

Department of Human Services
Bureau of Human Service Licensing

October 9, 2022

[REDACTED]

EC OPCO READING LLC
500 N HURSTBOURNE PKWY STE 200
ECLIPSE SR LIV ATTN LICENSING
LOUISVILLE, KY, 40222

RE: CELEBRATION VILLA OF EXETER
9 COLIN COURT
READING, PA, 19606
LICENSE/COC#: 22716

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2022, 08/03/2022 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 EXETER* License #: *22716* License Expiration: *07/11/2023*
Address: *9 COLIN COURT, READING, PA 19606*
County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EC OPCO READING LLC*
Address: *500 N HURSTBOURNE PKWY STE 200, ECLIPSE SR LIV ATTN LICENSING, LOUISVILLE, KY, 40222*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/15/2017* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/03/2022*

Inspection Dates and Department Representative

08/02/2022 - On-Site: [REDACTED]
08/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *37*

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: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

08/02/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/02/2022*

09/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2022*

10/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A was hired on [REDACTED]. The home did not have documentation that staff person A has a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

ACTION: Staff person A has been removed from schedule till [REDACTED] can provide her high school diploma. Administrator or designee will complete an audit of all employee files to ensure all documentation obtained by 9/15/2022.

TRAINING: All leadership were re-educated on regulation 54a on 8/24/2022 by Operation Specialist on staff requirements.

ONGOING: Administrator or designee will review all new hire paperwork prior to filing for ongoing compliance.

Completion Date: 09/15/2022

Update: 09/28/2022

Please send proof of staff training and Staff person A's qualifications.

Document Submission

Implemented

ACTION: Staff person A has been removed from schedule till [REDACTED] can provide her high school diploma. Administrator or designee will complete an audit of all employee files to ensure all documentation obtained by 9/15/2022.

TRAINING: All leadership were re-educated on regulation 54a on 8/24/2022 by Operation Specialist on staff requirements.

ONGOING: Administrator or designee will review all new hire paperwork prior to filing for ongoing compliance.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not complete first day orientation on Evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place, location & use of fire extinguishers, smoke detectors & fire alarms, telephone use & notification of emergency services.

Staff person B, whose first day of work was [REDACTED] did not complete first day orientation on staff duties and responsibilities during fire drills.

Staff person C, whose first day of work was [REDACTED], did not complete first day orientation on Evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place, smoke detectors & fire alarms, telephone use & notification of emergency services.

Plan of Correction

Accept

ACTION: Administrator and/or designee will complete an audit of all employee files to ensure all documentation

65a - FS Orientation 1st Day (continued)

obtained by 9/15/2022.

TRAINING: All leadership were re-educated on regulations 65a on 8/24/2022 by Operation Specialist on staff requirements.

ONGOING: Administrator or designee will review all new hire paperwork prior to filing for ongoing compliance.

Completion Date: 09/15/2022

Update: 09/28/2022

Document Submission

Implemented

ACTION: Administrator and/or designee will complete an audit of all employee files to ensure all documentation obtained by 9/15/2022.

TRAINING: All leadership were re-educated on regulations 65a on 8/24/2022 by Operation Specialist on staff requirements.

ONGOING: Administrator or designee will review all new hire paperwork prior to filing for ongoing compliance.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 125.6 degrees in room [REDACTED]

Plan of Correction

Accept

ACTION: 8/3/2022 water temperatures were adjusted immediately. Maintenance Director doing weekly checks on temperatures.

TRAINING: All leadership were re-educated on regulation 89b on 8/24/2022 by Operation Specialist on requirements for water temperatures.

ONGOING: Administrator or designee will do random checks of water temperatures and will review monthly at Quality Assurance meetings.

Completion Date: 08/31/2022

Update: 09/28/2022

Please send proof of water temperature checks for September 2022.

Document Submission

Implemented

ACTION: 8/3/2022 water temperatures were adjusted immediately. Maintenance Director doing weekly checks on temperatures.

TRAINING: All leadership were re-educated on regulation 89b on 8/24/2022 by Operation Specialist on requirements for water temperatures.

ONGOING: Administrator or designee will do random checks of water temperatures and will review monthly at Quality Assurance meetings.

103i - Outdated Food

1. Requirements

103i - Outdated Food (continued)

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the reach-in freezer in the back storage area was a 5-pound bag of tater tots and a 2-pound bag of M&M chocolate chip cookie dough without a label or an expiration date.

Plan of Correction

Accept

*ACTION: During inspection items were labeled and expired items thrown away by Dining Director.
TRAINING: All leadership and staff were re-educated on regulation 103i on 8/24/2022 by Operation Specialist on labeling and monitoring for expired items.
ONGOING: Administrator or designee will do random checks weekly to monitor for compliance.*

Completion Date: 08/31/2022

Update: 09/28/2022

Please send proof of staff training.

Document Submission

Implemented

*ACTION: During inspection items were labeled and expired items thrown away by Dining Director.
TRAINING: All leadership and staff were re-educated on regulation 103i on 8/24/2022 by Operation Specialist on labeling and monitoring for expired items.
ONGOING: Administrator or designee will do random checks weekly to monitor for compliance.*

126a - Furnace Inspection

1. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home had no documentation that the gas boiler was cleaned and or inspected as required on an annual basis.

Plan of Correction

Accept

*ACTION: 08/15/2022 inspection was completed on all water heaters.
TRAINING: Leadership team were re-educated on regulation 126a on 8/24/2022 by Operation Specialist.
ONGOING: Administrator or designee will ensure that annual inspections are completed.*

Completion Date: 08/31/2022

Update: 09/28/2022

Please send proof of gas boiler cleaning and inspection.

Document Submission

Implemented

*ACTION: 08/15/2022 inspection was completed on all water heaters.
TRAINING: Leadership team were re-educated on regulation 126a on 8/24/2022 by Operation Specialist.
ONGOING: Administrator or designee will ensure that annual inspections are completed.*

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

A review of the home's fire drill log from 12/21 to 7/22 indicates that the drills are being routinely conducted between the 26th and 31st of the month.

Plan of Correction

Accept

ACTION: 8/24/2022 fire drill was completed.

TRAINING: All Leadership were re-educated on regulation 132g on 8/24/2022 by Operation Specialist on ensure that drills happen at different days of week and times.

ONGOING: Administrator or designee will monitor for monthly compliance that fire drills are taken place on different days and times and reviewed at monthly Quality assurance meetings.

Completion Date: 08/31/2022

Update: 09/28/2022

Please send proof of fire drill log for August and September 2022.

Document Submission

Implemented

ACTION: 8/24/2022 fire drill was completed.

TRAINING: All Leadership were re-educated on regulation 132g on 8/24/2022 by Operation Specialist on ensure that drills happen at different days of week and times.

ONGOING: Administrator or designee will monitor for monthly compliance that fire drills are taken place on different days and times and reviewed at monthly Quality assurance meetings.

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [REDACTED] 2, Resident #1 was prescribed a [REDACTED]. However, Staff D stated the resident is on [REDACTED] and is served a [REDACTED] for each meal. Additionally, during inspection of kitchen, Resident #1 is listed as a [REDACTED] on the [REDACTED] requirements board. This is the board that staff refer to when plating meals for all residents.

Plan of Correction

Accept

ACTION: [REDACTED] Resident number 1 diet was confirmed to be a [REDACTED]. Complete audit being completed by nursing staff of all diets to ensure that they are correct on DME, Diet Form, RASP and Dietary Board, this will be completed by 9/20/2022.

TRAINING: All leadership were re-educated on regulation 161.d on 8/24/2022 by Operation Specialist to ensure that diets are followed by prescribed orders.

ONGOING: Administrator or designee will do monthly checks to ensure all residents diet are accurate at monthly Quality Assurance meeting.

161d - Dietary Needs (continued)

Completion Date: 09/20/2022

Update: 09/28/2022

Please send proof of staff training.

Document Submission

Implemented

Resident number 1 diet was confirmed to be correct. Complete audit being completed by nursing staff of all diets to ensure that they are correct on DME, Diet Form, RASP and Dietary Board, this will be completed by 9/20/2022.

TRAINING: All leadership were re-educated on regulation 161.d on 8/24/2022 by Operation Specialist to ensure that diets are followed by prescribed orders.

ONGOING: Administrator or designee will do monthly checks to ensure all residents diet are accurate at monthly Quality Assurance meeting.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, last worked as a Med-Tech on [REDACTED]. The home does not have a record that Staff person A completed the Department-approved medication administration course or that they completed the annual practicum.

Plan of Correction

Accept

ACTION: Staff person B has been [REDACTED]. 8-25-22 an audit of all current med tech training record was completed by Administrator to ensure all training is current.

TRAINING: All leadership have been re-educated on regulations 182.b on 8/24/2022 by Operation Specialist.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

Completion Date: 08/31/2022

Document Submission

Implemented

ACTION: Staff person B has been [REDACTED]. 8-25-22 an audit of all current med tech training record was completed by Administrator to ensure all training is current.

TRAINING: All leadership have been re-educated on regulations 182.b on 8/24/2022 by Operation Specialist.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

190b - Insulin Injections

1. Requirements

2600.

190b - Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medication administration course, was scheduled as a Med-Tech on [REDACTED], to administer medications, including [REDACTED] to residents.

Plan of Correction

Accept

ACTION: Staff person B has [REDACTED] 8-25-22 an audit was completed by Administrator that all Med Tech diabetic training is current.

TRAINING: All leadership have been re-educated on regulation 190b on 8/24/2022 by Operation Specialist to ensure annual Diabetic training is completed.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

Completion Date: 08/31/2022

Document Submission

Implemented

ACTION: Staff person B has been [REDACTED] 8-25-22 an audit was completed by Administrator that all Med Tech diabetic training is current.

TRAINING: All leadership have been re-educated on regulation 190b on 8/24/2022 by Operation Specialist to ensure annual Diabetic training is completed.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home does not have a medication administration training record for staff person B who administered medications to residents.

Plan of Correction

Accept

ACTION: Staff person B has been [REDACTED] 8-25-22 An audit was completed by Administrator that all Med Tech training is up to date.

TRAINING: All leadership have been re-educated on regulation 190c on 8/24/2022 by Operation Specialist.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

Completion Date: 08/31/2022

Document Submission

Implemented

ACTION: Staff person B has been [REDACTED] 8-25-22 An audit was completed by Administrator that all Med Tech training is up to date.

TRAINING: All leadership have been re-educated on regulation 190c on 8/24/2022 by Operation Specialist.

ONGOING: Administrator or designee will monitor for compliance at monthly Quality Assurance meeting.

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 DME dated [REDACTED], and Resident #2’s DME, [REDACTED] indicate the residents are on a puree diet. Resident #1 and Resident #2’s support plans do not indicate the residents are on a special diet.

Plan of Correction

Accept

ACTION: RASP for resident 1 updated on [REDACTED] & Resident 2 diet updated on [REDACTED], by Director of Nursing. An audit of all current residents’ diet on DME matched diets on RASP will be completed by 9/20/2022.
 TRAINING: All leadership have been re-educated on regulation 227d on 8/24/2022 by Operation Specialist.
 ONGOING: Administrator or designee will monitor for compliance all new DME diet and RASP match

Completion Date: 08/31/2022

Document Submission

Implemented

ACTION: RASP for resident 1 updated on [REDACTED] & Resident 2 diet updated on [REDACTED] 2, by Director of Nursing. An audit of all current residents’ diet on DME matched diets on RASP will be completed by 9/20/2022.
 TRAINING: All leadership have been re-educated on regulation 227d on 8/24/2022 by Operation Specialist.
 ONGOING: Administrator or designee will monitor for compliance all new DME diet and RASP match