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

September 2, 2026

[redacted] ADMINISTRATOR
EC OPCO LOYALSOCK LLC
[redacted]

RE: CELEBRATION VILLA OF LOYALSOCK
2985 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22719

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2026 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 LOYALSOCK* **License #**: *22719* **License Expiration**: *07/03/2026*

Address: *2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*

County: *LYCOMING* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EC OPCO LOYALSOCK LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/22/1999* **Issued By**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *59* **Waking Staff**: *44*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/25/2026*

Inspection Dates and Department Representative

06/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served**: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *48*

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

Have Mobility Need: *11* **Have Physical Disability**: *0*

Inspections / Reviews

06/25/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2026*

08/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

Inspections / Reviews *(continued)*

08/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/26/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

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

28e - Death of a Resident

1. Requirements

2600.

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 #1 passed away on their date of death. The home did not document the date the resident's belongings were removed from the room. The home charged the resident's estate room and board for 30 days after the resident's death and received payment from the estate on [redacted]. A refund was not issued to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Plan of Correction

Accept ([redacted] - 08/06/2026)

ACTION: On 6/24/26, resident #1's refund check was requested by the Executive Director as part of a companywide audit. Check ##[redacted] was mailed on 7/15/26 to the appropriate payee.

On 7/7/26, an audit of all resident discharges from 2026 was conducted. Any residents identified as discharge due to death were issued refunds based on the date the rooms were vacated. A record of these refunds will be kept with this plan of correction.

The home management company put a 30-day notice period in place for all discharges effective 1/1/26. On 6/8/26 the home's management company changed the terms of the notice period after a discharge due to death. The contracts for all PA communities now outlines that the contract ends once the resident's apartment is vacated after a death. A letter was sent to all current residents updating them of this change on 07/9/2026.

TRAINING:

On7/13/26 the Regional Director of Operations reviewed the change in the contract as well as regulation 2600.228.b with the Executive Director. The Executive Director then reviewed this same training with the home's Sales Director, Maintenance Director, Director of Nursing and Administrative Assistant on 8/19/26. A record of this training will be kept in accordance with 2600.65i.

ONGOING:

Upon death of a resident the Executive Director will review the contract terms with the responsible party which outlines that the contract ends once an apartment is vacated after a death. Once vacated, the home will issue a refund to the responsible party within 30 days per regulation of 2600.228b.

A review of discharges and the dates of their refunds will be reviewed at the home's next Quality Assurance meeting in August 2026.

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

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 09/02/2026)

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

Resident #2's glucometer was used to measure Resident #3's blood glucose on 6/21/26.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

ACTION:

On 6/25/2026, all glucometers that had been used by Resident #2 and #3 were removed from service and disposed of. New glucometers were obtained and assigned to each resident #2 and #3, at the home's expense. Each glucometer is designated for use by one specific resident and is labeled accordingly.

TRAINING:

Beginning on 7/2/2026, education was initiated with all Medication Technicians on regulation 2600.85a, specifically on proper use of resident-specific glucometers. Education emphasized that glucometers are assigned to individual residents and must not be shared or used for another resident.

Medication Technicians were instructed to verify the resident's name on both the labeled storage bag and the glucometer itself prior to obtaining a blood glucose reading. Staff were also instructed to verify that the glucometer being used corresponds to the resident whose blood glucose is being checked.

Education will be completed with all Medication Technicians. A record of this training will be kept in accordance with 2600.65i.

ONGOING MONITORING:

The Director of Nursing or Resident Care Coordinator will conduct weekly audits for four consecutive weeks. During each audit, three randomly selected residents will be reviewed to verify that the resident-specific glucometer is being used appropriately and that the blood glucose readings are accurately documented on the MAR.

Following the initial four-week monitoring period, the Director of Nursing or Resident Care Coordinator will conduct monthly audits x 3 months of three randomly selected residents for three consecutive months. Audit results will be reviewed monthly at the Quality Assurance meeting x 3 months to ensure continued compliance with the use of resident-specific glucometers and accurate documentation of blood glucose readings. Audits will be kept on file for review.

Licensee's Proposed Overall Completion Date: *11/18/2026*

Implemented ([redacted] - 09/02/2026)

85a - Sanitary Conditions *(continued)*

182c - Medication Administration

3. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

At 11:15 a.m. Staff person A was observed administering Resident #4's insulin. The staff person initialed the medication administration record prior to administering the medication.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

ACTION:

The staff member who documented the medication administration prior to the medication actually being administered was immediately educated on the proper medication administration and documentation process. The staff member was instructed that medications must be prepared, offered to and administered to the resident, and then documented accurately in the electronic medication administration record (MAR) only after the medication administration process has been completed.

TRAINING:

On 7/2/26 Medication Technicians will be educated on the proper medication administration and documentation process within the electronic medical records system. Education will include the proper sequence of:

Preparing the medication for administration;

Administering the medication to the resident;

Confirming that the medication was offered to and taken by the resident, as applicable; and

Accurately documenting the medication administration in the electronic MAR after completion of the medication pass.

Staff will be reminded that medication administration documentation must accurately reflect the actual time and completion of the medication administration process and must not be completed prior to the medication being administered.

A record of this training will be kept in accordance with 2600.65i.

ONGOING MONITORING:

The Director of Nursing or Resident Care Coordinator will observe three medication passes per week for three consecutive weeks to verify that medications are being properly prepared, administered, and documented in the

182c - Medication Administration (continued)

electronic MAR only after the medication administration process has been completed.

Following the initial monitoring period, the Director of Nursing or Reisdent Care Coordinator will conduct three medication pass observations per month for three consecutive months to ensure continued compliance. Findings will be reviewed monthly at the Quality Assurance meeting x 3 months. Audits will be kept on file for review.

Licensee's Proposed Overall Completion Date: *11/18/2026*

Implemented (- 09/02/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

Description of Violation

Resident #2's Medication Administration Record notes Metoprolol Succ Tab 25 MG ER, take 1 tablet by mouth every morning, do not crush or chew. The medication bottle states Metoprolol Succinate 50 mg SA tab, take one-half tablet by mouth daily for heart.

Plan of Correction ***Accept (- 08/24/2026)***

Action:

The current medication order is Metoprolol Succinate 25 mg ER, take one tablet by mouth every morning. Do not crush or chew. Immediate corrective action was taken on 6/26/26 by the Resident Care Coordinator, who placed an "Order Change" sticker on the affected medication blister pack to direct staff to follow the current physician's orders. The medication bottle states: Metoprolol Succinate 50 mg SA tablet, take one-half tablet by mouth daily for heart. The sticker serves as a visual prompt to alert Medication Technicians that the medication order has been changed and that the current order must be reviewed in the electronic Medication Administration Record (eMAR) prior to administering the medication.

Training

Beginning on 6/26/26 the Director of Nursing educated all Medication Technicians on regulation 2600.187(a), including the importance of verifying that medications on hand correspond with the current medication orders. A record of this training will be maintained in accordance with regulation 2600.65(i).

Ongoing Monitoring

Beginning 7/29/26, for three consecutive weeks, the Director of Nursing or Resident Care Coordinator will randomly select five active medication orders each week to audit and verify that the corresponding medication labels match the current orders in the Emar. Following the initial three-week monitoring period, the Director of Nursing or Resident Care Coordinator will conduct a monthly audit of five randomly selected active medication orders for three consecutive months to verify that the corresponding medication labels match the eMAR.Any identified areas of non-compliance will be addressed immediately through re-education and/or corrective action, as appropriate.Findings will be reviewed monthly at the Quality Assurance meeting for three consecutive months. Completed audits will be

187a - Medication Record (continued)

maintained on file for review.

Licensee's Proposed Overall Completion Date: *11/17/2026*

Implemented ([redacted] - 09/02/2026)

225c - Additional Assessment

6. 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 #5's assessment dated [redacted] did not include a description of hospice care services that resident #5 receives.

Resident #6's assessment dated [redacted] does not include the resident's need for a puree diet.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

ACTION:

Upon discovery that Resident #5's hospice frequency was not reflected on the Resident Assessment and Service Plan (RASP), the RASP was immediately updated to accurately identify the frequency of hospice services and describe the services being provided to the resident.

For Resident #6, the RASP was immediately updated on 7/4/26 to reflect the resident's specific dietary requirements and current ordered diet.

TRAINING:

Education will be completed for all team members responsible for creating, updating, or maintaining RASPs by 8/15/26 Education will emphasize the importance of ensuring that all current resident care needs, including hospice services and dietary requirements, are accurately reflected on the RASP.

The Executive Director will monitor changes to resident diets and other applicable care needs to ensure that the corresponding RASP is reviewed and updated as necessary.

A record of this training will be kept in accordance with 2600.65i.

ONGOING MONITORING:

The Dining Director and Director of Nursing or Resident Care Coordinator will conduct a weekly audit of diet orders x 4 weeks then monthly x 3 months. Findings will be reviewed monthly at the Quality Assurance meeting x 3 months. Audits will be kept on file for review. will meet weekly to review any changes to resident diets and ensure that corresponding RASPs are updated accurately and timely.

225c - Additional Assessment (continued)

All diet changes occurring within the community will be documented and tracked for two months. During daily stand-up meetings, the leadership team will review the log of diet changes to verify that the corresponding RASPs have been reviewed and updated as appropriate.

Licensee's Proposed Overall Completion Date: *11/18/2026*

Implemented ([redacted] - 09/02/2026)