

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

October 13, 2026

[REDACTED], ADMINISTRATOR
EC OPCO READING LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF EXETER
9 COLIN COURT
READING, PA, 19606
LICENSE/COC#: 22716

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2026, 08/14/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CELEBRATION VILLA OF EXETER

License #: 22716

License Expiration: 07/11/2027

Address: 9 COLIN COURT, READING, PA 19606

County: BERKS

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: EC OPCO READING LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/17/2017

Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 74

Waking Staff: 56

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 08/14/2026

Inspection Dates and Department Representative

07/29/2026 - On-Site: [REDACTED]

08/14/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 50

Secured Dementia Care Unit

In Home: Yes

Area: Along the Journey

Capacity: 25

Residents Served: 20

Hospice

Current Residents: 10

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: 24

Have Physical Disability: 2

Inspections / Reviews

07/29/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/14/2026

09/29/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/06/2026

Inspections / Reviews (*continued*)

10/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/29/2026, at 5:21 p.m., in the home's conference room, a computer displaying the call belle records with residents' names was observed unlocked, unattended, and accessible for residents, visitors, and other unauthorized personnel.

Plan of Correction

Accept ([REDACTED] - 09/29/2026)

Action:

On 7/29/2026, at 5:21 p.m., in the home's conference room, a computer displaying Call Bell records containing residents' names was observed unlocked, unattended, and accessible to residents, visitors, and other unauthorized personnel. The Executive Director immediately secured the computer.

Training

On 7/29/2026, the Executive Director provided training to all Managers on Regulation 2600.17 regarding the confidentiality and security of resident records. Managers were instructed to check the computer daily to ensure that confidential information is not left readily accessible or visible to residents, visitors, or other unauthorized personnel.

From 7/29/2026 through 8/29/2026, training was provided to all staff members who have access to the computer. Training focused on Regulation 2600.17 and the requirement to protect the confidentiality of resident records and ensure that confidential information is not readily accessible to unauthorized individuals. Training records will be maintained in accordance with Regulation 2600.65(i).

Ongoing:

Beginning 9/9/2026, all Managers will check the computer monitor daily during the morning meeting to ensure that the monitor is locked and that confidential or private resident information cannot be viewed or accessed by residents, visitors, staff without authorization, or other unauthorized individuals.

In addition, the Manager on Duty will verify on weekends, that the computer monitor remains locked when unattended and that confidential or private resident information is not readily visible or accessible to unauthorized individuals.

The daily monitoring will be documented, and any concerns identified will be addressed immediately. This process will continue to ensure ongoing compliance with Regulation 2600.17 and the confidentiality and security of resident records.

17 Record Confidentiality (continued)

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

18 - Compliance With Laws**2. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 7/29/26 at approximately 9:23 a.m., the carbon monoxide detector located in the hallway near the gas fireplace contained batteries that were last replaced on 7/17/25. The Care Facilities Carbon Monoxide Standards Act requires the batteries to be changed annually.

Plan of Correction

Accept () - 09/29/2026)

Action:

On July 29, 2026, during the State Representative's walkthrough of the home, it was identified that the carbon monoxide (CO) detector located closest to the fireplace had expired batteries. On the same day, the Executive Director notified the Maintenance Director of the need to replace the batteries. The Maintenance Director immediately replaced the batteries.

Training:

The Executive Director initiated training for all managers on Regulation 2600.18 beginning July 30, 2026. Training was completed on August 10, 2026. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Maintenance Director will initiate and maintain work orders in the TELS system to track and ensure timely replacement of carbon monoxide detector batteries before their expiration dates. Compliance with this process will be reviewed and monitored during the monthly Quality Assurance meetings beginning August 12, 2026. Documentation of Quality Assurance meeting discussions and monitoring activities will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

66a - Staff Training Plan**3. Requirements**

2600.

- 66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have 2026 staff training plan available.

Plan of Correction

Accept () - 09/29/2026)

Action:

A staff training plan was developed in accordance with Regulation 66.a., which requires that a staff training plan be developed annually. The annual staff training plan has been completed and is being implemented to ensure staff

66a Staff Training Plan (continued)

receive required training throughout the year.

Training:

The Executive Director provided education to all managers regarding the requirements of Regulation 66.a., including the requirement that an annual staff training plan be developed and maintained. Managers were educated on their responsibility to ensure the training plan is implemented as scheduled and that required staff training is completed and documented. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Executive Director will ensure that an annual staff training plan is developed, reviewed, and maintained in accordance with Regulation 66.a. Managers will be responsible for supporting implementation of the training plan and ensuring required staff training is completed and documented. Compliance will be monitored throughout the year to ensure the training plan remains current and that required staff training is completed as scheduled. Attached is the staff training plan for review and verification of compliance.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

103e - Left Overs**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 3:43 p.m. on the counter in the home's kitchen, four plastic storage containers containing cereal were dated but not labeled.

At approximately 3:45 p.m., a wrapped package of hamburger weighing approximately two pounds was observed in the kitchen reach in refrigerator and was not labeled.

Plan of Correction

Accept () - 09/29/2026)

Action:

On July 29, 2026, during the State Representative's walkthrough of the home, it was observed that food containers were dated but did not include labels identifying their contents. On the same day, the Executive Director notified the Director of Food Services of the requirement to label all food containers with both the preparation/open date and the contents of the container. The Director of Food Services immediately corrected the labels to include both the date and the contents.

Training:

The Executive Director initiated training for all managers on Regulation 2600.103(e) beginning July 30, 2026, with training completed on August 10, 2026. Additionally, the Executive Director, Director of Nursing, Memory Care Coordinator, and Dining Director provided training to all staff on the requirement to label all leftover and open food containers with both the date and the contents. Staff training began on July 30, 2026, and was completed on

103e Left Overs (continued)

August 10, 2026. Training documentation will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Dining Director will conduct weekly audits for eight (8) weeks to ensure that all open and leftover food containers are properly labeled with both the date and contents. Compliance will also be reviewed and monitored during the monthly Quality Assurance meetings beginning August 12, 2026. Documentation of Quality Assurance meeting discussions and audit findings will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

107a - Emergency Preparedness**5. Requirements**

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The administrator did not have a copy and was not familiar with the emergency preparedness plan for the municipality in which the home is located.

Plan of Correction

Accept () - 09/29/2026)

Action:

On July 29, 2026, during the State Representative's walkthrough of the home, it was identified that the Emergency Preparedness Plan (EPP) binder did not contain the Berks County Emergency Preparedness Plan. The building specific Emergency Preparedness Plan was available; however, the Berks County Emergency Preparedness Plan was not included in the same binder. On the same day, the Executive Director printed the Berks County Emergency Preparedness Plan and placed it in the Emergency Preparedness Plan binder with the building specific Emergency Preparedness Plan, ensuring both documents were readily available in one location.

Training:

The Executive Director initiated training for all managers on the applicable Emergency Preparedness Plan requirements beginning July 30, 2026, with training completed on August 10, 2026. Managers were instructed on the requirement to maintain a complete and current Emergency Preparedness Plan binder, including both the building specific Emergency Preparedness Plan and the applicable county emergency preparedness information. Training documentation will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Executive Director or designee will ensure all required emergency preparedness documents, including the building specific and Berks County Emergency Preparedness Plans, remain complete, current, and readily accessible. Compliance will be reviewed and monitored during the monthly Quality Assurance meetings beginning August 12, 2026. Documentation of audit results and Quality Assurance meeting discussions will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The last submission of the home's written emergency procedures to the local emergency management agency is unknown.

Plan of Correction

Accept () - 09/29/2026)

Action:

The Executive Director reviewed and updated the home's written emergency procedures in accordance with Regulation 2600.107.d., which requires that written emergency procedures be reviewed, updated, and submitted annually to the local emergency management agency. The requirement was discussed with the local emergency management agency, and the updated written emergency procedures will be submitted to the agency in September 2026. Documentation of the submission will be maintained.

Training:

The Executive Director provided education to all managers regarding the requirements of Regulation 2600.107.d., including the requirement to review and update the written emergency procedures annually and submit the updated procedures to the local emergency management agency. Managers were educated on their responsibility to ensure the emergency procedures remain current and that the annual submission is completed and documented. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Executive Director will ensure that the written emergency procedures are reviewed and updated annually and submitted to the local emergency management agency within the required timeframe. An annual audit will be completed to verify that the emergency procedures have been reviewed, updated, submitted, and that documentation of the submission is maintained. Compliance will be monitored during the monthly Quality Assurance meetings, and documentation of the review, submission, and monitoring activities will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

123b - Emergency Procedures Posted**7. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's local municipality emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 09/29/2026)

Action:

On July 29, 2026, during the State Representative's review of the Emergency Preparedness Plan (EPP), it was determined that the Executive Director did not demonstrate a working knowledge of the complete Emergency Preparedness Plan because the Berks County Emergency Preparedness Plan was not included in the Emergency

123b Emergency Procedures Posted (continued)

Preparedness Plan binder. Although the building specific Emergency Preparedness Plan was available, the absence of the Berks County Emergency Preparedness Plan limited the Executive Director's ability to reference the complete plan. On the same day, the Executive Director printed and placed the Berks County Emergency Preparedness Plan in the Emergency Preparedness Plan binder and reviewed both the building specific and county emergency preparedness plans to ensure familiarity with all required emergency preparedness procedures.

Training:

The Executive Director initiated training for all managers on the applicable Emergency Preparedness Plan requirements beginning July 30, 2026, with training completed on August 10, 2026. The training included a comprehensive review of both the building specific Emergency Preparedness Plan and the Berks County Emergency Preparedness Plan to ensure managers, including the Executive Director, demonstrate a working knowledge of the facility's emergency preparedness procedures. Training documentation will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Executive Director will review the complete Emergency Preparedness Plan, including the building specific and Berks County Emergency Preparedness Plans, at least annually and whenever updates are made. Monthly audits will be conducted to verify that all required emergency preparedness documents remain complete, current, and readily accessible. This area will be discussed and monitored during the monthly Quality Assurance meetings beginning August 12, 2026. Documentation of audit results and Quality Assurance meeting discussions will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

132b - Safety Inspection/Fire Drill**8. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's last fire safety inspection and fire drill observed by a fire safety expert was conducted in 2024.

Plan of Correction

Accept () - 10/07/2026)

Action:

A fire safety inspection and fire drill conducted by a qualified fire safety expert were completed in accordance with Regulation 2600.132.b., which requires that a fire safety inspection and fire drill conducted by a fire safety expert be completed annually. The required annual fire safety inspection and fire drill have been completed, and the documentation has been obtained and maintained.

Training:

The Executive Director provided education to all managers regarding the requirements of Regulation 2600.132.b., including the requirement that a fire safety inspection and fire drill conducted by a fire safety expert be completed annually. Maintenance Director was educated on his responsibility to ensure the required inspection and fire drill are completed within the required timeframe and that all related documentation is maintained. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

132b Safety Inspection/Fire Drill (continued)**Ongoing Compliance:**

The Executive Director will ensure that the annual fire safety inspection and fire drill conducted by a fire safety expert are scheduled and completed timely each year. The Maintenance Director will maintain documentation of the fire safety inspection and fire drill and ensure the records are readily available for review. Compliance will be monitored during the monthly Quality Assurance meetings to ensure the annual requirement is met and documentation is maintained. Attached is the documentation of the fire safety inspection and fire drill for review and verification of compliance.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/13/2026

132d - Evacuation**9. 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

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during all fire drills conducted from 7/17/2025 7/17/2026.

Plan of Correction

Accept () - 10/07/2026

Action:

The Executive Director contacted a qualified fire safety expert who is not a staff member of the home to evaluate the home's evacuation procedures and establish a maximum safe evacuation time in writing, as required by Regulation 2600.132(d).

The fire safety expert completed an evaluation of the home; however, the evacuation time documented on the report reflected the actual time required to evacuate the building during the fire drill conducted that day rather than the maximum safe evacuation time established by the fire safety expert. The Maintenance Director contacted the fire department to request that a new form be completed and that the maximum safe evacuation time be appropriately established and documented.

The home's fire drill procedures have been reviewed to ensure that residents are able to evacuate the entire building and reach a public thoroughfare or designated fire safe area within the maximum safe evacuation time established by the fire safety expert.

Training:

The Executive Director provided education to all managers regarding the requirements of Regulation 2600.132(d), including the requirement that the home obtain a maximum safe evacuation time in writing annually from a qualified fire safety expert who is not a staff member of the home.

132d - Evacuation (continued)

Managers were also educated regarding their responsibility to ensure that fire drills are conducted in accordance with the written maximum safe evacuation time and that evacuation times are accurately documented and reviewed following each drill. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The Executive Director and Maintenance Director will ensure that the home obtains an accurate written maximum safe evacuation time annually from a qualified fire safety expert who is not a staff member of the home.

The Maintenance Director will coordinate and maintain documentation of all required fire drills, including accurate evacuation times, and will ensure that drill results are reviewed following each drill to identify and address any delays or barriers to timely evacuation.

Compliance will be monitored during the home's monthly Quality Assurance meetings to ensure that residents are able to evacuate the entire building within the maximum safe evacuation time established by the fire safety expert and that all required documentation is complete and maintained.

The written maximum safe evacuation time provided by the fire safety expert is attached for review and verification of compliance.

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented () - 10/13/2026

141a 1-10 Medical Evaluation Information**10. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's most recent medical evaluation dated () did not include information in Section 8 as to the ability of the resident to self-administer medications.

Plan of Correction

Accept () - 09/29/2026

Action:

On July 29, 2026, during the State Representative's review of records, it was identified that the 2025 DME for M.E., Section 8 (Medication Self-Administration), was not completed. Upon further review, it was determined that the

141a 1-10 Medical Evaluation Information (continued)

surveyor had reviewed a previous DME rather than the resident's current DME. Although the identified document was not the current assessment, the Executive Director notified the Memory Care Coordinator (MCC) on the same day to review the documentation. The MCC verified that the current DME was complete and accurate and ensured the previous DME was also completed for consistency in the resident's record.

Training:

The Executive Director initiated training for all managers on the applicable medication assessment documentation requirements beginning July 30, 2026, with training completed on August 10, 2026. The Executive Director, MCC and Director of Nursing also trained all licensed nursing staff responsible for completing Department of Human Services (DHS) assessments on the requirement to fully complete all sections of the DME, including documentation of medication self-administration. Training documentation will be maintained in accordance with Regulation 2600.65(i).

Ongoing Compliance:

The MCC will conduct audit of all completed DME assessments to ensure all required sections, including Section 8 – Medication Self-Administration, are completed accurately. Compliance will also be discussed and monitored during the monthly Quality Assurance meetings beginning August 12, 2026. Documentation of audit results and Quality Assurance meeting discussions will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 10/13/2026)

190c - Record of Training**11. 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 for staff person A's annual practicum did not include original qualification date, completion date, an indication whether the staff has requalified results, staff signature with date.

Plan of Correction

Accept () - 09/29/2026)

Action:

The Executive Director reviewed the medication technician training records to ensure compliance with Regulation 190.c. The regulation requires that a record of medication technician training be maintained, including the staff person trained, date of training, source of training, name of the trainer, and documentation that the course was successfully completed. Any identified documentation deficiencies were corrected, and the required training records have been updated to include all required elements.

Training:

The Executive Director provided education to all managers regarding the documentation requirements of Regulation 190.c. Managers were educated on their responsibility to ensure that medication technician training records accurately include the staff person trained, date of training, source of training, name of the trainer, and documentation confirming successful completion of the course. Documentation of the training will be maintained in accordance with Regulation 2600.65(i).

190c Record of Training (continued)*Ongoing Compliance:*

The Executive Director and managers will review medication technician training records following each training to ensure all required documentation is complete and accurate. An audit of medication technician training documentation will be completed to verify that each staff record contains all required elements, including the staff person trained, date, source, trainer's name, and documentation of successful course completion. The audit will be completed by Oct 31, 2026 and the results will be reviewed and any identified deficiencies will be corrected promptly. Compliance will be monitored during the monthly Quality Assurance meetings, and documentation of the audit and monitoring activities will be maintained.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented (█ - 10/13/2026)