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

August 6, 2026

[redacted]
EC OPCO DILLSBURG LLC
[redacted]
ECLIPSE SR LIV ATTN LICENSING
[redacted]

RE: CELEBRATION VILLA OF DILLSBURG
153 LOGAN ROAD
DILLSBURG, PA, 17019
LICENSE/COC#: 33379

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2026 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 DILLSBURG* **License #**: *33379* **License Expiration**: *07/30/2026*

Address: *153 LOGAN ROAD, DILLSBURG, PA 17019*

County: *YORK* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *EC OPCO DILLSBURG LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/05/1998* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *53*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *53*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *10* **Have Physical Disability**: *1*

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2026*

07/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/16/2026*

Inspections / Reviews *(continued)*

08/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

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

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On [redacted] at 12:30 PM, agents of the Department requested access to the home's 24 hour report book. Staff person A stated the home would not provide access to the book and that "It is an internal communication tool that is not to be shared. Nursing reviews this book daily and addresses concerns / incidents and they become part of the residents' records as needed."

On [redacted] at approximately 3:00 PM, agents of the Department requested access to an incident report containing information about Resident [redacted]s worsening health condition, a call to 911, and hospitalization. Staff person A refused to permit agents to inspect or copy the document stating that it says "privileged and confidential – not part of the medical record – do not copy".

Plan of Correction ***Accept [redacted] - 07/09/2026)***

We respectfully request this citation be removed. The "24 Hour" binder is an internal communication tool used by all staff (both clinical and non-clinical) to alert for upcoming appointments, family visits, laundry, etc. This is not part of the resident's confidential medical record. Any documentation in this book that is relevant to nursing staff/providers (such as falls, new medications, admissions/discharges) is communicated accordingly to the clinical staff and becomes a part of the resident's medical record as indicated.

As of 26, the "24-hour binder" is no longer utilized as an internal communication tool.
On 5/26/2026, the Executive Director provided education to all members of leadership, including Activities Director, Dining Director, Director of Nursing, Assistant Director of Nursing and Administrative Assistant on regulation 2600.5a, obligation to provide timely access to authorized representatives.
Beginning 6/1/2026, the Executive Director and/or Director of Nursing will complete weekly checks to verify staff knowledge of access requirements and confirm that records remain readily available for review for 4 weeks, then monthly for 3 months. Results of these checks will be reviewed at community Quality Assurance meeting for 3 months, starting in June 2026. The June Quality Assurance meeting is scheduled for June 18, 2026. Documentation of these checks will be kept in accordance with Regulation 65i.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 08/06/2026)

16c - Written Incident Report

2. 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

On or about [redacted], Resident [redacted] was taken to the hospital because of vomiting, coughing, and grunting. The resident was admitted for several days and then transferred to a rehabilitative hospital on or about [redacted] before returning to the home on [redacted] This incident was not reported to the Department.

16c Written Incident Report (continued)

Resident [redacted] was prescribed [redacted], take 1 capsule by mouth twice daily (diagnosis: ADULT FAILURE TO THRIVE) on [redacted] This medication was not administered from [redacted] through [redacted]. Resident [redacted] was also prescribed multi vitamin tablet, give 1 tablet by mouth one time a day for supplement on [redacted]. This medication was not available from [redacted] through [redacted] at which point the resident was admitted to the hospital. These medication errors were not reported to the Department.

Plan of Correction ***Accept [redacted] - 07/09/2026)***

On 6/5/2026, the state reportable incident report was completed by the Executive Director and sent to BHLS via email.
On 5/22/206, the Executive Director provided education to all members of leadership, including Activities Director, Dining Director, Director of Nursing, Assistant Director of Nursing and Administrative Assistant on regulation 2600.16c as well as education on timely completion of written incident reports and the community's incident reporting policy. A record of this education will be kept in accordance with Regulation 65i.
Beginning 6/1/2026, the Executive Director and/or the Director of Nursing will complete weekly checks of all State Reportable Incident Reports completed for 4 weeks, then monthly for 3 months, to ensure of all are completed timely and contain all required information. Results of these checks will be reviewed monthly at the Quality Assurance meeting, starting at the June 2026 meeting for 3 months. The June Quality Assurance Meeting is scheduled for June 18, 2026.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 08/06/2026)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:30 AM, the toilet in Resident [redacted]'s bedroom was splattered with dried feces.

Repeated Violation [redacted]

Plan of Correction ***Accept [redacted] - 07/09/2026)***

On 5/21/2026, upon discovery, the toilet in room [redacted] was cleaned by the Executive Director. On 5/21/2026, Housekeeping staff completed a thorough cleaning of the resident's bathroom as well.
On 5/22/2026, the Executive Director provided educated all members of leadership, including Activities Director, Dining Director, Director of Nursing, Assistant Director of Nursing and Administrative Assistant on regulation 2600.85a, sanitation requirements, infection control practices, cleaning schedules, and the importance of maintaining sanitary conditions throughout the home. By 6/1/2026, the Executive Director provided education to the Housekeeping staff regarding this regulation. By June 18, 2026, all staff will be provided education on this regulation.
Beginning 5/26/2026, all members of management, including Administrative Assistant, Activities Director, Director of Dining, Director of Nursing, Assistant Director of Nursing and Executive Director
will conduct weekly checks of resident bathrooms to ensure environmental sanitation standards are met. These checks will then be completed monthly for 3 months, The results of these checks will be reviewed monthly at the Quality Assurance meeting starting in June 2026 for 3 months. Documentation will be kept on file for review in

85a - Sanitary Conditions (continued)

accordance with Regulation 65i. The June Quality Assurance meeting is scheduled for 6/18/2026.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 08/06/2026)

187b - Date/Time of Medication Admin.

4. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident was prescribed , give 1 syringe = 0.5 ml by mouth every 4 hours and give 1 syringe = 0.5 ml by mouth every 2 hours. The was marked as given on at and the marked as given at , and . The resident was deceased on at approximately 4:00 PM.

Plan of Correction ***Accept - 07/09/2026)***

On 5/22/2026, education was provided by the Executive Director to the Director of Nursing and Assistant Director of Nursing on this regulation and the expectation that medications should not be approved for administration until the medication is available for administration. On 6/5/2026, the state reportable incident report was completed by the Executive Director and sent to BHLS via email.
By 6/1/2026, the Director of Nursing and/or Assistant Director of Nursing will provide education to all the medication administration staff on regulation 2600.187b , the accurate and timely documentation of medication administration and what to do if medications are not available for administration. These education records will be kept in accordance with Regulation 65i.
Beginning 6/1/2026, the Executive Director and/or Director of Nursing and/or Assistant Director of Nursing will conduct audits of resident medication administration records to verify that medication administration dates and times are documented accurately and completely. The checks will occur weekly for 4 weeks then monthly for 3 months. Results of these checks will be reviewed monthly at the Quality Assurance meeting for 3 months starting with the June 2026 meeting. The Community's June Quality Assurance meeting is scheduled for June 18, 2026.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented - 08/06/2026)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident was prescribed , take 1 capsule by mouth twice daily (diagnosis: ADULT FAILURE TO THRIVE) on . This medication was not administered from through Resident was also prescribed multi-vitamin tablet, give 1 tablet by mouth one time a day for supplement on . This medication was not available from through at which point the resident was admitted to the hospital. These medication errors were not reported to the Department.

187d Follow Prescriber's Orders (continued)

Repeated Violation [redacted]

Plan of Correction ***Accept*** [redacted] ***- 07/09/2026)***

On 5/22/2026, education was provided by the Executive Director to the Director of Nursing and Assistant Director of Nursing on this regulation and the expectation that medications errors, including when a medication is not available for administration, must be reported to the Responsible Party, Provider and BHLS. On 6/5/2026, the state reportable incident report was completed by the Executive Director and sent to BHLS via email, which included notification of the medication error to the provider.

By June 1, 2026, the Director of Nursing and/or Assistant Director of Nursing will provide education to all staff responsible for medication administration on regulation 2600.187d, emphasizing that medications must be administered strictly according to the prescriber's orders, including the correct medication, dosage, route, frequency, and any special instructions. This education will also include the procedures on what to do if there is a medication error and the community's medication management policy.

Beginning 6/1/2026, the Executive Director and/or Director of Nursing and/or Assistant Director of Nursing will conduct weekly checks comparing new physician orders to the corresponding residents Medication Administration Record to ensure accuracy of administration and there are no discrepancies/medication errors. Any errors will be addressed immediately by the Director of Nursing and/or Assistant Director of Nursing and communicated to the provider accordingly. These weekly checks will be for 4 weeks and then monthly for 3 months. Results will be reviewed monthly at the Quality Assurance meeting starting in June 2026 for 3 months. The June Quality Assurance Meeting is scheduled for June 18, 2026.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] ***- 08/06/2026)***

188b - Medication Error Reporting

6. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] *was prescribed* [redacted]*, take 1 capsule by mouth twice daily (diagnosis: ADULT FAILURE TO THRIVE) on* [redacted]*. This medication was not administered from* [redacted] *through* [redacted] *Resident* [redacted] *was also prescribed* [redacted] *tablet, give 1 tablet by mouth one time a day for supplement on* [redacted]*. This medication was not available from* [redacted] *through* [redacted] *at which point the resident was admitted to the hospital. These medication errors were not reported to the prescriber.*

Plan of Correction ***Accept*** [redacted] ***- 07/09/2026)***

On 6/5/2026, the state reportable incident report was completed by the Executive Director and sent to BHLS via email.

By June 1, 2026, the Director of Nursing and/or Assistant Director of Nursing will provide education to all the medication administration staff on regulation 2600.188b as well as the community's medication error reporting policy, including the definition of a medication error, required documentation, timely reporting procedures, notification requirements, and follow up. These education records will be kept in accordance with Regulation 65i.

Beginning 6/1/2026, the Executive Director and/or Director of Nursing and/or Assistant Director of Nursing will

188b - Medication Error Reporting (continued)

review all medication errors and incident reports weekly for 4 weeks, then monthly for 3 months. The results of these reviews will be reviewed monthly at the Quality Assurance meeting starting in June 2026 for 3 months. The Community's June Quality Assurance meeting is scheduled for June 18, 2026.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 08/06/2026)