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

December 4, 2022



RE: CELEBRATION VILLA OF MID VALLEY 89 STURGES ROAD, PO BOX 116 PECKVILLE, PA, 18452 LICENSE/COC#: 22718

Dear

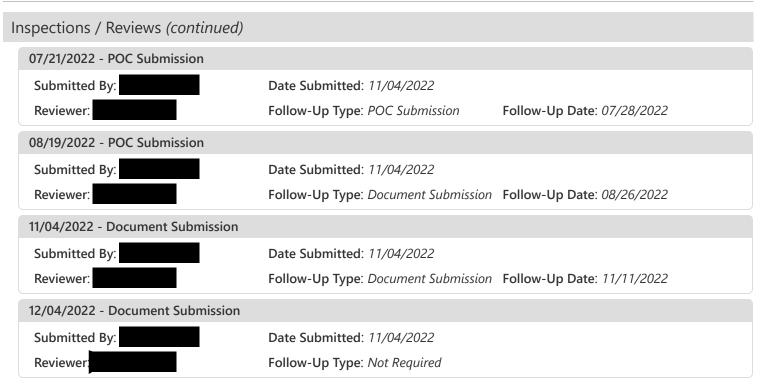
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2022, 06/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

CELEBRATION VILLA OF MID \	/ALLEY			22718
Facility Information				
Name: CELEBRATION VILLA OF MID VALLEY		License #: 22718	License Expiration: 07/11/2022	
Address: 89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452				
County: LACKAWANNA	Region: NO	RTHEAST		
Administrator				
Name:		Email:		
Legal Entity				
Name: EC OPCO MID VALLEY	'LLC			
Address: 500 N HURSTBOURI Phone:	NE PKWY STE 200, ECLIP: Email:	SE SR LIV ATTN LICENSING,	LOUISVILLE, KY, 40222	
	Lindii.			
Certificate(s) of Occupancy Type: <i>I</i> -2			Issued By: Blakely Borough	
	,	, 	, ,	
Staffing Hours Resident Support Staff: 38	Total Daily S	Staff <sup>,</sup> 114	Waking Staff: 86	
Inspection Information				
Type: Full	Notice: UnannouncedBHA Docket #:			
Reason: Renewal     Exit Conference Date: 06/08/2022				
Inspection Dates and Depar	rtment Representative			
06/07/2022 - On-Site:				
06/08/2022 - On-Site:				
Resident Demographic Data	a as of Inspection Date	95		
General Information				
License Capacity: 50 Secured Dementia Care Unit		Residents Serve	Residents Served: 38	
In Home: Yes	Area: Entire Home	Capacity: 50	Residents Served: 38	
Hospice				
Current Residents: 4				
Number of Residents Wh		Ana CO Visiona of	Area on Oldern 20	
Receive Supplemental Security Income: 0 Diagnosed with Mental Illness: 0			Are 60 Years of Age or Older: <i>38</i> Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: 38		Have Physical D	-	
Inspections / Reviews				
06/07/2022 - Full				
Lead Inspector:	Follow-Up	Type: POC Submission	Follow-Up Date: 06/25/2022	



# 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 selfadminister 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 medical evaluation dated does indicate the resident's height.

### POC Submission

DON/ED will check all DMEs from physician prior to filing to ensure all information is appropriate and complete. Height has been fixed on DME during annual inspection.

#### Licensee's Proposed Overall Completion Date: 06/08/2022

Implemented (AG - 12/04/2022)

## 185a - Implement Storage Procedures

#### 2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

#### **Description of Violation**

Resident #2 is prescribed Mucinex ER 600mg as needed. On 6/8/22 the medication was not available in the home.

## **POC Submission**

Medication was reordered and arrived on 6/8/22 shipment.

In-serviced all medication technicians about refilling medications when card states to. The DON/ED will continue to do med cart audits weekly ensuring all medication is available that all residents are prescribed.

## Licensee's Proposed Overall Completion Date: 07/21/2022

#### **Document Submission**

Medication was reordered and arrived on 6/8/22 shipment.

In-serviced all medication technicians about refilling medications when card states to. The DON/ED will continue to do med cart audits weekly ensuring all medication is available that all residents are prescribed.

## Licensee's Proposed Overall Completion Date: 10/07/2022

# 234b - Support Plan Needs Elements

#### 3. Requirements

Accept

Accept

Implemented (AG - 11/04/2022)

# 234b - Support Plan Needs Elements (continued)

# 2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

# **Description of Violation**

Resident #1 support plan, dated , does not address a plan to meet, frequency or responsible party for the resident's diagnosis's.

# **POC Submission**

Accept

DON will check all parts of the support plan to ensure nothing is missing prior to giving to the ED and family. ED will check the support plan after signatures and meeting with family to ensure nothing is missing prior to filing. This was fixed on 6/8/22 prior to exit interview.

Licensee's Proposed Overall Completion Date: 06/08/2022

Implemented (AG - 12/04/2022)