

Department of Human Services
Bureau of Human Service Licensing

August 17, 2022

[REDACTED] NJAMIN, ADMINSTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF BERWICK
2050 WEST FRONT STREET
BERWICK, PA, 18603
LICENSE/COC#: 22717

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2022, 06/02/2022 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 BERWICK* License #: *22717* License Expiration: *07/09/2022*
Address: *2050 WEST FRONT STREET, BERWICK, PA 18603*
County: *COLUMBIA* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/06/1998* Issued By: *PA L&I*
Type: *I-2* Date: *11/08/2010* Issued By: *Brier Creek Brough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/02/2022*

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]
06/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *47*

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: *47*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

06/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/04/2022*

07/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/26/2022*

08/17/2022 - Document Submission

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

Resident #1's dialysis schedule, stating days of the week and times of day that the resident was going to their dialysis treatments was posted on the medication cart which was stored in the hallway near the residents dining room. This information was accessible to unauthorized persons.

Plan of Correction

Accept

Action: Dialysis schedule immediately removed from medication cart.

Training: Administrator will educate med-tech's on Regulation 2600.17 by 07/08/2022

Ongoing: Administrator/designee will monitor med carts for confidentiality along with med cart audits weekly.

Completion Date: 06/01/2022

Update: 07/19/2022

Please send proof of staff training.

Document Submission

Implemented

Action: Dialysis schedule immediately removed from medication cart.

Training: Administrator will educate med-tech's on Regulation 2600.17 by 07/08/2022

Ongoing: Administrator/designee will monitor med carts for confidentiality along with med cart audits weekly.

Update: 08/17/2022

POC verified on-site 8-9-2022 [REDACTED].

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

The home's exterior garbage dumpster was found open with the lid up with garbage in the container allowing for potential infestation of rodents and insects.

Plan of Correction

Accept

Action: Dumpster lid was closed immediately.

Training: Administrator will educate all members of leadership team of Regulation 2600.85e.

Ongoing: Maintenance Director/designee will check dumpster area daily for compliance.

Completion Date: 06/01/2022

Update: 07/19/2022

Please send proof of staff training.

Document Submission

Implemented

Action: Dumpster lid was closed immediately.

Training: Administrator will educate all members of leadership team of Regulation 2600.85e.

Ongoing: Maintenance Director/designee will check dumpster area daily for compliance.

85e - Trash Outside Home (continued)

Update: 08/17/2022

POC verified on-site 8-9-2022 [REDACTED].

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 room #133 did not have the required emergency numbers posted near or by the phone as required.

Plan of Correction

Accept

Action: Emergency numbers placed on wall of room #133 (picture of posting) by 06/02/2022.

Training: Administrator/designee will educate members of leadership team on Regulation 2600.91.

Ongoing: Nursing/designee will monitor rooms for placement of emergency number posting weekly.

Completion Date: 06/02/2022

Update: 07/19/2022

Document Submission

Implemented

Action: Emergency numbers placed on wall of room #133 (picture of posting) by 06/02/2022.

Training: Administrator/designee will educate members of leadership team on Regulation 2600.91.

Ongoing: Nursing/designee will monitor rooms for placement of emergency number posting weekly.

Update: 08/17/2022

POC verified on-site 8-9-2022 [REDACTED].

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

Resident room #135 had 3 throw rugs located in the resident bathroom creating a slip-fall risk.

Plan of Correction

Accept

Action: Throw rug removed and family notified (picture of removed rug).

Training: Administrator/designee will educate members of leadership team of Regulation 2600.102d.

Ongoing: Nursing staff will monitor resident's rooms for safety hazards daily and will be discussed at Quality Assurance meetings monthly for compliance.

Completion Date: 06/01/2022

Document Submission

Implemented

Action: Throw rug removed and family notified (picture of removed rug).

Training: Administrator/designee will educate members of leadership team of Regulation 2600.102d.

Ongoing: Nursing staff will monitor resident's rooms for safety hazards daily and will be discussed at Quality Assurance meetings monthly for compliance.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

Update: 08/17/2022

POC verified on-site 8-9-2022

132d - Evacuation

1. 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's fire safety expert allowed the home to have an evacuation time of 8 minutes and 15 seconds. On 5/22/22 the home conducted a fire drill at 4:45 AM with an evacuation time of 10 minutes 0 seconds.

Plan of Correction

Accept

Action: Maintenance Director and floor staff educated on evacuation times.

Training: All leadership team members educated on Regulation 2600.132d.

Ongoing: Administrator/designee will monitor for compliance at Quality Assurance meetings that fire drills are conducted and evacuation times are within the allotted evacuation time.

Completion Date: 06/02/2022

Update: 07/19/2022

Please send proof of staff training.

Please send current fire drill log for review.

Document Submission

Implemented

Action: Maintenance Director and floor staff educated on evacuation times.

Training: All leadership team members educated on Regulation 2600.132d.

Ongoing: Administrator/designee will monitor for compliance at Quality Assurance meetings that fire drills are conducted and evacuation times are within the allotted evacuation time.

Update: 08/17/2022

POC verified on-site 8-9-2022 AO.

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Fire drills conducted on 02/17/22 at 11:00 pm and 03/31/22 at 1:30 pm did not alternate the evacuation routes. Both times zone 1 was the only route used.

Plan of Correction

Accept

Action: Maintenance Director educated on alternating evacuation routes during fire drills.

Training: All leadership team members educated on Regulation 2600.132f.

Ongoing: Administrator/designee will monitor fire drills for compliance at Quality Assurance meetings monthly for compliance that alternating evacuation routes are being utilized during fire drills.

Completion Date: 06/02/2022

132f - Alternate Exit Routes (continued)

Document Submission

Implemented

Action: Maintenance Director educated on alternating evacuation routes during fire drills.

Training: All leadership team members educated on Regulation 2600.132f.

Ongoing: Administrator/designee will monitor fire drills for compliance at Quality Assurance meetings monthly for compliance that alternating evacuation routes are being utilized during fire drills.

Update: 08/17/2022

POC verified on-site 8-9-2022 [REDACTED].

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Fire drills conducted on 02/17/22 at 11:00 pm and 03/31/22 at 1:30 pm, residents didn't evacuate during these drills. The residents who resided in the fire safety zone were not required to evacuate their rooms to the hall to be at the ready to evacuate the facility in the event of an actual emergency.

Plan of Correction

Accept

Action: Maintenance Director educated on full evacuation of overnight fire drills.

Training: All members of leadership team educated on Regulation 2600.132h.

Ongoing: Administrator/designee will monitor for compliance at Quality Assurance meetings for full evacuation of all fire drills that are conducted, including overnight drills.

Completion Date: 06/02/2022

Update: 07/19/2022

Please send proof of staff training.

Document Submission

Implemented

Action: Maintenance Director educated on full evacuation of overnight fire drills.

Training: All members of leadership team educated on Regulation 2600.132h.

Ongoing: Administrator/designee will monitor for compliance at Quality Assurance meetings for full evacuation of all fire drills that are conducted, including overnight drills.

Update: 08/17/2022

POC verified on-site 8-9-2022 AO.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2 DOA [REDACTED] did not have an annual DME completed for years 2020, 2021 and 2022.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

Action: Audit of all resident's DMEs will be conducted to ensure compliance in entirety by 07/08/2022.

Training: Administrator/designee will educate Director of Nursing on Regulation 2600.141b by 07/08/2022.

Ongoing: Administrator/designee will review all new DMEs for completeness/compliance.

Completion Date: 06/06/2022

Update: 07/19/2022

Please send current DME for resident 2.

Document Submission

Implemented

Action: Audit of all resident's DMEs will be conducted to ensure compliance in entirety by 07/08/2022.

Training: Administrator/designee will educate Director of Nursing on Regulation 2600.141b by 07/08/2022.

Ongoing: Administrator/designee will review all new DMEs for completeness/compliance.

Update: 08/17/2022

POC verified on-site 8-9-2022 AO.

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 4. Crush or split the medication as ordered by the prescriber.

Description of Violation

During the home's physical site inspection on 6-2-22, Resident #3 had a cup of medications sitting at bedside that were not taken by the resident.

Plan of Correction

Accept

Action: Med-Tech, [REDACTED] counseled on Regulation 2600.182c, failure to administer medication. Left medication unattended in a resident's room.

Training: Director of Nursing educated med-techs on Regulation 2600 182c.

Ongoing: Administrator/designee will monitor for ongoing compliance.

Completion Date: 06/01/2022

Update: 07/19/2022

Please send proof of staff training,

Document Submission

Implemented

Action: Med-Tech, [REDACTED] counseled on Regulation 2600.182c, failure to administer medication. Left medication unattended in a resident's room.

Training: Director of Nursing educated med-techs on Regulation 2600 182c.

Ongoing: Administrator/designee will monitor for ongoing compliance.

Update: 08/17/2022

POC verified on-site 8-9-2022 AO.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

252 - Record Content (continued)

5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

The following resident records did not indicate if the resident had any identifiable marks or not. Residents #4 DOA

██████████; #5 DOA ██████████; #6 DOA ██████████ and #7 DOA ██████████

Plan of Correction

Accept

Action: Identifying marks added to face sheets in Point Click Care 06/28/2022 (updated face sheet sent)

Training: Administrator/designee will educate nursing staff on Regulation 2600.252, record content.

Ongoing: Administrator will monitor for ongoing compliance.

Completion Date: 06/28/2022

Document Submission

Implemented

Action: Identifying marks added to face sheets in Point Click Care 06/28/2022 (updated face sheet sent)

Training: Administrator/designee will educate nursing staff on Regulation 2600.252, record content.

Ongoing: Administrator will monitor for ongoing compliance.

Update: 08/17/2022

POC verified on-site 8-9-2022 ██████████