

Department of Human Services
Bureau of Human Service Licensing

July 14, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2022, 05/18/2022 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: *07/03/2023*
Address: *150 FARMSTEAD LANE, STATE COLLEGE, PA 16803*
County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/02/2010* Issued By: *Centre County Region*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/18/2022*

Inspection Dates and Department Representative

05/17/2022 - On-Site: [REDACTED]
05/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *37*

Secured Dementia Care Unit

In Home: *Yes* Area: *N/A* Capacity: *20* Residents Served: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

05/17/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/26/2022*

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/30/2022*

07/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident 1 has a landline phone in their room with no emergency numbers posted near it.

Plan of Correction

Accept

Immediate Action: 5/18/2022 Maintenance Director posted the emergency phone numbers in Residents 1 room.

Training: Staff educated on 2600.91 at staff meetings on 6/21/22 by Administrator.

Ongoing: Maintenance Director and or designee will do weekly rounds to ensure emergency numbers are posted by all phones

Completion Date: 06/30/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

Immediate Action: 5/18/2022 Maintenance Director posted the emergency phone numbers in Residents 1 room.

Training: Staff educated on 2600.91 at staff meetings on 6/21/22 by Administrator.

Ongoing: Maintenance Director and or designee will do weekly rounds to ensure emergency numbers are posted by all phones

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer located in the kitchenette of Hall #2.

Plan of Correction

Accept

Immediate Action: 5/18/2022 Maintenance Director put a thermometer in the freezer of Kitchenette Hall 2 while inspector was at the building

Training: All staff will be educated on Regulation 2600.103 on 6/21/22 by administrator

Ongoing: Dietary Manager and designee will check all refrigerators and freezers daily to ensure a thermometer is in place and temperatures are in appropriate range.

Completion Date: 06/30/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

Immediate Action: 5/18/2022 Maintenance Director put a thermometer in the freezer of Kitchenette Hall 2 while inspector was at the building

Training: All staff will be educated on Regulation 2600.103 on 6/21/22 by administrator

Ongoing: Dietary Manager and designee will check all refrigerators and freezers daily to ensure a thermometer is in place and temperatures are in appropriate range.

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill completed 12/14/2021, did not include the number of residents in the home or the number of residents evacuated from the home.

Plan of Correction

Accept

Action: None

Training: Leadership team will be re-educated on Regulation 2600.132 and documentation on state fire drill form and company electronic system by administrator. The electronic documentation from 12/14/21 did show the number of residents evacuated and in home.

Ongoing: Executive Director and or designee will review Fire Drill logs monthly to ensure that the appropriate documentation has been recorded on state fire drill form at monthly quality assurance meeting.

Completion Date: 06/30/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

Action: None

Training: Leadership team will be re-educated on Regulation 2600.132 and documentation on state fire drill form and company electronic system by administrator. The electronic documentation from 12/14/21 did show the number of residents evacuated and in home.

Ongoing: Executive Director and or designee will review Fire Drill logs monthly to ensure that the appropriate documentation has been recorded on state fire drill form at monthly quality assurance meeting.

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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

The Documentation of Medical Evaluation for Resident 2 dated [REDACTED] was incomplete. The required field for body positioning was left blank.

Plan of Correction

Accept

Immediate Action: Residents 2 DME was updated on [REDACTED]. Audit of all current DME will be conducted to ensure all DME completed in their entirety by [REDACTED].

Training: Administrator will retrain all members of Leadership on regulation 2600.141 by 6/30/2022.

Ongoing: Nurses and or Designee will review all new medical evaluations forms for accuracy and completed in entirety.

Completion Date: 07/15/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

Immediate Action: Residents 2 DME was updated on [REDACTED]. Audit of all current DME will be conducted to ensure all DME completed in their entirety by [REDACTED].

[REDACTED] of Leadership on regulation 2600.141 by 6/30/2022.

Ongoing: Nurses and or Designee will review all new medical evaluations forms for accuracy and completed in entirety.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre-admission screening form dated [REDACTED] for Resident 3 states that their needs cannot be met by the home.

Plan of Correction

Accept

Immediate Action: Residents PCP contacted on 6/20/2022 and correction made that residents needs could be met at Celebration Villa of Nittany Valley. An audit of all current residents' pre-screens will be completed by 7/15/22 to ensure completed and accurate.

Training: Administrator will train all members of leadership on regulation 2600.224 by 6/30/22

Ongoing: Nurse, Administrator and or designee will review all new resident's pre-screens to ensure accurate and completed in its entirety

Completion Date: 07/15/2022

Document Submission

Implemented

Immediate Action: Residents PCP contacted on 6/20/2022 and correction made that residents needs could be met at Celebration Villa of Nittany Valley. An audit of all current residents' pre-screens will be completed by 7/15/22 to ensure completed and accurate.

Training: Administrator will train all members of leadership on regulation 2600.224 by 6/30/22

Ongoing: Nurse, Administrator and or designee will review all new resident's pre-screens to ensure accurate and completed in its entirety

233d - Electronic/Magnetic System

1. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The gate exiting the secured dementia unit outside patio was not locked and allowed immediate egress to the side of the building leading to the parking lot.

Plan of Correction

Accept

Immediate Action: 5/15/2022 Maintenance Director immediately reset the alarm and gate locked.

Training: Administrator will be re-educating all staff on 2600.233 at staff meetings by 6/30/2022

Ongoing: Maintenance director or designee will do weekly checks of all magnetic locking system of doors and gates in memory care. Memory Care Coordinator or Designee will do daily rounds of memory care community to ensure that doors and gates are secured.

Completion Date: 06/30/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

Immediate Action: 5/15/2022 Maintenance Director immediately reset the alarm and gate locked.

Training: Administrator will be re-educating all staff on 2600.233 at staff meetings by 6/30/2022

Ongoing: Maintenance director or designee will do weekly checks of all magnetic locking system of doors and gates in memory care. Memory Care Coordinator or Designee will do daily rounds of memory care community to ensure that doors and gates are secured.