

Department of Human Services
Bureau of Human Service Licensing

August 17, 2022

[REDACTED], ADMINISTRATOR

RE: CELEBRATION VILLA OF LOYALSOCK
2985 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22719

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2022, 06/23/2022 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

Facility Information

Name: *CELEBRATION VILLA OF LOYALSOCK* License #: *22719* License Expiration: *07/03/2023*
Address: *2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/22/1999* Issued By: *Pa L&I*
Type: *I-1* Date: *11/05/2013* Issued By: *Loyalsock Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/23/2022*

Inspection Dates and Department Representative

06/22/2022 - On-Site: [REDACTED]
06/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

06/22/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/17/2022*

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/27/2022*

08/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The home's following refrigerators had temperature readings that were reading above 40°F. The main kitchen had a Kalok brand refrigerator that had a temperature reading of 45°F and a small Continental brand refrigerator that had a temperature reading of 50°F. The home's med room had a small potable refrigerator with a temperature reading of 46°F.

Plan of Correction

Accept

Action: Thermometers were replaced on 6/23/2022 by Maintenance Director in all 3 refrigerators. Staff will check outside thermometer and inside thermometer daily and document.

Training: 7/11/2022 Training was completed with all Dining Staff to ensure that temperature at or below 40F Regulation 103f by administrator.

Ongoing: Administrator or designee will monitor for compliance daily.

Completion Date: 07/11/2022

Update: 07/21/2022

Please send proof of compliance (picture).

Document Submission

Implemented

Action: Thermometers were replaced on 6/23/2022 by Maintenance Director in all 3 refrigerators. Staff will check outside thermometer and inside thermometer daily and document.

Training: 7/11/2022 Training was completed with all Dining Staff to ensure that temperature at or below 40F Regulation 103f by administrator.

Ongoing: Administrator or designee will monitor for compliance daily.

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's conducted their fire drills consistently during the end of each month. The following dates were documented when the home's fire drills were held: 1/27/22; 2/23/22;3/26/22; 4/29/22; 5/26/22 and 6/21/22. This indicated the home has a pattern on when fire drills are conducted.

Plan of Correction

Accept

Training: 7/8/2022 Administrator re-educated Maintenance Director about regulations 132g with staggering days/dates/time of fire drill each month.

Ongoing: Administrator or designee will monitor for compliance and review at Quality Assurance meeting monthly.

Completion Date: 07/08/2022

132g - Fire Drills Days/Times (continued)

Update: 07/21/2022

Please send proof of staff training.

Please send current fire drill log.

Document Submission

Implemented

Training: 7/8/2022 Administrator re-educated Maintenance Director about regulations 132g with staggering days/dates/time of fire drill each month.

Ongoing: Administrator or designee will monitor for compliance and review at Quality Assurance meeting monthly.

252 - Record Content

1. Requirements

2600.

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

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The following resident records did not indicate if the residents had any identifiable marks in their resident records.

Plan of Correction

Accept

Action: Resident 1, Resident 2 and Resident 3 Id marks were updated [redacted]. Identifying marks were added to Demographic form. An Audit of all current residents' charts was conducted to ensure identifying updated in our system to include all the appropriate information required on [redacted].

Training: Administrator educate all nursing staff on regulation 252 on [redacted]

Ongoing: Administrator or designee will monitor all new residents' chart for compliance.

Completion Date: 07/11/2022

Update: 07/21/2022

Please send proof of staff training and updates to Resident 1-2-3's record.

Document Submission

Implemented

Action: Resident 1, Resident 2 and Resident 3 Id marks were updated [redacted]. Identifying marks were added to Demographic form. An Audit of all current residents' charts was conducted to ensure identifying updated in our system to include all the appropriate information required on [redacted].

Training: Administrator educate all nursing staff on regulation 252 on [redacted]

Ongoing: Administrator or designee will monitor all new residents' chart for compliance.