, dated [redacted] indicates the resident's [redacted]. This resident's annual medical evaluation, dated [redacted] indicates Resident #1 needs assistance with high-level decision making. The assessments for Resident #1, dated [redacted] indicate Resident #1 has no behavioral or cognitive needs relating to Orientation, Judgement, or Understanding Instructions. It is noted on the [redacted] assessment/support plan that Resident #1 "has had a history of [redacted]. DCS will frequently observe (Resident #1's) location with confused residents. DCS will calmly and respectfully address behaviors. (Resident #1) has some confusion."

Resident #2 is diagnosed with [redacted]. This resident's medical evaluation, dated [redacted], indicates the resident's [redacted]. This resident's annual medical evaluation, dated [redacted] indicated Resident #2 has [redacted] and requires assistance with all

42b Abuse (continued)

decision making. The assessment for Resident #2, dated [redacted] indicates this resident has a moderate problem with orientation, specifically place and time. It also indicates that Resident #2 has [redacted]. The assessment, dated [redacted] indicates Resident # 2 has a severe problem with Orientation. Judgement, Communication of Needs, Short Term Memory, and Long Term Memory are all indicated as a moderate problem for Resident #2.

On 9/22/25, Resident #1 and Resident #2 were observed sitting together on a couch in the living room of the home. A staff member observed Resident #1's hand in Resident #2's pants and heard Resident #2 moaning. When the staff member approached the residents, Resident #1 quickly removed [redacted] hand from Resident #2's pants.

According to interviews with various staff members, both residents have been found [redacted] in the bedroom of Resident #1 on undetermined dates. Resident # 1 and Resident #2 have been observed lying in Resident #1's bed. Resident #1 [redacted], and Resident #2 was [redacted]. On another date, Resident #1 and Resident #2 were observed lying in Resident #1's bed. Resident #2 was [redacted]. Resident #1 has been observed inviting Resident #1 to come to [redacted] bedroom and leading Resident #2 to the bedroom by hand.

The home did not have Resident #2 assessed to determine [redacted] ability to consent.

Repeated Violation 12/18/24

Plan of Correction ***Directed ([redacted] - 06/18/2026)***

Action:
• Resident #1's RASP [redacted] was updated on 6/2/2026 by Executive Director
• Resident #2's RASP [redacted] was updated on 6/2/2026 by Executive Director
Training:
• On 6/2/2026, the Executive Director provided education to Director of Nursing and Resident Care Coordinator on regulation 2600.42b with special attention to RASP and DME completion and compliance as it relates to residents correct medical determinations.
• On 6/2/2026, the Executive Director, Director of Nursing, and/or Resident Care Coordinator provided education regulation 2600.42b
• Beginning 6/2/2026, the Executive Director, Director of Nursing, and/or Resident Care Coordinator began auditing all resident DME and RASP information to ensure correct medical needs to be completed by 6/30/2026
On going:
• Beginning June 2026, the Executive Director, Director of Nursing, and/or Resident Care Coordinator will provide education on regulation 2600.42b to all staff during monthly mandatory meetings, monthly for 3 months
• Executive Director, Director of Nursing, and/or Resident Care Coordinator will review completed RASP's to ensure documentation on both forms match, findings will be reviewed during monthly QA meeting held July 2026

Update: 6/12/2026
• Please reassess the supervision needs for Resident #1 and #2 and indicate what supervision plans are being implemented to prevent future occurrences, if applicable
o On 6/15/2026, PCP completed new DME on Resident #2 to assess current supervision needs
o Resident #1 has a PCP appointment on 6/24/2026; new DME to be completed at that time to assess current supervision needs

42b - Abuse (continued)

• Please clarifying how reviewing RASP's and DME's related to incidents of abuse
o The Description of Violation was indicating that the medical evaluation and assessment/support plan did not have consistent and accurate documentation that reflected each other
• What is the on-going step to help prevent future incidents of resident-to-resident abuse? Please include the start date and the staff member's title responsible.
o On 6/15/2026, Director of Nursing, Resident Care Coordinator, and/or Executive Director began education with All Staff on interventions in place for Resident #1 and Resident #2 and importance of reporting to Director of Nursing, Resident Care Coordinator, and/or Executive Director immediately
• It is recommended to have residents who engage in sexual behaviors clinically assessed to determine if the resident(s) can have the capacity to consent.
o On 6/15/2026, The PCP determined that [redacted] was not competent to consent to sexual activities.

(Directed)

- *The administrator or designee will reassess the supervision needs for Residents #1 and #2 and update the residents' assessments and support plans by 6/30/26, as applicable. Supervision needs will be implemented no later than 6/30/26 as applicable and staff will receive education on the updated supervision plans by 6/30/26.*

Directed Completion Date: *06/30/2026*

Implemented ([redacted] - 07/10/2026)

125b - Combustible Restrictions

5. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 5/7/26 at 9:15 AM, there were three full propane tanks unlocked, unattended, and accessible on the front porch of the home.

Plan of Correction ***Accept ([redacted] - 06/12/2026)***

Action:
• On 5/7/2026, Director of Maintenance removed the unsecured propane tanks and placed them in the locked shed on the community property
Training:
• On 5/11/2026, the Executive Director provided education to Director of Maintenance regarding regulation 2600.125b
On-going:
• Beginning 5/11/2026, Director of Maintenance will perform grill checks to ensure propane tanks are removed --- weekly for 4 weeks, then monthly for 2 months with findings reviewed during monthly QA meeting held July 2026

Licensee's Proposed Overall Completion Date: *06/12/2026*

125b - Combustible Restrictions *(continued)*

Implemented (- 07/10/2026)

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 drill records for the drills conducted 11/25/24 to 4/7/26 do not include the exit routes used.

Repeated Violation- 10/1/24, et al.

Plan of Correction ***Accept (- 06/12/2026)***

Action:
• Beginning 5/8/2026, Executive Director and Director of Maintenance began utilizing the DHS form for fire drill evacuation for documentation
Training:
• On 5/11/2026, the Executive Director provided education on regulation 2600.132c to the Director of Maintenance in relation to proper documentation of exit routes used during the evacuation
On-going:
• On 5/11/2026, the Executive Director will review the monthly fire drill form to ensure correct completion and documentation, monthly for 3 months with findings reviewed during monthly QA meeting held July 2026

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented (- 07/10/2026)

141b1 - Annual Medical Evaluation

7. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's medical evaluation, dated , did not indicate if the resident can or cannot self-administer medications; this section was left blank.

Plan of Correction ***Accept (- 06/12/2026)***

Action:
• On 5/13/2026, an updated DME with correct medical information was completed by Resident #4's PCP
• On 5/13/2026, an updated order was received from Resident #4's PCP clarifying Resident #4's ability to self-administer medications
• On 5/15/2026, the Executive Director completed an audit of all resident DME's for completion and correct information
Training:

141b1 Annual Medical Evaluation (continued)

• On 5/9/2026, the Executive Director provided education to the Director of Nursing and Resident Care Coordinator on regulation 2600.141b

On going:

• Beginning 5/15/2026, the Executive Director will review each new and updated DME of residents to ensure complete and correct information for 3 months findings will be reviewed during monthly QA meeting held July 2026

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented (- 07/10/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Novolin, inject subcutaneously as directed per sliding scale before meals as needed; Blood Sugar: 200 250 2 units, 250 300 4 units, 300 350 6 units, 350 400 8 units, over 400 10 units. On the following dates, Resident #6 was not administered Novolin per the prescriber's order as follows:

On 5/1/26 at 8 AM the resident's blood glucose was 212, requiring 2 units; however, 0 units were administered.
On 5/1/26 at 12 PM the resident's blood glucose was 351, requiring 8 units; however, 0 units were administered.
On 5/1/26 at 5 PM the resident's blood glucose was 226, requiring 2 units; however, 0 units were administered.
On 5/2/26 at 12 PM the resident's blood glucose was 254, requiring 4 units; however, 0 units were administered.
On 5/2/26 at 5 PM the resident's blood glucose was 256, requiring 4 units; however, 0 units were administered.
On 5/3/26 at 5 PM the resident's blood glucose was 305, requiring 6 units; however, 0 units were administered.

Plan of Correction ***Accept (- 06/12/2026)***

Action:

• On 5/8/2026, the Director of Nursing requested and received clarification of Resident #6's Novolin R sliding scale insulin order. On 5/8/2026, the Director of Nursing updated EMR documentation to include blood glucose results and insulin administration under one documentation task

• On 5/18/2026, the director of Nursing received a new order from Resident #6's PCP for Resident #6's Novolin R sliding scale order to be held beginning 5/20/2026

Training:

• On 5/11/2026, the Executive Director provided education to the Director of Nursing and Resident Care Coordinator on regulation 2600.187d

On going:

• Beginning 6/1/2026, the Director of Nursing and Resident care Coordinator will complete MAR documentation audit for all residents ordered a sliding scale insulin during clinical meeting for 4 weeks, then 2 times per week for 4 weeks findings reviewed during monthly QA meeting held July 2026

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented (- 07/10/2026)

187d - Follow Prescriber's Orders *(continued)*

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 's assessment, dated [redacted] indicated the resident has no personal care needs related to Supervision, requiring no supervision either in the home or when in the community. However, multiple staff interviews indicated Resident #1 requires supervision in the home due to a history of inappropriate sexual behavior. Resident #1's assessment has not been updated to reflect changes in supervision needs.

Repeated Violation- 10/1/24, et al.

Plan of Correction ***Accept ([redacted] - 06/12/2026)***

Action:
• On 6/2/2026, the Executive Director updated Resident #1's RASP to reflect changes in supervision needs
• On 6/2/2026, the Executive Director began a full house audit of all resident DME and RASP documentation to ensure complete and correct documentation on both forms
Training:
• On 6/2/2026, the Executive Director provided education to the Director of Nursing and Resident Care Coordinator on regulation 2600.225c as it relates to complete and correct medical information
On-going:
• Beginning 6/2/2026, the Executive Director will review all new and updated DME's and RASP's for 3 months -- findings reviewed during monthly QA meeting held July 2026

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented ([redacted] - 07/10/2026)