

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

August 10, 2023

[REDACTED], VICE PRESIDENT/TREASURER
EC OPCO ALLISON PARK LLC

RE: CELEBRATION VILLA OF ALLISON
PARK
2224 WALTERS ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 44900

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2023, 04/25/2023, 04/26/2023, 05/02/2023, 05/19/2023, 03/24/2023 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 ALLISON PARK **License #:** 44900 **License Expiration:** 01/10/2024
Address: 2224 WALTERS ROAD, ALLISON PARK, PA 15101
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: EC OPCO ALLISON PARK LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 06/16/2023

Inspection Dates and Department Representative

04/24/2023 - Off-Site: [REDACTED]
04/25/2023 - On-Site: [REDACTED]
04/26/2023 - On-Site: [REDACTED]
05/02/2023 - Off-Site: [REDACTED]
05/19/2023 - Off-Site: [REDACTED]
03/24/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 95 **Residents Served:** 32
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 7
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 6 **Have Physical Disability:** 1

Inspections / Reviews

04/24/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/13/2023

07/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/31/2023

08/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 08/08/2023

08/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/26/23 at 4:21 p.m., the narcotic binder containing multiple resident names and medications was unlocked, unattended and accessible on top of the medication cart in the hall outside of bedroom 105.

Plan of Correction

Accept [REDACTED] - 07/25/2023)

On 4-26-23 the Narcotic binder was removed from cart and secured inside the cart by the Administrator. All staff will be educated on regulation 17 by acting administrator by 7-31-23. Starting July 12-23, a member of leadership will walk the community daily to ensure resident information is secured.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/10/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The home failed to supervise resident #1 the resident on [REDACTED], when the resident eloped unnoticed from the home. According to the resident's support plan update, dated [REDACTED], the resident was "increasingly confused and disoriented to time, place and location." On [REDACTED] resident #1, who is diagnosed with [REDACTED] disease, left the home through the unlocked front door. The resident tried to reenter but the door was locked from the outside. At approximately [REDACTED] p.m. [REDACTED] walked out of the home and passerby noticed the walking down the road in front of the home and had the resident sit in [REDACTED] car. The outside temperature was 41 degrees, and [REDACTED] was only wearing pajamas and slippers. The resident was confused. The passerby brought the resident back to the home and rang the doorbell multiple times but was unable to reach any of the staff. At approximately [REDACTED] p.m., the passerby phoned police. At approximately [REDACTED] p.m. a police officer responded, repeatedly rang the doorbell and it took approximately 10-15 minutes for staff person A to answer the door to let the resident back inside.

Plan of Correction

Accept [REDACTED] - 08/03/2023)

1. Front door and employee entrance both alert staff when doors are opened to their assigned pagers every shift. Staff have been educated on checking alarmed doors if shown on pager immediately to be sure no residents have exited by July 31, 2023. All other exit doors are equipped with audible exit alarms if doors are pressed open.
2. Resident has been assessed as of 4-24-23, BIMS assessment completed, RASP and Level of Care updated with Change of condition, Physician consulted as of [REDACTED] with DME update. Resident with continue to be monitored with annual assessment and staff will reach out to PCP if there is a change in cognition with resident.
3. Elopement drills are performed monthly for staff. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

23a - Activities of Daily Living Assistance (continued)

Implemented () - 08/10/2023)

42x - Safeguard

3. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

According to staff person B, (), several residents wanted a extra key to their bedroom, however, were provided with a master key which allows them access to all resident rooms. Therefore, other residents do not have their property safeguarded.

Plan of Correction

Accept () - 08/03/2023)

- 1. As of 6-20-23 Staff person B no longer works in the community. Maintenance will check each resident's key to be sure that the key only works on their door.
- 2. Family members will be asked to return any keys they may have to the community.
- 3. All current occupied rooms will be rekeyed, and a new master key created by a locksmith and completed by 10-31-23. All occupiable rooms will be rekeyed to follow. Currently awaiting dates from locksmith for completion.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented () - 08/10/2023)

185b - Medication Procedures

4. Requirements

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

On () at approximately () a.m., while completing the narcotic count, staff person C discovered that resident #2's blister card of () had a slit on the front and small pieces of tape on the back of the card. Upon further inspection, staff person C discovered a total of 10 () tablets had been taken out and replaced with various other medications, including (), (), & ()

According to the March 2023 medication administration record (MAR), staff person D signed out the () on each evening that () worked. However, the resident indicated () only requests the medication occasionally. Also, resident #2 indicated that () requested an () on () and became lethargic, a side effect which () had not experienced before.

Plan of Correction

Accept () - 07/25/2023)

As of () Staff person D no longer works at the community. On 3-26-23 Staff person C and Director of nursing audited all controlled medication for tampering. Director of Nursing and Administrator will educate all Medication Technicians on regulation 185b, and to inspect the Controlled medication bubble card for signs of tampering during each shift and re-educate on proper medication administration procedure by 7-31-23

185b Medication Procedures (continued)

Starting 7 24 23 weekly audits will be conducted by Director of nursing, or a member of leadership of all controlled medication packaging, and narcotic count sheets with documentation kept and audits reviewed at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented (JW - 08/10/2023)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2's medication administration is not being recorded at the time of administration. Staff person E indicated that [redacted] administers resident #2's [redacted] p.m. and [redacted] p.m. medications at [redacted] p.m. According to resident #2, [redacted] receives [redacted] medications between [redacted] and [redacted]. Staff person E indicated [redacted] writes resident #2's name and medications on a piece of paper and puts it in the medication drawer so [redacted] remembers to sign [redacted] initials on the eMAR at the time they are supposed to be administered.

Repeat violation: 12/13/22

Plan of Correction

Accept ([redacted] - 08/03/2023)

Date of Termination. Staff person E no longer employed at community.

Director of Nursing will re educate all current medication technicians on proper time frame for administering medication and regulation 187b by 7 31 23.

All Medication Technicians will be reeducated on proper time frame for administering medication and reg 187b by 7 31 23

Nursing staff will encourage residents to come to them with any concerns/issues regarding receiving their medications

Designee who is trained in medication administration, will observe a medication pass by each staff member who administers medication at least two times, then monthly thereafter to ensure all medication administration is complete and accurate. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented (J [redacted] - 08/10/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2's evening medications are not being administered at the time ordered by the prescriber. Staff person E indicated that [redacted] administers resident #2's [redacted] and [redacted] medications at [redacted]. According to resident

187d - Follow Prescriber's Orders (continued)

#2, she receives [redacted] medications between [redacted] and [redacted].

Repeat violation: 12/13/22

Plan of Correction

Accept ([redacted] - 08/03/2023)

Date of Termination. Staff person E no longer employed at community. Director of nursing will do skills competency observations of all current medication technicians with documentation kept by 8-5-23.

Director of Nursing will re-educate all current medication technicians on regulation 187d by 7-31-23

All Medication Technicians will be reeducated on proper time frame for administering medication and reg 187d by 7-31-23. Education will be given regarding timeframes for medication administration with orders and not to pre pour medication in preparation of administration.

Nursing staff will encourage residents to come to them with any concerns/issues regarding receiving their medications

Designee who is trained in medication administration, will observe a medication pass by each staff member who administers medication at least two times, then monthly thereafter to ensure all medication administration is complete and accurate. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2023

Implemented ([redacted] - 08/10/2023)