

Department of Human Services  
Bureau of Human Service Licensing

May 2, 2022

[REDACTED]  
EC OPCO SC LLC  
[REDACTED]  
[REDACTED]

RE: CELEBRATION VILLA OF NITTANY  
VALLEY  
150 FARMSTEAD LANE  
STATE COLLEGE, PA, 16803  
LICENSE/COCC#: 23374

Dear [REDACTED]

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

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** CELEBRATION VILLA OF NITTANY VALLEY      **License #:** 23374      **License Expiration:** 07/03/2022  
**Address:** 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803  
**County:** CENTRE      **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** EC OPCO SC LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** 1 2      **Date:** 08/02/2010      **Issued By:** Centre Region Code Admin

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 52      **Waking Staff:** 39

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 01/03/2022

**Inspection Dates and Department Representative**

12/15/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 60      **Residents Served:** 34

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Connections      **Capacity:** 20      **Residents Served:** 13

**Hospice**

**Current Residents:** 4

**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:** 18      **Have Physical Disability:** 0

**Inspections / Reviews**

12/15/2021 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/21/2022

Inspections / Reviews (*continued*)

04/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/18/2022*

05/02/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. 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 documentation of medical evaluation (DME) form dated [REDACTED]/21 indicates the need for secure dementia care. Resident #1 does not reside in the home's secure dementia unit.

Plan of Correction

Accept

Action: 12.21.2021 DME was corrected to reflect that Resident #1 Does not need Memory Care per PCP. Audit of all current residents DME's completed 3.28.2022.

Training: 1.4.2022 -Administrator trained DON that all DME's must be reviewed for accuracy.

Ongoing: Administrator/designee will review for accuracy upon receipt of all new DME's before filing.

Completion Date: 01/31/2022

Document Submission

Implemented

attached - JLR 4.13.2022

227d - Support Plan Medical/Dental

1. Requirements

2600.

- 227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan dated [REDACTED]/21 was not updated to reflect unsafe behaviors exhibited by the resident on [REDACTED]/21 and [REDACTED]/21. On [REDACTED]/21 resident #1 was found to be using disposable razors to cut [REDACTED] hair and scissors to cut [REDACTED] bedsheets. On [REDACTED]/21 resident #1 also had an attempted elopement incident. The resident's support plan did not include the home's plan to address these behaviors.

Plan of Correction

Accept

Action: Resident #1 RASP is updated to address all current needs.

Training: 1.4.2022- Administrator training with DON that ongoing documentation as the RASP is a ongoing document.

Ongoing: Administrator/designee will review all new RASP at monthly QA meetings to ensure accuracy.

**227d - Support Plan Medical/Dental (continued)**

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

**Update:** 04/12/2022

*Please send/Attach copy of resident #1's RASP. 4-12-2022 MM*

**Document Submission**

***Implemented***

*Please send/Attach copy of resident #1's RASP. 4-12-2022 MM*

*Attached 4/13/2022 JLR*