

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

May 16, 2023

[REDACTED]
EC OPCO BERWICK LLC
[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 04/06/2023 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 BERWICK License #: 22717 License Expiration: 07/09/2023
 Address: 2050 WEST FRONT STREET, BERWICK, PA 18603
 County: COLUMBIA Region: NORTHEAST

Administrator

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

Legal Entity

Name: EC OPCO BERWICK LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 04/06/2023

Inspection Dates and Department Representative

04/06/2023 - 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: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

04/06/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/05/2023

05/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/15/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2023

Inspections / Reviews *(continued)*

05/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2023

05/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]/22 at approx. [REDACTED] am, Resident #1 wandered into Resident #2's bedroom. When Resident #2 asked Resident #1 to leave his/her bedroom, Resident #1 pushed Resident #2 causing Resident #2 to fall to the floor and hit his/her head on the heating unit. Resident #2 was sent to the hospital and required 6 stitches due to suffering a left ear laceration.

Plan of Correction

Accept [REDACTED] - 05/10/2023)

Action: After the incident took place resident #1 and #2 were immediately separated. Resident #1 was immediately placed on 1:1 supervision. Resident #2 was sent to the emergency department for treatment. On [REDACTED] 2022 Resident #1 was discharged from the community to a secured memory care unit.

Training: An All-Staff training will be provided by Executive Director on .42b-Abuse, prevention and how to manage wandering behavior by May 31, 2023.

Ongoing: Clinical management and or a member of management team will monitor daily for compliance that no abuse is occurring in community and will do random interviews with residents in May 2023 and results reviewed at monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 05/16/2023)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2 was admitted onto [REDACTED] services [REDACTED]/23. A new assessment and support plan to reflect the significant changes in Resident #2's care needs was not completed until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/10/2023)

Action: Audit of all current resident RASPs will be completed by clinical team for timeliness, by 5/31/2023. A RASP tickler will be used to help track timeliness of RASP.

Training: Clinical Leadership team will be re-educated by Executive Director on regulation 227.c by 5/31/2023.

Ongoing: Executive Director and or Clinical Director will monitor all RASPs for timeliness at a minimum weekly.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 05/16/2023)

227d - Support Plan Medical/Dental

3. 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

The assessment for Resident #2, dated [REDACTED] 23 indicates the resident is immobile and requires the assistance of 2 staff to ambulate or total assistance in a wheelchair to evacuate. Per staff and resident interviews, this is no longer accurate as resident is typically independently mobile, and requires transfer assistance of maximum 1 staff person on "bad" days.

Plan of Correction

Accept ([REDACTED] - 05/10/2023)

Action: Resident #2's RASP was updated by nurse to reflect current mobility level on [REDACTED]. An audit of all current residents' RASP will be complete by [REDACTED] to ensure all needs have been captured.

Training: Clinical Leadership will be re-educated by Executive Director on regulation 227.d by 5/31/2023.

Ongoing: Executive Director and or Clinical leadership will review all new RASPs for accuracy.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([REDACTED] - 05/16/2023)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED] was not signed by the resident or the assessor.

Resident #2's assessment and support plan, dated [REDACTED] was not signed by the resident or the assessor.

Plan of Correction

Accept ([REDACTED] - 05/10/2023)

Action: Resident #1's RASP was updated and signed by the resident and assessor on [REDACTED]. Resident #2 has since been discharged from the community.

Training: Clinical team training to be provided by Executive Director on regulation 227.g by 5/31/2023.

Ongoing: Executive Director and or Clinical Director will monitor new RASPs for all signatures at a minimum weekly.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([REDACTED] 05/16/2023)