

Department of Human Services  
Bureau of Human Service Licensing

April 11, 2022

[REDACTED], PRESIDENT

[REDACTED]  
[REDACTED] ING

LAKE OSWEGO, OR, 97035

RE: CELEBRATION VILLA OF REEDSVILLE  
55 CARRIAGE HOUSE LANE  
REEDSVILLE, PA, 17084  
LICENSE/COC#: 33378

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/12/2021, 12/15/2021, 11/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *CELEBRATION VILLA OF REEDSVILLE* License #: *33378* License Expiration: *08/01/2022*  
Address: *55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084*  
County: *MIFFLIN* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/13/1998* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *11/29/2021*

**Inspection Dates and Department Representative**

11/12/2021 - On-Site: [REDACTED]  
12/15/2021 - Off-Site: [REDACTED]  
11/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *34*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *2*

**Inspections / Reviews**

**11/12/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/15/2022*

Inspections / Reviews (*continued*)

## 04/07/2022 - POC Submission

Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission* Follow-Up Date: *04/14/2022*

## 04/11/2022 - Document Submission

Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

*During the months of October and November, 2021, multiple medication errors involving Residents 2, 3, and 4 were identified during the inspection. None of the errors was reported to the Department.*

Plan of Correction

**Accept**

*Action: DON on 1/11/2022 notified resident 2, 3 and 4 family and physician of medications missed and refill issue. 11/12/2021- DHS employee notified while he was on site for partial inspection. All med techs were in-serviced on reordering medication when 14 days left and nurses to run refill report 3 x week in EMAR system to ensure all medication refilled are in community before medication runs out.*

*Training: DON will educate all staff by 1/31/2022 on 2600.16.c Timely reporting.*

*Ongoing: Administrator or Designee will monitor for incidents and timely report to DHS daily.*

**Completion Date:** 01/31/2022

Document Submission

**Implemented**

*All steps have been completed*

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

*On 11/12/21 at 4 pm and 11/29/21 at 9 am, trash in the partially full dumpster was uncovered because two of the lids were open.*

Plan of Correction

**Accept**

*Action: Kitchen Staff went out and closed dumpster lid. 11-12 and 11-29 All on-site staff were educated by administrator on closing dumpster lid after use.*

*Training: On 12/15/2021 Administrator educated all on regulation 85e that all outside receptacles with emphasis on dumpster must be covered.*

*Ongoing: Maintenance Director or designee will do daily rounds of the ground to ensure the lid is closed on all outside trash cans/receptacles*

**Completion Date:** 01/12/2022

Document Submission

**Implemented**

*All steps have been completed*

183e - Storing Medications

1. Requirements

2600.

183e - Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

One of Resident 1's [redacted] tablets was stored in a blister card that had been popped open and then reclosed with tape.

Plan of Correction

Accept

Action: 11/30/2021, [redacted] tablet was destroyed by DON and Administrator.

Training: Nurse will train Medication Technicians on proper medication storage/regulation (183e) by 1/31/2022

Ongoing: DON or Designee will perform weekly Cart Audits to ensure all medications are stored properly. Cart audits will be reviewed at monthly QA meeting.

Completion Date: 01/31/2022

Document Submission

Implemented

Steps are in process

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 4 is prescribed [redacted] as needed. However, this medication was administered 2 tablets on 11/5/21, 1 tablet on 11/7/21, 1 tablet on 11/10/21, 1 tablet on 11/12/21, 1 tablet on 11/13/21 and 1 tablet on 11/14/21.

Repeated Violation - 1/26/21

Plan of Correction

Accept

Action: Resident 4 PCP notified via phone by administrator regarding missed doses of Azithromycin.

Training: By 1/31/2021 DON will educate/train all Medication Technicians on Regulation 187d following prescriber orders with emphasis on Proper Medication Administration, Reorder Procedure and Proper Notification of doctors.

Ongoing: DON or designee will perform weekly audits of medications and carts to ensure that all residents have adequate supply of medications. Cart audits will be reviewed at monthly QA meeting.

Completion Date: 01/31/2022

Document Submission

Implemented

All steps have been completed

2. Requirements

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident 2 is prescribed [redacted] at bedtime and 32 units prior to breakfast, however, this medication was not administered to Resident 2 on 11/7/21 at 7 pm, 11/8/21 at 7 am, or 11/8/21 at 7 pm because it was not available in the home.

Resident 3 is prescribed [redacted] tab, 1 tablet by mouth daily, however, this medication was not administered to Resident 3 on 11/6/21, 11/7/21, or 11/8/21 because it was not available in the home.

Resident 4 is prescribed [redacted] tablet, take 1 tablet by mouth once daily, however, this medication was not administered to Resident 4 on 10/20/21 through 10/23/21 because it was not available in the home.

Repeated Violation - 1/26/21

**Plan of Correction**

**Accept**

Action: DON on 1/11/2022 notified resident 2, 3 and 4 PCP of medications missed medications.  
 Training: By 1/31/2021 DON will educate/train all Medication Technicians on Regulation 187d following prescriber orders with emphasis on Proper Medication Administration, Reorder Procedure and Proper Notification of doctors.  
 Ongoing: DON or designee will perform weekly audits of medications and carts to ensure that all residents have adequate supply of medications. Cart audits will be reviewed at monthly QA meeting.

**Completion Date:** 01/31/2022

**Document Submission**

**Implemented**

All steps have been completed