

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

January 23, 2023

[REDACTED], PRESIDENT  
EC OPCO REEDSVILLE LLC

RE: CELEBRATION VILLA OF REEDSVILLE  
55 CARRIAGE HOUSE LANE  
REEDSVILLE, PA, 17084  
LICENSE/COC#: 33378

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2022 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,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CELEBRATION VILLA OF REEDSVILLE      **License #:** 33378      **License Expiration:** 08/01/2023  
**Address:** 55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084  
**County:** MIFFLIN      **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]

**Legal Entity**

**Name:** EC OPCO REEDSVILLE LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 10/18/1998      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 38      **Waking Staff:** 29

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:** 0  
**Reason:** Renewal      **Exit Conference Date:** 12/14/2022

**Inspection Dates and Department Representative**

12/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 72      **Residents Served:** 34

**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:** 34  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 4      **Have Physical Disability:** 0

**Inspections / Reviews**

12/14/2022 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/06/2023

01/06/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/20/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/13/2023

Inspections / Reviews (*continued*)

## 01/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/27/2023

## 01/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 12/14/22, There was no influenza information posted anywhere in the home as required by the Influenza Awareness Act.

Plan of Correction

Accept (████) - 01/17/2023)

Action: Influenza information posters were posted by Director of Nursing in common areas of community effective 12/14/2022.

Training: The Executive Director will review information and location of posters with all staff by 01/30/2023.

Ongoing: Leadership staff will complete monthly checks of common areas to ensure influenza poster is on display as part of Quality and Assurance Review effective 01/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (████) 01/20/2023)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contracts, dated ██████ for Resident 1, ██████ for Resident 2, ██████ for Resident 3 and ██████ for Resident 4 state that the home is charging an additional fee for housekeeping. This service is included for personal care residents.

Plan of Correction

Accept (████) - 01/17/2023)

Action: Corporate is redrafting the contract to reflect 2600.25.c.2 with an audit of all charts being completed by 01/30/2023 by the Executive Director and Leadership Team.

Training: Executive Director will complete training with Leadership team on 2600.25.c.2 will be completed by 01/30/2023.

Ongoing: Executive Director and Sales and Marketing Director will review all new contracts for compliance starting 01/13/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (████) - 01/20/2023)

25c3 - Annual Assessment

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

25c3 Annual Assessment (continued)

- 3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

**Description of Violation**

The resident home contracts, dated [REDACTED], for Resident 1, [REDACTED] for Resident 2, [REDACTED] for Resident 3 and [REDACTED] for Resident 4, do not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicate the need for another or more appropriate level of care.

**Plan of Correction**

Directed [REDACTED] - 01/17/2023)

Action: 1 12 23 Corporate redrafting the contract to reflect 2600.25.c.3 An audit of all current residents' charts to be completed by 01/30/2023 by the Executive Director and Leadership Team.

Training: Executive Director will complete training with Leadership team on 2600.25.c.3 by 01/30/2023. Ongoing: Executive Director and Sales and Marketing Director will review all new contract for compliance starting 01/13/2023.

Directed

(Page 28 of contract Medical Evaluation) should state resident agrees to participate in annual medical evaluations which will be documented on the Department's Documentation of Medical Evaluation Form (DME).

Directed Completion Date: 01/30/2023

Implemented [REDACTED] - 01/20/2023)

25c6 - Refunds

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

**Description of Violation**

The resident home contracts, dated [REDACTED] for Resident 1, [REDACTED] for Resident 2, [REDACTED] for Resident 3 and [REDACTED] for Resident 4, do not specify the conditions under which refunds will be made upon the resident's death as stated in the Elder Care Payment Restitution Act.

**Plan of Correction**

Accept [REDACTED] - 01/17/2023)

Action: Corporate will complete the contract updated by 01/30/2023 to reflect 2600.25.c.6 with an audit of all charts being completed by Executive Director and Leadership team 01/30/2023.

Training: Executive Director will complete training with Leadership team on 2600.25.c.6 will be completed by 01/30/2023.

Ongoing: Corporate is redrafting the Celebration Villa Contract to reflect correction by 01/30/2022. Executive Director and Sales and Marketing Director will review all new contract for compliance starting 01/13/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

25c6 Refunds (continued)

Implemented (GR - 01/23/2023)

25c9 Termination

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 9. The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).

Description of Violation

The conditions for termination found in the resident-home contracts, dated [redacted] for Resident 1, [redacted] for Resident 2, [redacted] for Resident 3 and [redacted] for Resident 4, do not specify the types of assistance to be provided to the resident.

Plan of Correction

Accept ( [redacted] - 01/17/2023)

Action: On 01/12/2023 Corporate updated residents' contract to reflect 2600.25.c.9 An audit of all current resident's charts by Executive Director and Leadership team by 01/30/2023.

Training: Executive Director will complete training with Leadership team on 2600.25.c.9 by 01/30/2023.

Ongoing: Executive Director and Sales and Marketing Director will review all new contract for compliance starting 01/13/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented ( [redacted] - 01/23/2023)

25c13 Complaint Procedure

6. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

The resident-home contracts, dated [redacted] for Resident 1, [redacted] for Resident 2, [redacted] for Resident 3 and [redacted] for Resident 4, do not contain complaint procedures and resident rights as it pertains to the 2600 regulations.

Plan of Correction

Accept ( [redacted] - 01/17/2023)

Action: On 01/12/2023 Corporate updated contract to reflect 2600.25.c.13. An audit of all current resident's charts will be completed by Executive Director and Leadership team by 01/30/2023.

Training: Executive Director will complete training with Leadership team on 2600.25.c.13 by 01/30/2023.

Ongoing: Executive Director and Sales and Marketing Director will ensure compliance with all new contracts moving forward from 01/12/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented ( [redacted] - 01/23/2023)

25d Rent Rebate

7. Requirements

25d Rent Rebate (continued)

2600.

25.d. A home may not seek or accept payments from a resident in excess of one half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751 1 4751 12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

The resident-home contracts, dated [redacted] for Resident 1, [redacted] for Resident 2, [redacted] for Resident 3 and [redacted] for Resident 4, do not include information as to whether the home will seek or accept a resident's rent rebate.

Plan of Correction

Accept [redacted] 01/17/2023)

Action: The contract updated by Corporate on 01/12/2023 to reflect 2600.25.d with an audit of all charts being completed by 01/30/2023 Executive Director and Leadership team.

Training: Executive Director will complete training with Leadership team on 2600.25.d will be completed by 01/30/2023.

Ongoing: Corporate is redrafting Celebration Villa of Reedsville Contract to reflect correction by 01/30/2023.

Executive Director and Sales and Marketing Director will ensure compliance with all new contracts moving forward from 01/13/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [redacted] - 01/23/2023)

25e Contract Rescission

8. Requirements

2600.

25.e. The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received. Rescission of the contract must be in writing addressed to the home.

Description of Violation

The resident-home contracts, dated [redacted], for Resident 1, [redacted] for Resident 2, [redacted] for Resident 3 and [redacted] for Resident 4, do not indicate the right to rescind within 72 hours.

Plan of Correction

Accept [redacted] - 01/17/2023)

Action: On 01/12/2023 contract updated by Corporate to reflect 2600.25.e An audit of all current resident's charts will be completed by 01/30/2023 by the Executive Director and Leadership Team.

Training: Executive Director will complete training with Leadership team on 2600.25.e by 01/30/2023.

Ongoing: Executive Director and Sales and Marketing Director will review all new contract for compliance starting 01/13/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [redacted] - 01/23/2023)

41e Signed Statement

9. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e - Signed Statement (continued)

**Description of Violation**

The records for Resident 1 and 4 do not contain a statement signed by each resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

Accept (█) - 01/17/2023

Action: 01/12/2023 contract updated by Corporate to reflect 2600.41.e An audit of all current resident's contracts will be completed by 01/30/2023 by the Executive Director and Leadership team to ensure have signed resident rights.

Training: Executive Director will complete training with Leadership team on 2600.41.e by 01/30/2023.

Ongoing: 1/12/2023 Corporate is update Celebration Villa Contract to reflect correction by 01/30/2023. Executive Director and Sales and Marketing Director will review all new contracts moving forward from 01/12/2023 to ensure resident rights were signed.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/23/2023

89b - Hot Water Temperature

10. Requirements

2600.

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

**Description of Violation**

On 12/14/22, the hot water temperature in the bathroom of Bedroom 139 measured 123.5 degrees Fahrenheit.

On 12/14/22, the hot water temperature in the bathroom of Bedroom 145 measured 126.6 degrees Fahrenheit.

**Plan of Correction**

Accept (█) - 01/17/2023

Action: Temperature on the hot water heating unit was decreased immediately on 12/14/2023 by the Maintenance Director.

Training: Regulation 2600.89.b education was completed with the Maintenance Director on 12/20/2022 by Executive Director. Training with all staff members will be completed by 01/30/2022 by Executive Director so that temperature remains below 120 degrees Fahrenheit. Weekly and monthly audits will be completed by maintenance director.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/23/2023

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

On 12/14/22, two 5-gallon cans of paint were stored near the gas-powered hot water heater, located in the mechanical room.

**Plan of Correction**

Accept (█) - 01/17/2023

Action: The two 5-gallon cans of paint were removed from the hot water heater area immediately on 12/14/2022 by the Maintenance Director.

Training: Regulation 2600.125.a education was completed with the Maintenance Director on 12/20/2022 by the



125a - Combustible Storage (continued)

Executive Director. Training with all staff will be completed by 01/30/2023 by the Executive Director. Ongoing: Areas around the hot water heaters will be inspected daily by the Maintenance Director or manager on duty.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/23/2023)

132a - Monthly Fire Drill

12. Requirements

2600. 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Unannounced fire drills were not held during the months of December 2021, January 2022, June 2022, August 2022 or October 2022.

Plan of Correction

Accept (█) - 01/17/2023)

Action: An unannounced fire drill was completed on 12/28/2022 by Maintenance Director and staff. Training: Regulation 2600.132.a education was completed with the Maintenance Director on 12/20/2022 by the Executive Director. Training with all staff will be completed by 01/30/2023 by the Executive Director. Ongoing: Maintenance Director and Executive Director will ensure an unannounced fire drill is completed with documentation each month and reviewed at monthly Quality Assurance Meeting starting in January. Documentation in Survey binder and QA binder.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/23/2023)

132c - Fire Drill Records

13. 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 fire drills conducted on 02/28/2022, 03/22/22, 04/29/22 and 05/31/2022 did not include the exit routes used.

Plan of Correction

Accept (█) - 01/17/2023)

Action: An unannounced fire drill was completed on 12/28/2022 by Maintenance Director with corresponding documentation to include exit routes used. Training: Regulation 2600.132.c education was completed with the Maintenance Director on 12/20/2022 by Executive Director. Training with all staff will be completed by 01/30/2023 by the Executive Director. completed with documentation to include exit routes used each month. Ongoing: Maintenance Director and Executive Director will monitor for compliance monthly by reviewing fire drill documentation at Quality Assurance meeting starting in January with documentation in Survey binder and QA binder.

Licensee's Proposed Overall Completion Date: 01/30/2023

132c Fire Drill Records (continued)

Implemented ( ) - 01/23/2023)

132e Fire Drill Sleeping Hours

14. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted any fire drills during sleeping hours for the past 12 months.

Plan of Correction

Accept ( ) - 01/17/2023)

Action: An unannounced fire drill during sleeping hours will be completed by 01/30/2023 by Maintenance Director with corresponding documentation.

Training: Executive Director completed regulation 2600.132.e education with the Maintenance Director on 12/20/2022. Training with all staff will be completed by 01/30/2023 by Executive Director.

Ongoing: Maintenance Director and Executive Director will monitor for compliance monthly to ensure an unannounced fire drill during sleeping hours is completed every 6 months with documentation kept in the Survey binder starting in January 2023 and reviewed at Quality & Assurance Monthly Meeting that occurs by 25th of each month.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented ( )/23/2023)

187a Medication Record

15. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 1 is prescribed ( ). However, Resident's 1 medication administration record (MAR) does not indicate a diagnosis or purpose for the medication.

Resident 3 is prescribed ( ). However, Resident's 3 MAR does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept ( ) - 01/17/2023)

Action: 12/14/2022 MARs updated by Director of Nursing for Resident 1 and Resident 3 to reflect medication and corresponding diagnosis. The Director of Nursing and Assistant Director of Nursing will audit all resident MARs by 01/30/2022 to ensure all needed diagnosis are present.

Training: Director of Nursing, Assistant Director of Nursing, and Certified Med Techs reviewed Regulation 187.a by 01/30/2022 completed by Executive Director.

Ongoing: Starting 01/2023 the monthly med cart audits will include MAR review of medications to include diagnosis or purpose of medication. The med cart audit will be completed by Nurse or Med Tech. Audits will be reviewed at

187a - Medication Record (continued)

monthly Quality Assurance meeting starting in January 2023 and meeting will be held by 25th of each month.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented ( ) - 01/23/2023)

190b - Insulin Injections

16. Requirements

2600.

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 A, who has not successfully completed a department-approved diabetes patient education program within the last 12 months, has administered ( ) to Resident 3.

Repeated Violation - 05/20/21

Plan of Correction

Accept ( ) - 01/17/2023)

Action: 12/20/22 Staff Person A received diabetic certification. An audit of all current med tech training will be conducted by 1-30-23 to ensure all have current diabetic certification

Training: Director of Nursing, Assistant Director of Nursing, and Certified Med Techs reviewed Regulation 187.a by 01/30/2022 completed by Executive Director.

Ongoing: Nurse Leadership and or Executive Director will monitor for compliance starting 01/2023 at monthly Quality & Assurance meeting by utilizing training tickler.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented ( ) 01/23/2023)

225a - Assessment 15 Days

17. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 4 was admitted on ( ); however, the resident's assessment was not completed until ( )

Plan of Correction

Accept ( ) - 01/17/2023)

Action: Director of Nursing and Assistant Director of Nursing will complete an audit of resident charts by 01/30/2023.

Training: The Executive Director will complete education with Director of Nursing and Assistant Director of Nursing on Regulation 225.a by 01/30/2022. Executive Director will complete Leadership team training by 01/30/2022.

Ongoing: Director of Nursing and Assistant Director of Nursing monitor for compliance monthly with using Resident Tickler as tracking tool to ensure compliance as of 01/2023.

225a Assessment 15 Days *(continued)*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 01/23/2023)

225c - Additional Assessment

18. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident 3's most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/17/2023)

Action: Director of Nursing will complete annual assessment for Resident 3 by 01/30/2023. Audit of all resident charts will be completed by 01/30/2022.

Training: Executive Director will train Director of Nursing and Assistant Director of Nursing on Regulation 2600.225.c.

Ongoing: Director of Nursing and Assistant Director of Nursing will monitor for compliance monthly with using Resident Tickler as tracking tool to ensure compliance as of 01/2023.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] 01/23/2023)